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An Economic Study On Health Status Health Care Utilization Pattern Of Elderly People

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Abstract

The optimum age fixed for treating a person as 'aged' varies from country to country. In India, the attainment of the age 55 has been mostly accepted for the purpose of classified aged persons. The psychological and sociological ageing induce biological ageing as there can be psychological and social causes of bed health or disease. To study the health care utilization pattern and expenditure of the elderly people. Majority of the elderly people to spent their money on 1000-1500 rupees month. To studied respondents are affected in diabetics and blood pressure and most of the elder people treated in allopathy medicine among government and private hospitals. Thus, they concluded that the separate Human resources development plan for older persons must be prepared which wil given them an opportunity to table advantage of now educational and technological advancements and embark on a separate career after retirement.

Key words

Health, Psychotically, Old age, Urbanization, Senior Citizen.

Introduction

The word 'Aging' has been defined variedly by researchers in different contexts. Backer defines aging in the broadest sense, as those changes occurring in an individual, as a result of the passage of time. According to straight aging is a part of living. It beings

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with conception exterminates with death. Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing. Old age is also called later adulthood and according to some psychologists beings at the age of fifty one.

The optimum age fixed for treating a person as 'aged' varies from country to country. In India, the attainment of the age 55 has been mostly accepted for the purpose of classifying aged persons. The census of India have accepted 55 years a the age for treating a person as 'aged'. Introduction, urbanization, complexity of life and growing individualism have changed all that. The joint family system wherein the old, the employed and unemployed, the bread winners and the bread eaters, the kith and kin there near relations and the not so near relations lived in idyllic harmony and happiness has cracked up and the old bonds of love and respect for each other are fast disappearing.

Health in old age

Healthy body and healthy mind is a per-requisite of all meaningful existence. Man by definition is a social animal. To participate is social life, he needs a role and performance of the role implies physical energy the source of which is healthy body. Healthy mind is required to govern and appreciate one's social action, and to maintain mental peace and poise. Levels of physical and mental energy may differ and consequently the social roles and attitudes towards life. A man become sold when his roles and attitudes towards life. A man becomes old men his roles and attitudes are not that of an adult man, it is said that if a man feels that the years have taken a toll on his physical energy (as a result of biological ageing) and he can no longer handle old problems and adjust to new ones (psychological ageing) and withdrawals from his usual ideas in society (sociological ageing) he is old, whether he is 65,67,84 or only 50".

The biological, psychological and sociological again are not independent of each other. The psychological and sociological ageing induce biological ageing induce biological ageing as there can be psychological and social causes of bad health or disease.

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For example stresses is a psychological phenomenon which occurs. When people are faced with situation. When their usual modes of behaviour are not adequate, and stress promotes heart diseases, hypertension, ulcers, muscular, pain, compulsive. Vomiting, Asthma and migraine headache social cause of a disease predominate when, compelled by the social situation, one is to work so hard or to live such a life that his body energy is exhausted Djurfeldt and Lindberg who studied the results the introduction of western medicine in a village in Tamil Nadu concluded that was no medical survival of old people was worn out by hard work and infections and disease were easily contracted.

Old age and diseases

The aged thus become a distinct category. In the chapter on Demographic profile of the aged it has been observed that about 5.5 percent the aged are physically immobile and about 4.5 percent of the aged in rural and urban areas suffer from one or the other chronic disease of cough, piles, joint pains, blood pressure, heart disease, urinary problem or diabetes. Not only disease but also impairment and incapacity in functioning of the body add to the miseries of old man.

Heal is an aspect of life. Poor health due to disease and malnutrition is the cause of premature ageing in backward and developing countries, the poor in these countries may be weak and in capacitated even at the age of 50 years. Not being able to maintain vigour and energy and contributed productivity they become dependent like very old persons of advanced age.

Health treatment of the elderly

The attitudes and values which both the physician and the patient bring to their encounter in the health care setting have significant consequences. For the quality of the care provided. There is a great deals of evidence that doctors do not treat all patients equally.

Importance of the study

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Socio economic and medical implications of aging process sin India were realized, with the international year of older persons and the national year of old persons. During these periods, it is the change taking place in socio economic dimension the pressurizes. Society both governmental and nongovernmental sector to contribute to the increasing disadvantage of aging population. The elderly are under several threat physical financial and psychological especially because of decline in care retried from informed care system. Major physical factors, are illness, in capacity and sensory loss. Financial factors that create difficulties in old age are poor, economic conditions, lack of income of children. The major psychological factors are disrespect, death of dear ones, strained in house relations, disappointed, mental tension loneliness and lack of freedom.

The international year of older person come to a close together with the 20^{th} century. Being in new millennium the 21^{st} century. Where human values and human dignity are praised to the heights, it is shocking to know that the revered senior citizens often suffer abuse, neglect and as in any group women suffer more than men. The investigator has chosen the topic to know about the various problems, faced by the old age people. The only remedy to overcome from this problem the coming generation should show more interest by helping them.

Choice of the study area

The study area is Bhoothapandy. It is a place of historical and comes in Thovalai taluk. The total area of the village is 150 acre. The total population of this village is 14.721. on this 50% are male and the 50% of the females. The main occupation of the people, living in the village are agriculture, painting and coolie. There are 30% people are living below the poverty line. The number of senior citizens people are higher in this village. Most of the aged people are not living with their children. In this village some of the elders are pensioners and many of them are non pensioner. Based on all these facts about this village, the investigator has undertaken the study of socio economics

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conditions and their health problems confronted by the senior citizens living in this study area.

Statement of the problem

In the old age period large number of problems are faced by the senior citizen. They are social, economic, health, emotional and psychological problems. Social problems did not affect very much the senior citizens. The economic problems seriously affect the senior citizens. Economic problems refers the elder people did not get enough money even to meet their daily like survival. Health problems are also a very important. In the old age period the older people are suddenly, affected by minor disease. Minor disease includes fever, cold, body pain, leg pain. The major disease are heart attack, diabetes, blood pressure, cancer, asthma. The elder peoples ae seriously, affected by the major disease. The psychological problems are the elder people said that their children are not staying with them. So they feel lovely. They are many problems, to the children feel that their parents are burden to them. They are weak in their health so they spend more money for their medicine. Even for their medical expenses they depend upon their children. In the old age period both husband and wife are like to live together. They feel that they are the main support to one another. When they depend their children, the children will keep their parents as a servant.

Objective of the study

The literature study has given a lot of insights in the topic of socio economics conditions of senior citizens and give many details about the old people. The investigator was able to formulate the objectives form the knowledge got by review of relevant studies following are the objectives of the study.

1. To study the socio-economic conditions of the elderly in the study area
2. To study the health status of the respondents
3. To know their health care utilization pattern

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4. To estimate the health care expenditure of the elderly respondents

Data sources

The tools for data collection are interview schedule, and participant observation method, using these tools primary data have been collected.

Primary data

Primary data have been collected through personal interview and informal talks with sample respondents.

Selection of samples

Eldering peoples living in Bhoothapandy village has been selected or purposive sampling technique basis. A sample of 50 respondents has been chosen form this village. The respondents constituted both men and women.

Duration of the study

The study held from December 2018 to February 2019.

Statistical tools and techniques used

The data collected through interview schedule checked thoroughly. Then the data were properly lined and placed in the master table and it has been classified tabulated for further analysis. The variable were analyzed with the help of percentages, charts and average.

Limitations

i. As the period is short the investigator experienced shortage of time for deep and detailed.
ii. For the above reason only a small sample could be selected for generalization.

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iii. Some of the questions are close type and does not give room for elaborate answer.

Study area profile

Bhoothlingaswamy temple is at Bhoothapandy. Bhoothapandy is the headquarters of Thovalai Taluk in Kanyakumari District. India, it is 7km (4.3 mi) north east of Nagercoil. The village sits on the western bank of the river pazahaiyar, at the foot of the hill known as Thadakaimalai which is considered to be the abode of Thodakai in the Ramayana. It forms a place of legendary importance.

The Travancore manual says that Bhoothapandy is an ancient place founded by one of the Pandya sovereigns and vague traditions ae preserved in the Kevalpatti and Kerala Mahamiyam, where in the Pandiya. Bhoothapandy is a green and fertile area and commands a pictures queue view of the Western Ghats. The village is only 25 minutes from Nagerocil and beautiful mountains attract manytourists and photographers. In Bhoothapandy villages contains all facilities, like the sub-register office, taluk office, police station, higher secondary school and court. P. Jeevanadham, a noted socialist and close comrade of the famous Tamil social reformer Periyar. E.V. Ramasamy, was born is this small town. B.A. Chidambranth a popular musician who was a music director of Malayalam and Tamil Films, was also a native of this town.

Population

As of 2011 India census, Bhoothapandy had a population of 14,721 males, constitute 50% of the population and females 50% Bhoothapandy has an average literary rate of 82% higher the national average 50.5% with male literary of 84% and female literary of 79% 9% of the population is under 6 years of age.

DATA ANALYSIS

Age wise classification

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Age has been defined as the estimated or calculated interval of time between the data of birth and the data of census, expressed to completed solar yearly. The age wise distributions of the respondents are presented below.

Age wise classification

Sl. No.	Age	No. of respondents	Percentage
1.	60-65	16	32
2.	65-70	18	36
3.	70-75	12	24
4.	75-80	4	8
	Total	**50**	**100**

Source : Primary data.

Sex wise classification

Sex wise classification of the respondents is needed to know about the male and female ratio of aged people to the total population. It is also helpful to the research to identify problem faced by this aged person in sex wise

Sex wise classification

Sl. No.	Sex	No. of respondents	Percentage
1.	Male	36	72
2.	Female	14	28
	Total	**50**	**100**

Source : Primary data.

Table 2 reveals that 72 percent of the respondents are male and only 28 percent of the respondents are female. In this study is based on male number concerned, with sex wise distribution of respondents.

Education status

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Education helps the people to known the ways and means to live in old age. It helps them about health and food requirements in their old age.

Education qualification wise classification

Sl. No.	Education qualification	No. of respondents	Percentage
1.	Primary	16	32
2.	Secondary	10	20
3.	Higher secondary	9	18
4.	Degree	15	30
	Total	**50**	**100**

Source : Primary data.

Monthly income earnings

In Old, most of them in India depend of their children or daughter in law or relatives. When they have source of income earnings it helps them to meet their requirements. Their income is utilized for health earning and other purposes.

Monthly income earnings of the respondents

Sl. No.	Income (in Rs.)	No. of respondents	Percentage
1.	Below 1000	10	20
2.	1000 – 2000	7	14
3.	2000 – 3000	7	14
4.	3000 – 4000	12	24
5.	4000 and above	14	28
	Total	**50**	**100**

Source : Primary data.

Pensioners

Those who were worked in government they are getting family pensions. This social security scheme is more useful during old age period.

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Getting pensions of the respondents

Sl. No.	Members	No. of respondents	Percentage
1.	Pensioners	30	60
2.	Non-pensioners	20	40
	Total	**50**	**100**

Source : Primary data.

Table shows that 60 percent of the respondents are getting pension and other 40 percent of the respondents are not getting the pensioners.

Source of pension scheme

As per the government norms orphan old age persons are eligible for getting pensions. Another scheme is family pension which is availed by the government employees.

Source of pension scheme

Sl. No.	Nature of pension	No. of respondents	Percentage
1.	Service pension scheme	23	46
2.	Oldage pension scheme	7	14
3.	Non-pensioners	20	40
	Total	**50**	**100**

Source : Primary data.

Table shows that 46 percent of the respondents are getting the pension under the service pension scheme and 14 percent of the respondents are getting the pension, under the oldage pension scheme of the government. These figures shows that majority of them are getting pensions under the family pension schemes.

Monthly medical expenditure pattern

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Medicine is more important them the food for the old age persons. Therefore, they are forced major amount of their income on medicine.

Monthly medical expenditure

Sl. No.	Medical expenditure	No. of respondents	Percentage
1.	Below 1000	15	30
2.	1000 – 1500	17	34
3.	1500 – 2000	12	24
4.	Above 2000	6	12
	Total	**50**	**100**

Source : Primary data.

Indicates that 30 percent of the them spent less than Rs.1000 per month. The range of amount between Rs. 1000 and 1500, is spent by 17 respondents, 12 respondents spent in between Rs. 1500 and 2000. The amount above Rs. 2000 has been spent by 6 respondents. The amount is vary from Rs. 1000 to Rs.2000 and above.

Disease at present the respondents

Disease refers to the illness in the human body. It consists of both minor and major disease. The table gives the number of respondents who are affected and who are free from disease.

Disease at present the respondents

Sl. No.	Disease	No. of respondents	Percentage
1.	Affected	35	70

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2.	Un affected	15	30
	Total	**50**	**100**

Source : Primary data.

The table shows the 70 percent of the respondents affected at present disease. 30 percent of the respondents are not affected by disease.

Name of the disease

Name of the disease at respondents

Sl. No.	Name of disease	No. of respondents	Percentage
1.	Diabetics	20	40
2.	Blood pressure	20	40
3.	Joints pain	10	20
	Total	**50**	**100**

Source : Primary data.

The table shows number of respondents affected the disease name. 40 percent of the respondents affect the diabetics and 40 percent of the respondents affect the blood pressure. And 20 percent of the respondents are affecting muscular pain.

System of medicine follow by the elderly

There are different types of medicine used by the people. Generally most of the people allopathic medicine rather than Siddha and Ayurvedic medicine.

System of medicine follow by the elder

Sl. No.	System of medicine	No. of respondents	Percentage

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1.	Auyrvedic	5	10
2.	Homeopathy	5	10
3.	Allopathy	30	60
4.	Siddha	10	20
	Total	**50**	**100**

Source : Primary data.

Show that 10 percent of them took Ayurvedic medicine, 10 percent of them took, Homeopathy medicine and 60 percent of the respondents were used allopathy medicine and 20 percent medicine. These figure shows that majority of the respondents were used allopathic medicine in the study area.

Preference for treatment

Patients prefer treatment both in government and private hospitals. This is influenced by many factors namely income, disease and service provided the following table highlights about the preferentble for the treatment by the respondents.

Preference for treatments

Sl. No.	Preference	No. of respondents	Percentage
1.	Government	25	50
2.	Private	25	50
	Total	**50**	**100**

Source : Primary data.

The above table shows that, out of the 50 respondents, 50 percent of the them prefer government hospital and 50 percent of the prefer private hospital for their treatment.

Affordability of doctor's consulting fee in hospitals

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Consultation fee refers to money that patients pay to the doctors towards their service rendered. The following table presents the opinion of the respondents on the affordability of doctors consultation fees charged on patient in private hospitals.

Affordability of Doctor's consulting fee

Sl. No.	Perception on doctor's consultation fees	No. of respondents	Percentage
1.	High	10	20
2.	Moderate	32	64
3.	Low	8	16
	Total	**50**	**100**

Source : Primary data.

The table shows the 20 percent of the respondents opined that consultation fee is high. Nearly 64 percent of the have opined that the doctor's consultation fee is moderate and 16 percent of them opined that the doctor's consultation is low.

Health Insurance policy

Today life is highly risky due to the moving and tremendous change in the life style. Both central and state governments are insisting the population in joint or bring them under the insurance coverage. The researcher has investigated among respondents in the study area, which is shown in the following table.

Details of number of health insurance policy holders

Sl. No.	Category	No. of respondents	Percentage
1.	Policy holder	-	-
2.	Non-policy holder	-	-
	Total	**-**	**-**

Source : Primary data.

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The table shows that there is no respondents in the study area who have taken health insurance policies.

Meeting of medical expenses

Elderly persons are one way or another depends on others. Even though they are income earners, some, their income is not sufficient to meet their expenditure. Thus they are forced to depend on their children.

Meeting of Medical expenses

Sl. No.	Particulars	No. of respondents	Percentage
1.	Them self	22	44
2.	Children	18	36
3.	Partly themselves and partly children	8	16
	Total	**50**	**100**

Source : Primary data.

Shows that 44 percent of respondents are meeting the medical expenses by themselves. 36 percentage of the respondents medical expenses are incurred by their children 16 percentage of the respondents medical expenses are incurred partly by themselves and partly by their children.

Summary of findings, suggestions and conclusion

In this chapter an attempt is made to recapitulate the major findings of the present study and few suggestions for the social, economic, health problems of the senior citizens living in Bhoothapandy village.

In this study the research them have made an attempt to analyze the social, economic and health care expenditure, conditions of senior citizens, by taking the Bhoothapandy village of Kanyakumari district in Tamil Nadu. The entire study was based on both primary and secondary sources of information. The major findings of the

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present study area as follows, the present study analysis that the majority of the sample respondents aged in 65-70, the majority of the sample respondents are male, the respondents monthly earning Rupees 4000 and above. The majority of the sample respondents monthly medical expenditures is Rs. 1000-1500, the most of the diseases affected at namely diabetics and blood pressure, the diseases affected the respondents treatment system is allopathy.

Conclusion

Oldage is not a crisis elderly persons should never be treated only as liability or as a burden on the family, the community and state, society must consciously inculcate the value s of integration between generations. The old have contributed to the nation, the family and community in their prime days. Active ageing for older persons below 75 years of age has to be promoted. The have to be considered as a human resources. Their learning experience and majority have to be put to use. A separate human resources development plan for older persons must be prepared which will given them an opportunity to take advantage of now educational and technological advancements and embark on a separate career after retirement. They should also prepare a charter of rights of senior citizens covering health, income maintenance, shelter care, protection of life and property. Leisure press upon the central and state governments to adopt the charter and to implement it.

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