
SOCIO-ECONOMIC AND HEALTH STATUS OF RURAL ELDERLY IN CHAMARAJANAGAR DISTRICT, KARNATAKA

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Abstract

The fundamental needs of an individual are food, water, shelter, clothing and air. In addition to this, health is also the most basic and primary need of an individual. Population aging is a global phenomenon. In India, the size of the elderly population is growing fast. Many older adults have multiple medical illnesses. Earlier studies found a majority of the elderly suffering from diseases symptoms like cough (cough includes tuberculosis of lungs, bronchitis, asthma, and whooping cough) poor eyesight, anemia and dental problems. India lacks adequate social security and institutional set up to support the growing proportion and number of aged population. This study is an attempt to understand the socio economic and health status among the rural elderly in Chamarajanagar in southern Karnataka. This study is based on primary data. Researcher was collected 50 samples from the study area using multistage random sampling. Descriptive statistics were used to analyze the data through SPSS.

Keywords: Health, Socio-economic, Ageing

Introduction

In India, the population of the elderly is growing rapidly and is emerging as a serious area of concern for the government and the policy planners. According to data on the age of India's population, in Census 2011, there are nearly 104 million people above 60 years, constituting 8.6 per cent of the population. The number of people over 60 years in 2001 was 7.2 per cent of the country's population. The vulnerability among the elderly is not only due to an increased incidence of illness

and disability, but also due to their economic dependency upon their spouses, children and other younger family members. Lack of economic dependence has an impact on their access to food, clothing and healthcare. Among the basic needs of the elderly, medicine features as the highest unmet need.

Health and Ageing

The rapidly growing absolute and relative numbers of older people in both developed and developing countries mean that more and more people will be entering the age when the risk of developing certain chronic and debilitating diseases is significantly higher. Aging is a time of multiple illness and general disability. Along with changes in biological compositions, life style factors are also important for disorders and diseases in old age. Old age diseases are not always curable, implying a strain on financial as well as physical health infrastructure resources, both at the macro and micro levels. However, the feeling of well-being can still override actual physical discomforts if the surrounding environment is nurturing. (Indrani Gupta, Deepa Shankar 2003). Health problem is the most serious thing that has to be concerned by the society on the whole. Healthcare of the elderly is a major concern for the society as ageing is often accompanied by multiple illnesses and physical ailments. Pain in the joints, followed by cough and blood pressure, piles, heart diseases, urinary problems, diabetics and cancer are the common ailments reported among elderly (National Sample Survey, 52nd Round, 1998). It is fairly evident from the review of related research that number of attempts have been made to study the socio-economic and health status of elderly in different disciplines at different level. The main purpose of this study is to throw light on the elderly person's socio-economic and health condition because it was realized that still a systematic effort in this direction is needed.

Objective of the Study

- To study the Health Status of elderly persons in Chamrajanagar District, Southern Karnataka

Methodology

Chamarajanagar is the southernmost district in the state of Karnataka, India. Till 1997, Chamarajanagar district was part of Mysore district.. The district comprises of four taluks namely Chamrajanagar, Kollegal, Yelandur and Gundlupet taluks. This study is based on primary data. The interview schedule was used to collect the primary data. The interview schedule consists of the socio economic characteristics, health status of rural elderly people in Chamrajanagar, South Karnataka. Researcher was collected 50 samples from the study area using multistage random sampling. Descriptive statistics were used to analyze the data through SPSS.

Results and Discussion

Some socio-economic factors such as gender, marital status, educational level of elder people, their economic conditions and living arrangements etc. are very

important factors affecting their quality of life in old age, these factors show their status in their family and also in the society. In this context, it is attempted in this section to study the socio – economic and health conditions of the elders.

Age and Sex Structure of Elderly in Rural Areas of ChamaraJanagar

Age and sex structure is vital aspect of any demographic studies. It indicates the contribution which a group of people makes to the society. It also influences every aspects of socio – economic phenomena. Here age and sex structure of aged people shows the intensity of the process of population ageing. The survey reveals that 76% of the elders belong to 60-70 age groups; it shows the high intensity of the process of population ageing in the study area and the survey also revealed that male elders was more than (60%) their female (40%) counterpart.

Table.1 Percentage of Distribution of Elders by Age and Sex Groups

Age groups (Years)	Population	Population %	Male Population	Total Male %	Female Population	Total Female %
60-70	38	76	24	80	14	70
70-80	9	18	4	13.3	5	25
80 and Above	3	6	2	6.6	1	5
Total	50	100	30	100	20	100

Source: Field survey

The table.1 shows that out of 50 interviewers, 76% belongs to 60-70 age groups, around 18% to the 70-80 group and remaining percentage belong to 80+ years. Thus it shows the fact that majority of the elders were below 70 years of age while the remaining around 25% of the people are above 70 years of age. On a further analysis of the table it is found that 24 male elders (80%) are below 70 years contrary to only 14 females (70%) who belong to these age groups. It shows that the intensity of the process of population ageing is more among male elders than female elders.

Marital Status of the Elders

Marital status is an important indicator of social status among the elders; it has a great influence on the life of a man, no matter what he is, rich or poor, especially in his last days. The absence or presence of a partner really influences his life and leads either to happiness or unhappiness. It is the natural instinct among the human beings to have a family which is the most important social institution. The table 2 shows that out of 50 sample respondents 22 members (58%) are married. The survey also reveals that 36% of the elderly women in the study area were widows but only 6% were widowers. In other words, majority of elderly women in all the age groups were without spouses.

Table.2 Marital Status among the Elders by Sex and Age Groups

Marital status	60-70 years		70-80 years		80 and Above		Total	
	Male	Female	Male	Female	Male	Female		
Married	22	2	4	-	1	-	29	58%
Widow	-	12	0	5	-	1	18	36%
Widower	2	-	0	0	1	-	3	6%
Total	24	14	4	5	2	1	50	100%

Source: Field survey

Education Status of the Elders

Education is a vital factor affecting the development of every individual. Education level shows the status of the persons in the society. As we know generally an educated

man is in a good position to know the realities of life and he will be more able than an uneducated man to tackle his problem in his social life.

Table.3 Education Status among Elders by Different Age and Sex Groups

Age groups	Literate						Illiterate					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
60-70	4	44.4	-	-	4	44.4	20	95.2	14	70	34	82.9
70-80	3	33.3	-	-	3	33.3	1	4.76	5	25	6	14.6
80 +	2	22.2	-	-	2	22.2	-	-	1	5	1	2.4
Total	9	100			9 (18%)	100	21	100	20	100	41 (82%)	100

Source: Field survey

An analysis of table.3 shows that out of 50 sample respondents 18% are literate and the remaining 82% are illiterate. While on a further analysis it was found that of the 20 illiterate females 14 i.e. 70% are below 70 years. While number of 20 (95%) males belong to this group out of total.

Living Arrangements of the Elders: There exist several living patterns for the elderly such as living with the spouse, living with children and grand children are the most stable arrangements. The living pattern reflects the physical, socio – economic and psychological well-being of the elders. Hence, a brief analysis of the pattern of living arrangements of the elders in the study area is made in the following paragraphs.

Table.4 The Living Pattern among Elders by their Sex and Place of Residence

Residence	60-70 Years				70-80 Years				80 and Above				Total Pop	
	M	%	F	%	M	%	F	%	M	%	F	%	Total	%
With Spouse	1	4.1	-	-	-	-	-	-	1	50	-	-	2	4
With Children	20	83.3	12	85.4	3	75	2	40	1	50	1	100	39	78
Living alone	3	12.5	2	14.2	1	25	3	60	-	-	-	-	9	18
Total	24	100	14	100	4	100	5	100	2	100	1	100	50	100

Source: Field survey

According to the above table 18% of the elders are living alone and the proportion of senior citizens who live with their spouses was around 4% and those who live with children was 78%, it was more among males. It reveals that share of older men without their spouses are higher compared to female's share.

Working Status of the Elders: Working status shows the economic well-being of the aged people. In this survey we have identified around 22% of the aged people still working (even after retirement) for their livelihood.

Table.5 Working Status among the Elders by their Ages

Age groups	Working Elder Population						Non-Working Elder Population				Total	
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
60-70	10	100	1	100	11	100	14	70	13	68.4	27	69.2
70-80	-	-	-	-	-	-	4	20	5	26.3	9	23
80 +	-	-	-	-	-	-	2	10	1	5.2	3	7.69
Total	10 (90%)	100	1 (9.9%)	100	11 (22%)	100	20 (51.2%)	100	19 (48.7%)	100	39 (78%)	100

Source: Field survey

The percentage distribution of the working status among elders is given in the table 5. It shows that around 78% of the elders were non-workers in Chamarajanagar, and

38% of them were females and 40% were males. Around 22% of the elders were workers, of which 90% males and 9.9% females. According to the table around 100% of elders were workers and 68.4% of were non workers in the age group of 60-70 and more than 90% of males were workers in the same age group. After 70 years working population has decreased especially among males.

Health Status of the Elders

Ageing is always related with decline in physical capacity, biological deterioration and psychological failure which affect adversely the health status. Therefore health status of the elders is supposed to be the major concern of a society. In this survey, health status has been classified into good, average and bad health status. Good health status indicates no diseases, average health status indicates elders having at least one disease and bad health status indicates elders having two or more disease (such as B.P, Diabetics, Heart problem etc).

Table.6 health status among the elders and their age and sex groups

Age Groups	Good health among elders				Average health among elders				Bad health among elders			
	Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
60-70	2	3	5	100	18	10	28	77.7	4	1	5	55.5
70-80	-	-	-		3	4	7	19.4	1	1	2	22.22
80-90	-	-	-		-	1	1	2.7	2	-	2	22.2
Total	2 (40%)	3 (60%)	5 (10%)		21 (58.3%)	15 (41.6%)	36 (72%)		7 (77.7%)	2 (22.2%)	9 (18%)	

Source: Field survey

The table 6 shows that the proportion of elders with good health was around 10% of this 40% males and 60% females, it reveals that more elderly females reported good health than the male elderly. According to the above table 72% of the elders had average health among them 58.3% were males, 41.6% of them were females. Around 18% of the elders had bad health or disability in the same age group and 77.7% of them were males and 22.2% of them were females.

Conclusion

It is thus clear from the analysis that, the elder's have relatively poor socio, economic and health status. Therefore, the study concludes that, elders need better care, more facilities from the government and the family.

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