

Socio-Economic Health Status of Elderly in Kerala

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Abstract

Of all the states, Kerala is reported to have the highest proportion of the elderly in India. As per 2001 census the aged comes to 10.5 percent of the total population of the state. From the review of the literature, it is found that studies relating to the elderly staying in old age homes are very rare. The only study which has thrown some light on this is the article by IrudayaRajan (2000). But studies which have attempted to compare the health status as well as determinants of health status of the elderly staying in old age homes and those staying with family members have not been carried out by anyone, in the context of Kerala. The study found that socio economic variables which have exert influence on the health status of elderly in Kerala and the health status of old age home inmates is worse than that of elderly persons staying with family.

KEYWORDS: Health Status, Elderly People, Old Age Homes, Family

INTRODUCTION

Among the Indian states Kerala stands apart in terms of the rate of ageing and features of the elderly population. Of all the states, Kerala is reported to have the highest proportion of the elderly in India. As per 2011 census the aged comes to 13.5 percent of the total state population of 3.34 crore in census 2011; whereas the corresponding percentage for all India is only 7.4 percent. For males it was marginally lower at 7.1%, while for females it was 7.8%. The absolute number of the elderly in Kerala (27.74 lakhs in 2011) accounts for 4.75 percent of the total elderly population of India, much higher than the state's share in the total population of the country. The sex ratio among the elderly of Kerala also differs from the all India pattern. There are more females than males among elderly in Kerala, while reverse is the case in the rest of the country. Another aspect which makes the ageing phenomenon of Kerala different is related to migration. Migration affects not only the degree of ageing but also the demographic, economic and social status of the elderly. Kerala has been retaining the distinction of having sent the largest number of migrants abroad from India. Similarly Kerala has been providing the largest number of old age houses in the country. According to a survey conducted by Madras Institute of Ageing in India¹, 20 percent of old age homes in India are located in Kerala. The above mentioned facts underline the need for carrying out a study on aspects of ageing with particular reference to Kerala.

¹ Krishnan Nair (Eds) (1995), "Care of the Elderly: Directory of Organizations Caring for the Elderly in India", Centre for the Welfare of the Aged, Madras Institute on Ageing.

REVIEW OF LITERATURE

In this section the researchers discussed important reviewed literature related on elderly and their health status. Balasubrahmanian (2007) studied the health status of elderly in India by using 1995-96 cross sectional data available from NSS 52nd round health care survey. The results are consistent with theoretical predictions and show that the demand for health increases with income, employment status and education and decrease with age, other demographic and health character like region, being single, household size, number of children, physical immobile, risk factors and health problems have influenced the health status of elderly. Prabhavathy Nair et al (2006) studied about aged women in India. They opined that the elderly women face many miseries which are mainly due to their powerlessness, lack of financial asset and regular source of income. This combined with existing social prejudice towards them, has made their position precarious. Therefore what is needed to rectify the situation is social and economic empowerment of elderly women.

Indrani Gupta and Deepa Sankar (2003) analyzed the health of the elderly in India. The results show that the elderly are better able to report their physical discomforts that may not require diagnosis and may not often prompt treatment-seeking behaviour. Socio-economic variables, especially the economic conditions and living arrangements of the elderly, influence the reporting of physical vulnerability. The study points to the urgent need for extending assistance to the elderly, especially the older individuals among them.

Phoebe. S. Liebig (2003) found that majority of the old age homes are owned by Non-Governmental Organization (NGOs) and compared to for-pay homes, free-pay homes have less infrastructural facilities. The study found that the gradual increase of all old age homes has given rise to debate about their appropriate roles in Indian society and about their quality. It also discovered that Government grants to NGOs for homes and day care centers are limited. The author suggests that, with the National Policy on Older Persons looking to NGOs and Village Council to be the primary sources of non-familial aged care and several ways to build up their capacity.

Sulaja (2007) examined the problems and issues faced by the aged women in Kerala. She points out that the proportion of women elderly population is higher than that of aged men because of highest life expectancy among females (75 years) than male (72 years). The author noticed that the major problems faced by the elderly population are socio, economic and health related. In order to overcome or getting relief from this problems, and suggests that Government should give securities in the form of pensions, travel concessions, free medical care's and also financial support should be provided for self-employment programs for independent earnings. But, the prime duty of Government is to enact measure to encourage the families to keep the elderly women with them.

George Paul (2006) explained the importance of Geriatric care in Kerala perspective. He mentioned that Geriatrics population in Kerala is growing rapidly and a significant mass of them have multiple medical problems like poor mobility, arthritis, poor vision, loss of memory impairment in hearing and urinary problems and also besides these they are also affected by chronic diseases including diabetes, hyper tension, high cholesterol level etc. The author suggests that that the Government should implement certain policies and programmes related to the health care of elderly.

Syam Prasad (2006) identified three factors (physical insecurity, emotional satisfaction and financial securities) affects the wellbeing of the elderly based on the

NSSO data its 50th and 55th round. The study shows ageing is basically the result of a two dimensional demographic transition explained by overall decline in mortality and fertility. The variables (dependency ratio, work participation rate, ownership of asset and wealth among aged) are usually used to assess the socio economic conditions of elderly. The result shows 56 percent of elderly continue to work, 55 percent are totally dependent, 43 percent do not own any the financial asset and 35 percent any item of property. NSSO 52nd round shows more than 50 percent of the aged in rural area suffer from high incidence of chronic disease. The author suggested the in order to improve the well being of elderly in rural areas of India what is required is a comprehensive insurance system to cut shot the risk of the elderly in the period of extended life.

Mini (2008) examined the socio demographic correlates of health status of elderly persons in Kerala in terms of three components: perceived health status, physical mobility and morbidity level. The author found women reported less morbidity, perceived well-being and physical mobility were better for men. This anomaly can be explained by variations in the components of socio demographic factors. The findings call for urgent health care strategies for elderly persons in different socio demographic groups in transitional Indian states like Kerala.

IrudayaRajan (2000) observes that Kerala is ahead of the rest of the country in fertility transition by 25 years and that makes a study about Kerala specially interesting. In this study he attempt to assess the ageing scenario in Kerala by districts and also remains the socio economic conditions of elders living in institutions, on the basis of data available from 1991 census and 1998 Kerala Migration survey.

From the foregoing review of the literature, it is found that studies relating to the elderly staying in old age homes are very rare. The only study which has thrown some light on this is the last cited article by IrudayaRajan. But studies which have attempted to compare the determinants of health status as well as the problems of the elderly staying in old age homes and those staying with family members have not been carried out by anyone, in the context of Kerala.

OBJECTIVES

The specific objectives of the study are

1. To look into the socio economic and health conditions of the inmates of the old age homes and compare the same with the elderly persons staying with the family in Kerala.
2. To examine the determinants of health status of elderly in Kerala.

HYPOTHESES

1. The health status of old age home inmates is worse than that of elderly persons staying with family.
2. Socio economic variables have exert influence on the health status of elderly in Kerala.

METHODOLOGY

The study is based on secondary data largely drawn from the Report on the Survey of Aged in Kerala carried out by the Department of Economics and Statistics in the year 2002-2003. In addition, various Population Census Reports, National Sample Survey Organization (NSSO) 60th Round Survey on 'Morbidity, Health Care and the Conditions of the Aged', Economic Review of Kerala (2008), research publications of individual scholars and organizational agencies. Besides simple techniques of ratios and

percentages, regression technique has also been used to identify the determinants of health status of elderly.

SOCIO -ECONOMIC AND HEALTH CONDITIONS OF ELDERLY IN FAMILIES AND OLD AGE HOMES -A COMPARISON

In this section an attempt has been made to make a comparison between the socio economic and health condition of elderly persons living with families and those staying in old age homes. According to the survey conducted by the Department of Economics and Statistics 2002-2003, a total of 27.86 lakh aged persons living in 22.94 lakh households were enumerated. In addition, aged persons staying in 209 old age homes spread over all the districts of Kerala were also covered in the survey.

The socio economic variables which are supposed to exert influence on the health status of elderly in the light of the studies already carried out (Mini -2008, Indrani Gupta et al- 2003) are age, sex marital status, education, religion, income, employment and economic dependence or independence.

We shall attempt to make the comparison of the two groups of elderly in terms of the variables mentioned above.

Table.1
Distribution of the Elderly According to Age and Sex Ratio

| Age group | Percentage of the total | | Sex ratio (females per thousand males) | |
|-----------|-------------------------|-----------------|--|-----------------|
| | With family | In old age home | With family | In old age home |
| 60-70 | 58.63 | 35.95 | 1049 | 1577 |
| 70-80 | 30.55 | 40.36 | 1133 | 1651 |
| 80-90 | 9.41 | 20.16 | 1289 | 1723 |
| Above 90 | 1.40 | 3.53 | 1438 | 1770 |
| Total | 100 | 100 | 1100 | 1654 |

Source: Report on Survey of Aged (2002-03), Department of Economics and Statistics.

Of the elderly persons staying with the family more than half belong to the age group 60-70. But of those staying in the old age homes the percentage of 60-70 age group is much less (36 percent). Among the inmates of the old age homes the largest percentage belongs to 70-80 age groups. What one could infer from table 1 is that it is the old and the older old who prefer the old age homes.

The table also shows that sex ratio increases with the increase in the age, among both categories of elderly. Even though sex ratio is higher in both categories of elderly, sex ratio at all age groups, is significantly higher among the elderly in the old age homes as compared to their family counterparts.

Marital status of the two groups is given in table.2 One striking difference is that the percentage of unmarried elderly among the old age home inmates (17.7 percent) is perceptibly higher than the corresponding percentage among the elderly staying with the family (2.32 percent). Since the unmarried persons do not have children or spouses to care for them at home they prefer to go to old age home where they may get some company. That may be the reason why unmarried person's percentage is higher in old age homes. Nearly one third of the old age home inmates are widows/widowers. The corresponding figure in families is a little higher (41 percent). In both, the largest number is however, married persons. It is important to note that majority of the old age homes

inmates are married persons. It is an indication of lack of care and support in families even in the case of married persons. Relative percentages of the divorced and separated persons are also relatively higher in old age homes. The cited report does not provide information regarding the gender differential in marital status among the elderly. However some of the available studies show that there exist gender differences in marital status among elderly (Mini 2008). According to these studies the percentage of widows is greater than widowers among the elderly. This is due to factors such as higher life expectancy among female, low marriage age for female, higher chance of remarriage among men and also higher accident rate among men as compared to women.

Let us come to educational and employment statuses of the elderly 73 percent of them are literates. 48 percent though literate, have less than the primary education. Those having above S.S.L.C qualification come to 3.24 percent, 94 percent of them do not have any technical qualifications.

Gender difference exists in employment. Unemployment was more rampant among women as compared to men. In the former unemployment rate is as high as 90.5 percent as against 60.5 percent among men. Around 24.3 percent of the aged persons staying with the family were self-employed in agriculture, 28.47 percent of elderly were employed in government sector. 7.09 percent of the elderly persons remained unemployed in their young days too. As regards the previous employment status of old age home inmates, 29 percent were retired government employees, 2.6 were foreign returnees, 55 percent were self-employed and 37 percent were unable to work even while they were young³.

In terms of religious status, 60 percent belongs to the Christian, 37 percent to Hindu and 2 percent to Muslim community. Among those staying with family 22.3 percent are Christians, 60.5 percent Hindus, and 16.5 percent Muslims. The larger percentage of Christian among the old age homes is due to the fact that the largest number old age homes in the states are run by Christian religious organizations.

The economic status of the elderly is, generally, the most important variable determining their health status. One third of the elderly staying with family members do not have any income. A little more than one third has only less than Rs. 500 per month (refer table 2). Those having more than Rs. 5000 per month constitute only 1.5 percent. 7 percent of the elderly has been Rs. 500 per month. Thus vast majority of the elderly are constrained to pull on their life with meager income and it is the plight of this section of elderly which is miserable.

Table.2
Distribution of the Elderly (In Families) According to Monthly Income

| Income | Number of Elderly Persons | Percentage of Elderly |
|-------------|---------------------------|-----------------------|
| No Income | 922087 | 33.09 |
| Below 500 | 1039161 | 37.29 |
| 500-1000 | 297812 | 10.69 |
| 1000-2000 | 247358 | 8.88 |
| 2000-5000 | 235601 | 8.48 |
| 5000-10000 | 38940 | 1.39 |
| Above 10000 | 5118 | 0.18 |
| Total | 2786077 | 100 |

Source: Report on Survey of Aged (2002-03), Department of Economics and Statistics.

Table 3
Morbidity among the Elderly

| Decision | Living with Family | | Living in Old Age Homes | |
|------------------------|--------------------|------------|-------------------------|------------|
| | Number | Percentage | Number | Percentage |
| Diabetics | 459536 | 16.49 | 763 | 16.58 |
| Hyper Tension | 635186 | 22.79 | 1184 | 24.76 |
| Rheumatic Arthritics | 809255 | 29.05 | 1743 | 36.45 |
| Asthma | 259715 | 9.32 | 693 | 14.49 |
| Abdominal Problems | 116933 | 4.19 | 439 | 9.18 |
| Urinary Problems | 41764 | 14.99 | 178 | 3.72 |
| Liver Problems | 14771 | 0.53 | 64 | 1.34 |
| Skin Diseases | 32318 | 1.59 | 249 | 5.21 |
| T.B | 16298 | 0.58 | 49 | 1.02 |
| Brain Disease | 18580 | 0.67 | 102 | 2.13 |
| Heart Disease | 112662 | 4.04 | 270 | 5.65 |
| Cancer | 12827 | 0.46 | 74 | 1.55 |
| Psychological Problems | 15253 | 0.55 | 683 | 14.28 |
| Paralysis | 10953 | 0.39 | 151 | 3.15 |
| Other | 411351 | 14.76 | 1015 | 21.23 |

Source: Report on Survey of Aged (2002-03), Department of Economics and Statistics.

Table 3 throws light on the disease pattern on the disease pattern among the elderly. The most prevalent disease among them is rheumatic arthritics. 36 percent old age home inmates and 29 percent family elders suffer from rheumatic arthritics. The next most prevalent diseases among them are hyper tension and diabetics. Their respective percentages are almost similar in both categories. One striking difference in the incidence of disease in the two categories is that those suffering from psychological problem is very high among old age home inmates (14.28 percent) whereas the corresponding figure for the family elders is very low (0.56). One reason for high incidence of psychological disease among old age homes inmates is their alienation from the near and dear. Urinary problems, stomach trouble and heart disease are also common among the elderly.

A look at table.3 shows that incidence of almost all diseases, except urinary problem, is higher among the elderly staying with families (urinary problems are reported to be less because vast majority of the old age home inmates are women. It is to be noted that, men beyond 50 years of age are more vulnerable to urinary diseases than their female counter parts). Thus our hypothesis that health status of old age home inmates is worse than that of the elderly with the family members is found valid.

Marital status does not seem to influence health status significantly, as the corresponding coefficient is found to be statistically insignificant.

The relation between the variable SC/ST population and the dependent variable are positive and significant implying greater hospitalization due to social backwardness. This section of society is also educationally backward, and generally more prone to disease.

The association between health status and the variable poverty is positive and significant. This indicates that people below the poverty line tend to be more affected by disease than the rest of the society.

Even though educational status (SSLC and above) is statistically insignificant, but its sign is negative. This is contrary to expectations. This could be because education and illness, particularly among the elderly need not be directly associated.

The variable, persons in old age homes is also statistically significant and positively related with the dependent variable. This could be the result of psychological problem arising among the aged in old age homes, owing to their alienation from family members. The adjusted R square is 0.95 and F value is 43.20. What follows from the regression exercise is that the most important determinants of health status of the elderly are socio economic factors

FINDINGS AND SUGGESTION

Among the Indian states Kerala stands apart in terms of the rate of ageing and features of the elderly population. Of all the states, Kerala is reported to have the highest proportion of the elderly in India. As per 2001 census the aged comes to 10.5 percent of the total population of the state; whereas the corresponding percentage for all India is only 7.4 percent. The absolute number of the elderly in Kerala much higher than the state's share in the total population of the country. From the review of the literature, it is found that studies relating to the elderly staying in old age homes are very rare. The only study which has thrown some light on this is the article by IrudayaRajan(2000). But studies which have attempted to compare the determinants of health status as well as the problems of the elderly staying in old age homes and those staying with family members have not been carried out by anyone, in the context of Kerala. The important findings of the study are

- ✚ Socio economic variables which are supposed to exert influence on the health status of elderly in Kerala.
- ✚ The old and the older old who prefer the old age homes.
- ✚ Even though sex ratio is higher in both categories of elderly, sex ratio at all age groups, is significantly higher among the elderly in the old age homes as compared to their family counterparts.
- ✚ The percentage of unmarried elderly among the old age home inmates is perceptibly higher than the corresponding percentage among the elderly staying with the family. Since the unmarried persons do not have children or spouses to care for them at home they prefer to go to old age home where they may get some company.
- ✚ One striking difference in the incidence of disease in the two categories is that those suffering from psychological problem is very high among old age home inmates where as the corresponding figure for the family elders is very low. One reason for high incidence of psychological disease among old age homes inmates is their alienation from the near and dear. Urinary problems, stomach trouble and heart disease are also common among the elderly.
- ✚ The health status of old age home inmates is worse than that of elderly persons staying with family.
- ✚ The socio economic factors are the most important determinants of health status of the elderly in Kerala.

The study concludes by suggesting a policy, that the Government should take the measures to ensure the proper and regular availability of social security benefits to the elderly.

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