Response of elderly during illness: A rural perspective in India

PAWAN KUMAR GOEL

ASSOCIATE PROFESSOR

D/O COMMUNITY MEDICINE , SHKM GOVT. MEDICAL COLLEGE NALHAR MEWAT (HARYANA).

INTRODUCTION

- The demographic transition from ' pyramid to pillar' also called as graying of nation is no longer taken as 'just another statistical projection' nor does it arouse pride that we have after all raised our life expectancy to a respectable level. Age is a caress of time, but for some, it is less a caress and more a castigation[1].

- Rise in living standards along with availability of competing alternatives to raising families, the fertility often falls to unforeseen low levels..
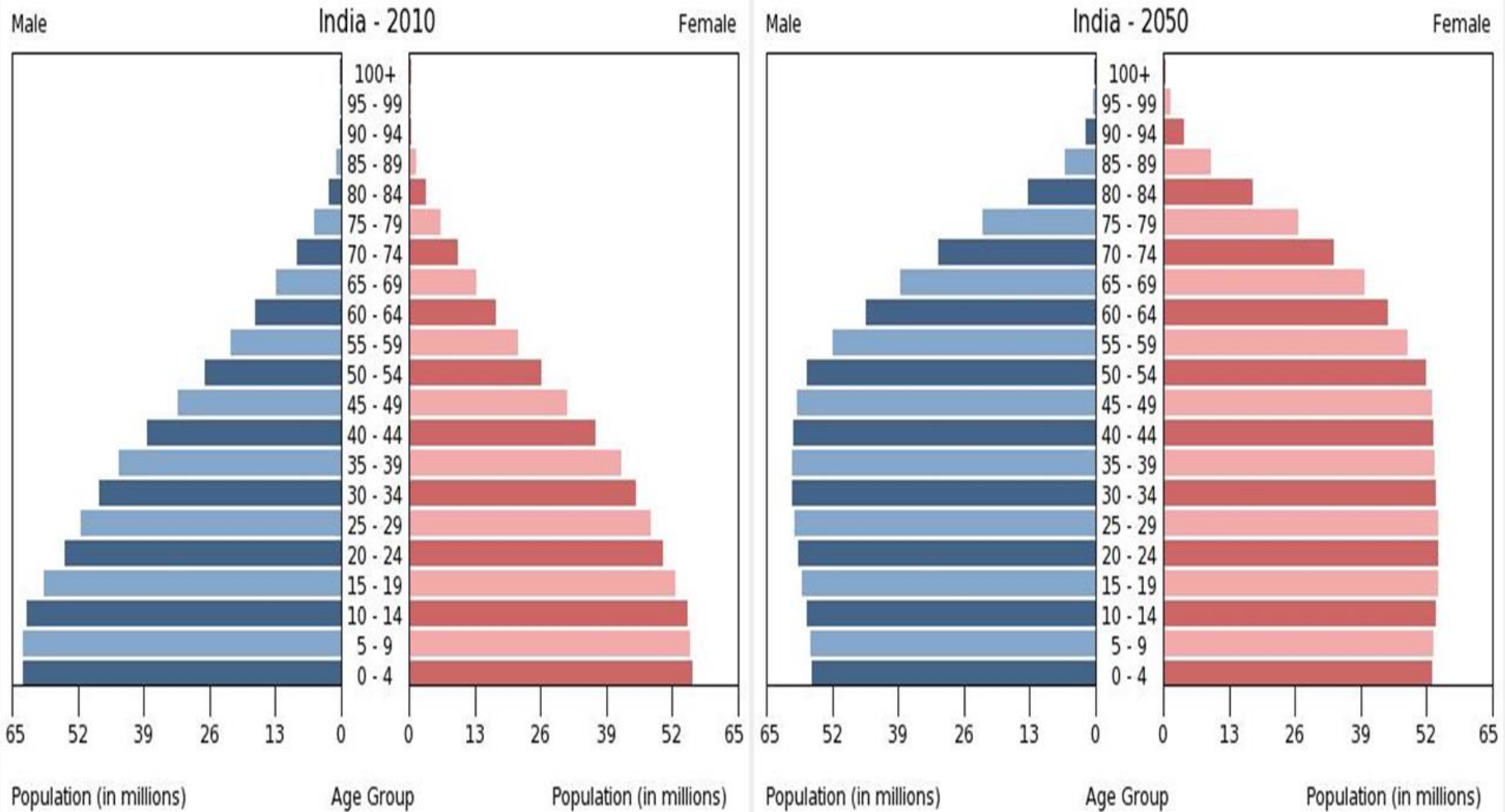
INDIA: Age Pyramid, 1991
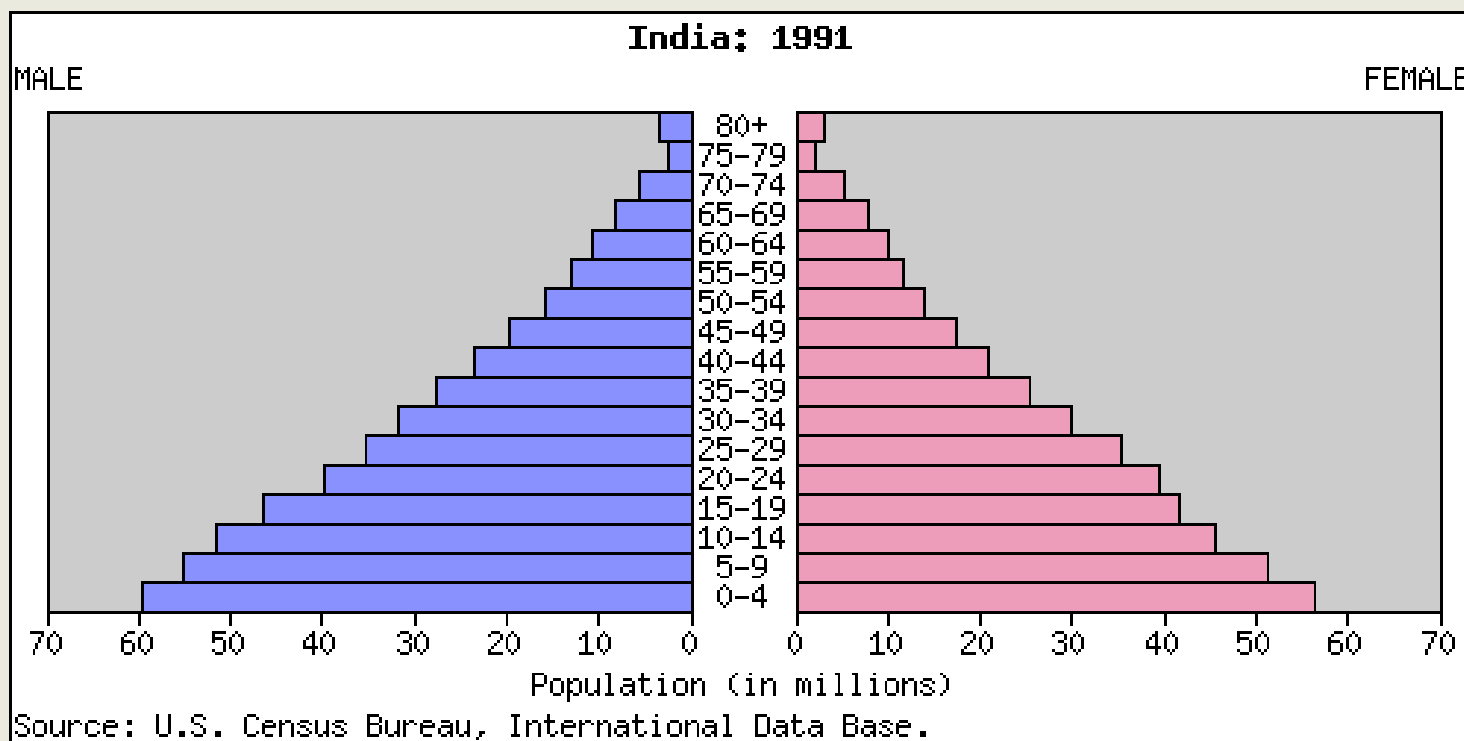
INDIA: Pyramid-to- Pillar

Population Pyramid Graph - Custom Region - India

Introduction

- By any conventional yardstick of health or illness there are very limited services for the elderly, that too predominantly in big cities only[2].

- A dramatic increase in the population of elderly individuals has intensified the need to make geriatric care services easily available.

- Researchers in India have not paid enough attention to find out response of elderly during illness and reasons associated with such responses, although few studies have been carried out but they are mainly limited to urban areas [3].

OBJECTIVES

1. To find out response of elderly during illness in a rural area and reasons of these responses

Materials & Methods

- **Study design**: Cross sectional Community based study

- **Setting**: Primary Health Centre Daurala, (Meerut) that is the Rural Health Training Centre of the Department of Community Medicine, L.L.R.M. Medical College, Meerut covering the area by a network of 24 sub-centers

- **Study subjects**: elderly people aged 60 years and above

- A sample of 355 elderly people aged 60 years and above derived on the basis of morbidity prevalence rate of 52% as per reports of National Sample Survey Organization 1998[4] with 95% confidence interval and a relative precision of 10% was decided.

Sample Size: Using Formula $n = z^2pq/l^2$

p = 0.52 , q = 0.48

l (relative error)= 10%

$n = (1.96)^2 \times 0.52 \times 0.48/0.052 \times 0.052$

=355

- **Study tool**: Predesigned and pretested questionnaire.

- To cover the sample 15 elderly people from each of the 24 sub-centre villages were studied by house-to-house visit starting from a random point. In all 360 persons were selected for study however 6 persons (1.6%) were dropped from the study due to their handicap being deaf, mentally ill and non- cooperative attitude. Hence responsive information could be elicited only from 354 elderly individuals.

- **Analysis**: Statistical analysis was done by proportions.

- **Ethical issue**:

  Local cultural values and ideas were respected.

  Confidentiality was assured.

  Consent was taken before each interview.

Result

- A total of 354 elderly above 60 years of age were studied. Age group 60-69 years constituted highest proportion of subjects 47.5% followed by 70-79 years (37.6%) and old-olds i.e. 80 years and above constituted 14.9%

First response in illness

First Response	No.	%
Home remedies	175	49.4
Medical Store	38	10.8
Self medication	32	9.0
Did not visit any doctor(>2/3)	*245*	*69.2*
Family physician	96	27.1
Private hospital	7	2.0
Govt. health center	6	1.7
Total	354	100.0

First response in severe illness

First Response	No.	%
Private clinic	242	68.4
Nursing Home	10	2.8
Govt. Hospital	101	28.5
Priest	1	0.3
Total	354	100.0

Distance of health facilities from home

Distance	Private Health facility		Govt. Health facility	
	No.	%	No.	%
< 1 Km	351	99.1	18	5.1
1-3 Km	1	0.3	126	35.6
3-5 Km	2	0.6	143	40.4
> 5 Km	0	0	67	18.9
Total	354	100.0	354	100.0

Reason of first response in severe illness

Cause of response	Private clinic	Nursing home	Govt hospitals	Priest
	No(%)	No(%)	No(%)	No(%)
Near home	177(73.1)	2(20.0)	8(7.9)	0(0)
Less time taking	43(17.7)	4(40.0)	1(0.9)	0(0)
Easily available	6(2.5)	2(20.0)	0(0)	0(0)
Unable to pay	0(0)	0(0)	92(91.1)	0(0)
Others	16(6.6)	2(20.0)	0(0)	1(100)
Total	242(68.4)	10(2.8)	101(28.5)	1(0.3)

Response during medical emergencies

Emergency Services	No.	%
Private Practitioner	344	97.2
Nursing Home	4	1.1
Govt. Hospitals	6	1.7

CONCLUSION

- Inaccessibility and inability to pay were found to be the main reasons for inadequate utilization of health services. This gap could be filled by

1. Integration of geriatric care with the primary health care facilities.

2. Old-age pension can help them to pay for the expenses on medical care.

3. Introducing a uniform health insurance program for the aged.

THANK YOU