



HEALTH CONDITION OF URBAN ELDERLY: AN EMPIRICAL INVESTIGATION

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ABSTRACT

The population of older adults in India is increasing very rapidly in recent decades. This has been posing serious challenge to the government as well as to society at large to meet the growing socio-economic and health needs of galloping elderly population. To formulate any policy to address the needs of aged people, therefore, necessitates sound information about their existing situation. With this understanding, the present study has investigated the morbidity status of the aged, their treatment seeking behaviour and care giving arrangement for them. The investigation reveals that the morbidity status differ considerably between women and men elderly. Aged women depend significantly more on spouses, sons and other relatives for financial help during treatment. Finally, men elderly depend more on spouses for care during sickness but aged women look for a more diverse source for such care.

KEYWORDS: socio-economic , physical and mental infirmity , global scale.

INTRODUCTION:

Aging is a multidimensional and complex process of change that engulfs an individual in later phase of life. The biological aging constitutes one of the fundamental aspects of this process. It denotes the progressive fall of health which occurs in post developmental phase of life. In old age, bones loss its density, muscles loss strength and body becomes more susceptible to diseases. The physical and mental abilities of the elderly people gradually decline with the passage of time. Sometimes, they suffer from physical and mental infirmity due to prolonged illness. However, such deteriorations of body and mind do not strictly follow the chronological age. For some people, such deteriorations may start before they reach in age of sixty years while some others may remain physically and mentally sound even in their old age (Mahajan, 1997: 65). Thus, though certain physical and mental disorders become more frequent in old age but it does not mean that old age is synonymous to illness and elderly people are essentially infirmed or sick. Like any other stage of life-cycle, the health status varies from one person to another also in old age depending on various internal and external factors.

From time immemorial, people at individual level have been experiencing such aging process, but, the phenomenon of population aging i.e. a rapid growth of geriatric population both in absolute term and relative proportion is a recent development which has grappled most part of the world due to the continuous fall of fertility and morality, and following by increase in life expectancy. At global scale the number of sixty plus populations has already reached 784 million in 2011 and it is expected to climb 2 billion by the year 2050 (United Nations, 2011). India is also not an exception from this worldwide trend. The population of elderly in India has been growing continuously since last 60 years. The aged population in India which stood at 19.61 million in 1951, reached to 103.85 million in 2011 (Census of India, 1991; 2011) and it is expected to cross 140 million by the year 2021 (CSO: 2011), In proportional term, according to 1951 census the elderly people shared 5.43 percent of country's total population which increased to 8.58 percent in 2011

(Census of India, 1991; 2011). Further, within the elderly population, the population of middle-old (70-79 years) and old-old (80 years and above) are growing in faster rate than the young-old (60-69 years) population. In the coming decades, it would be a serious challenge for government as well as for society at large to meet the growing socio-economic and health needs of galloping elderly population.

Hence, it is the need of the hour to study the situation of elderly people in India across the length and breadth of the country, so that, based on such knowledge effective policies can be formulated for their well-being. However, the gerontological research work in India has remained uneven. Some states have got larger attention while some other states have remained at the edge such research work (Shankardass, 2004: 17; Ramamurti, 2005: 35; Siva Raju, 2011: 4). West Bengal is one of such states which have received little attention in gerontological research in India. Therefore, in the present study a modest attempt has been made to reveal the health condition, treatment and care of the elderly people in Siliguri, the largest town in northern part of West Bengal.

OBJECTIVES:

The present investigation has been carried out with the three-fold objectives:

- (i) To find out health problems of the aged people.
- (ii) To examine the nature of treatment of the respondents and its financial management.
- (iii) To look at care-giving system of the older adults during illness.

RESEARCH METHODOLOGY:

The present study has been conducted in some localities namely Vivekananda Pally, Sukanta Nagar and Pal Para of Siliguri, a sub-divisional head quarter in Darjeeling district and the biggest city of northern part of West Bengal. Though, in the study different aspects of the aged people like their health, family life and psychological aspects were covered, but, in the present article only the findings regarding health condition have been incorporated. In the study area total 858 elderly people (60 years and above) were identified with the help of electoral roll, out of which, a sample of 165 aged male and 121 elderly female were selected for interview. A pre-tested interview schedule was used to collect the information from the aged respondents. The data, thus, collected have been tabulated. Chi-square test and t test have been used to analyze the data.

RESULT AND DISCUSSION:

(i) Morbidity Status: The health problems of geriatric people are very different from those of young population. The diseases in old age are often chronic rather than acute in nature that means, such diseases can be controlled by treatment but cannot be cured forever. In the present investigation, it is found that the majority of elderly respondents suffer from multiple health problems. Out of total 286 (100%) respondents, only 37 (12.94%) do not mention any health problems; but rest suffers from one or more health ailments. The important health complaints, from which the respondents suffered most, are hypertension (61.19%), arthritis (28.32%), heart diseases (23.78%), dental problems (21.68%), diabetes (16.08%), asthma (11.54%), hearing disorders (10.14%), Spondylitis (7.34%), uric acid (5.94%) etc. Besides, the aged respondents have also reported the problems of kindly troubles, speech defect, paralysis and cataract. In case of other problems, the complaints like skin diseases, nerve problems, prostate gland in case of males, piles etc. have been included.

The morbidity pattern considerably varies between elderly men and women. Hypertension and arthritis are found more frequent among elderly women than men and the differences are highly significant, whereas, the problem of asthma is significantly more common among elderly men than women. Apart from these, heart diseases, spondylitis, problem of uric acid are more common in case of aged males than females, whereas, dental problem and hearing disorders occur more among female elderly than men, but such differences are not statistically significant. The data on multiple disorders reveal that women elderly in average suffer more form different health ailments than aged men and the difference is highly significant ($t=$

-6.35, $p < 0.01$). Thus, in average the health condition of elderly women is found significantly poor than aged men. The morbidity status of elderly respondents has been shown in table no. 1 and the problem of multiple disorders has been portrayed in table no. 2.

Table No. 1: Morbidity Status of Respondents

Health Complaints	Male (N= 165)	Female (N= 121)	Total (N= 286)	Chi-square	P Value
Hypertension	82 (49.70)	93 (76.86)	175 (61.19)	21.69**	0.000
Heart Diseases	44 (26.67)	24 (19.83)	68 (23.78)	1.80	0.180
Diabetes	26 (15.76)	20 (16.53)	46 (16.08)	0.03	0.860
Asthma	25 (15.15)	8 (6.61)	33 (11.54)	4.99*	0.026
Arthritis	29 (17.58)	52 (42.98)	81 (28.32)	22.18**	0.000
Hearing Disorders	12 (7.27)	17 (14.05)	29 (10.14)	3.52	0.061
Speech Defect	4 (2.42)	5 (4.13)	9 (3.15)	0.67	0.414
Dental Problems	31 (18.79)	31 (25.62)	62 (21.68)	1.92	0.166
Urinary Problems	9 (5.46)	4 (3.31)	13 (4.55)	0.74	0.389
Paralysis	3 (1.81)	3 (2.48)	6 (2.10)	0.15	0.699
Uric Acid	11 (6.67)	6 (4.96)	17 (5.94)	1.59	0.208
Spondylitis	13 (7.88)	8 (6.61)	21 (7.34)	0.17	0.685
Cataract	5 (3.03)	3 (2.48)	8 (2.80)	0.08	0.780
Other Complaints	22 (13.33)	9 (7.44)	31 (10.84)	2.51	0.113

Note: Figures in parentheses indicate percentage.

*Significant at .05 level.

**Significant at .01 level.

Table No. 2: Multiple Health Disorders of the Respondents

Number of Health Complaints	Male (N= 165)	Female (N= 121)	Total (N= 286)
No Complaint	20 (12.12)	17 (14.04)	37 (12.94)
One Complaint	46 (27.88)	18 (14.88)	64 (22.38)
Two Complaints	49 (29.67)	31 (25.62)	80 (27.97)
Three Complaints	37 (22.42)	30 (24.79)	67 (23.43)
Four Complaints	7 (4.24)	16 (13.22)	23 (8.04)
Five & Above	6 (3.64)	9 (7.44)	15 (5.24)

Note: Figures in parentheses indicate percentage.

$t = -6.35$, $p < 0.01$

(ii) Nature of Treatment: The treatment choices and strategies for the ailing elderly do not follow a uniform pattern. They are largely conditioned by the factors like perceptions of illness of both the elderly themselves and their family members, economic ability of the sick persons and their accessibility to medical facilities (Chakraborti: 1997 : 128). In the present study, it has been found that While overwhelming majority (89.51%)

of the elderly respondents avail and have shown preference towards allopathic treatment, but a considerable number of these respondents (39.16%) simultaneously also avail homeopathic treatment and only 3.85% show their inclination towards ayurvedic medicine. It has been found that in case of minor health problems like cold, cough, minor stomach problems and particularly in case of arthritis and uric acid they prefer homeopath. But, in case of serious illness, they do not do any experiment and always have visited a good allopathic doctor.

Another important aspect that could be pointed out from table no. 3 is that aged men availed allopathic treatment more than women elderly though the difference is not significant, while elderly females significantly availed more homeopathy medicine than males. This may be because, women's health get's less attention in many families, so, whenever the elderly women members of such families bear from any health problem, they usually prefer less expensive treatment like homeopathy unless the situation goes out of hand, or, as the women suffer more from arthritis or joint pain for which homeopathy or ayurvedy are believed to be more effective. So, they have chosen more these medicines.

The respondents have also been asked to give the reasons for which they avail or prefer a particular type of medicine. In case of homeopathy, the reasons mentioned by the elderly persons are, homeopathy is more effective for some particular types of ailments like arthritis and other kind of joint pains, prostate gland, piles, abdomen pain, etc. by 21.68%; it is cheap by 10.81%, it has no side effect by 4.55% and it is reliable by 6.99%. The two reasons that have been cited by the aged respondents for the use of allopathic treatment are, it is more effective by 75.17% respondents and it is more reliable by 49.03%. In case of ayurvedic 3.84% respondents have said that it is more effective for some kind of health problems. The reasons for preferences particular medicine have been depicted in table no. 4.

Table No. 3: Distribution of Respondents According to Type of Treatment Availed or Preferred by them

Treatment Type	Male (N=165)	Female (N=121)	Total (N=286)	Chi-square	P Value
Allopathic	149 (90.30)	107 (88.43)	256 (89.51)	0.26	0.609
Homeopathic	56 (33.34)	56 (46.28)	112 (39.16)	4.46*	0.035
Ayurvedic	5 (3.03)	6 (4.96)	11 (3.85)	0.70	0.402

Note: Figures in parentheses indicate percentage.

*Significant at .05 level

Table No. 4: Distribution of Respondents According to the Reasons for Preference of Particular Type of Treatment

Reasons	Allopathic			Homeopathic			Ayurvedic		
	M (N=165)	F (N=121)	T (N=286)	M (N=165)	F (N=121)	T (N=286)	M (N=165)	F (N=121)	T (N=286)
More Effective	127 (76.97)	88 (72.73)	215 (75.17)	5 (3.03)	3 (2.48)	8 (2.80)	0 (0)	0 (0)	0 (0)
Reliable	84 (50.91)	57 (47.11)	141 (49.03)	7 (4.24)	13 (10.74)	20 (6.99)	0 (0)	0 (0)	0 (0)
Effective for Some Particular Diseases	0 (0)	0 (0)	0 (0)	25 (15.15)	37 (30.58)	62 (21.68)	5 (3.03)	6 (4.96)	11 (3.85)
No Side Effect	0 (0)	0 (0)	0 (0)	9 (5.46)	4 (3.31)	13 (4.55)	0 (0)	0 (0)	0 (0)
Cheap	0 (0)	0 (0)	0 (0)	21 (12.23)	10 (8.26)	31 (10.84)	0 (0)	0 (0)	0 (0)

Note: Figures in parentheses indicate percentage.

(iii) Expenses of Treatment: In respect of sharing the burden of medical expenses, wide spread variation is observed between elderly males and females. While most of the aged men bear the cost of treatment by their own earning, the majority of elderly women depend either on husbands or on sons for medical expenses; such differences in bearing the cost of treatment between elderly men and women are highly significant. Dependency of on others for medical expenses is also significantly high among women respondents than men. The reason of such variation is the high level economic dependency of elderly on others due to lack of personal source of income. This sometimes also led to the neglect of health of elderly women in family particularly when they have to economically depend on any person other than their husbands.

Table No. 5: Distribution of Respondents According to Financial Support of Treatments

Persons	Male (N= 165)	Female (N= 121)	Total (N= 286)	Chi-square	P Value
Self	143 (86.67)	31 (25.62)	174 (60.84)	109.19**	0.000
Spouse	0 (0)	44 (36.36)	44 (15.38)	70.91**	0.000
Son	22 (13.33)	43 (35.54)	65 (22.73)	19.60**	0.000
Others	0 (0)	3 (2.48)	3 (1.05)	4.13*	0.042

Note: Figures in parentheses indicate percentage.

*Significant at .05 level.

**Significant at .01 level.

(v) Care During Illness: The care giving mechanism of the elderly during illness reveals that more than two-third of aged men depend on spouses for care during illness but the corresponding figure for elderly women is only 25.62 percent. The reasons which can explain this variation are, firstly, majority of the aged women are widows, so the question of receiving care from husbands' do not arise for them. Secondly, even those elderly female who have husbands could not expect such care from their spouses because culturally the care giving tasks are believed as the primary responsibility of the female members of the family. Only in those cases, where the children do not live with their parents or the children show utter negligence towards parents, the husbands render the care to their wives if they require so.

Further, elderly women significantly depend more on daughters-in-law and daughters than elderly men for such care. It could be explained by the fact that as the cultural norm dictates that the elderly women, if they live with their married sons, always look upon their daughters-in-law rather than their husbands or sons for care during illness. On the contrary, in case of aged male their wives perform the task in the most instances. The elderly who have gotten care from the daughters, in the maximum cases, either they live with their daughters or daughters live with them. Finally, those elderly who have primarily received care from sons, in utmost cases, live with their unmarried sons where there no such female member is available who can render care for the aged members of the family.

Thus, it is found that care system in our society is still guided by the cultural norm of the society and living arrangement of the aged where an aged male is expected to be cared by his wife and in absence of wife by his daughters-in-law or by daughters, whereas, a elderly female is cared usually by her daughters-in-law or by daughters if they live in the same house. The husbands and sons do take care of the aged female but only when there no such traditional care givers as daughter or daughter-in-law are presented. The care giving mechanism has been displayed in table no. 6.

Table No. 6: Distribution of the Respondents According to Care Taken by Persons in Illness

Persons	Male (N= 165)	Female (N= 121)	Total (N= 286)	Chi-square	P Value
None	2 (1.21)	2 (1.65)	4 (1.40)	0.10	0.754
Spouse	117 (70.91)	31 (25.62)	148 (51.75)	57.34**	0.000
Son	6 (3.64)	10 (8.26)	16 (5.59)	2.83	0.092
Daughter-in-law	24 (14.55)	58 (47.93)	82 (28.67)	38.05**	0.000
Daughter	10 (6.06)	17 (14.04)	27 (9.44)	5.21*	0.022
Any Other	6 (3.64)	3 (2.48)	9 (3.15)	0.31	0.580

Note: Figures in parentheses indicate percentage.

*Significant at .05 level.

**Significant at .01 level.

CONCLUSION:

The present investigation about morbidity status, treatment seeking behaviour and care giving mechanism of geriatric people reveals that majority of the older adults suffer from multiple health disorders like hypertension, arthritis, heart diseases, dental problems, diabetes, hearing impairment, etc. There are considerable differences observed between the men and women elderly in terms of health ailments. Elderly females significantly suffer more from hypertension and arthritis aged males, whereas, elderly men complained more about asthma aged women. The health status of elderly women in average is found significant worse than aged men.

The treatment seeking behavior of the elderly respondents depicts that for major ailments they always prefer allopathic medicine because it is more effective and reliable, though, a substantial section of them also avail homeopathic medicine for minor ailments because it is cheap, has no side effect and effective for some particular diseases. The data also reveal the fact that though women suffer significantly more from different ailments but they avail more homeopathic medicine. This clearly indicates that the health of elderly women is somehow neglected in family. Further, the statistics on expenses of treatment show that aged women significantly depend on others than elderly men for the bearing the cost of treatment as majority of them do not have their own source of income. Such dependency some time leads to negligence of their health by the other family members.

Finally, the caring system of the elderly in present research reveals that while aged men primarily depend on their spouses for care during illness, aged women look for diverse source for such care. About half of them get care from daughters-in-law, but a substantial section of them also depend on spouses, daughters and sons for care during illness. Overall, the study portrays a gloomier picture of women elderly than aged men in respect of morbidity status, treatment and care. Aged women while in average suffer more from different ailments but they have to financially depend more on others for treatment and also depend more on daughters-in-law, sons and daughters than aged men for care which pushes the care giving mechanism for elderly women in a risky zone.

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