

**Health Status of the Elderly in Hingnara Gram Panchayat, Chakdaha C.D.
Block, Nadia, West Bengal**

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Abstract

Aging is a contemporary universal issue as elderly are suffering from economic insecurity, health problem, insufficient shelter, mental disorder, loneliness and different sorts of inhuman treatments etc.

This empirical research work has been done in Hingnara Gram Panchayat of Chakdaha C.D. Block in Nadia district, West Bengal through the method of purposive sampling of 315 respondents. 58.73% aged people who do not have any source of income. 61% of elderly are suffering from bad and very bad health condition. It is indicated that health condition of the aged is not satisfactory. 32.69% aged people have been suffering with two to four types of diseases at a time mainly from arthritis, heart problem, blood pressure, gastrointestinal, respiratory disorders, diabetes cough and cold. 51.80% of patients have consulted with quack doctors due to their low level of income. Health condition of the remaining elderly population are as normal (24.5%), good (9.5%) and very good (5.7%). On the other hand, 30.2% of the elderly people are under underweight condition (BMI<18.5), 42.5% belong to healthy (BMI 18.5-24.9) and 24.4% in 25-29.9 BMI and 2.9% in >30 BMI (obese). Finally, this research study has been focused to find out the realistic measures for the miseries.

Key words: Aging, Economic Insecurity, Loneliness

Introduction

In the 21st Century, aging is the most challenging and vital issue in developing countries in the world (Mohapatra, 2011). It is the biological and psychological change in human life cycle (Laxmi and Murthy, 2010). The Ministry of Social Justice and Empowerment, Government of India, has mentioned the age of the 'senior citizen or old aged' as 60 years old or above in 'National Policy on Older Persons' (MSJE, Government of India, 1999). Aged people face a lot of problems in society such as economic, health, shelter, psychological along with different sorts of inhuman behaviour etc. The phenomenon of aging population was first focused in 1982 when the United Nations organized the first world conference on aging in Vienna in the whole world. World Health Organization (WHO) calls all persons who are of 60 years and above as the elderly or aged (Nasreen, 2009).

On global level, due to increasing trend of life expectancy and decreasing mortality and significantly declining fertility causing the reduction of the proportion of children and the numbers of aged population is increasing (Department of Economic and Social Affairs, UNO, 2013). The share of aged population in India is gradually increasing in total population and it is the second largest country in aged population after first position of China. As per 2001 census, the aged population in India is 76622321(7.44%) whereas 103849040 (8.57%) in 2011 (Census of India, 2011).

Life style of elderly is changing. Earlier, in the traditional society, most of the families were joint family wherein the aged has been considered as respectable person and decision maker (Vankayalapati, 2008). The family stood on their concrete adjustment and life was very simple. They have a huge human resource of wisdom, experience and leadership. Their experience level and wisdom level is very high than other age groups (K.Khetarpal, 2004). They have followed the rules of morality and spirituality in everything up to their death. Therefore, the aged people play an important role of any family to solve various problems.

But now joint family has been replaced with nuclear family and socio-economic condition of aged is becoming worst, because of generational gap between young and the aged people. The young generation treated to the aged as unrespectable persons. The growth of 'individualism' in modern life led to the aged alienation and isolation from family and society (Narang et al. 2013). In the modern society, the elderly are considered as burden to the young generation in their family. So, the social adjustment of aged people is gradually reducing with young generation. For this reason, the livelihood condition of the elderly is gradually worsening.

In this situation, the aged are suffered various problems such as physiological, economic, social and psychological problems. This situation is more severe in female elderly than male elderly in India especially where female elderly are economically fully dependent on others. So these have become a social problem in India (Mehrotra and Batish, 2009).

The socio-economic status such as health, education, occupation and income condition of female elderly are not better than male elderly. The main chronic diseases among women elderly are visual problems, joint pain and blood pressure. On the other hand, the main chronic diseases among men elderly are diabetes, heart ailment, cancer (Chakraborty, 2005). Mental health of the female elderly is not better than male elderly. Most of the female elderly (63.6%) feel more depression than male elderly (36.44%) (Maulik and Dasgupta, 2012). They are more affected by abuse in the family and more neglected by society. The female elderly is very much abused by their spouse (S. Raju, 2011). Therefore, it is true that the old age is a tough moment of life. In this context, it is important to study the socio-economic status of the aged people and their advantages and disadvantage. Thus, this research study has been focused on health status of the elderly and tried to find out the realistic measures for the misery at Hingnara G.P. of Chakdaha C.D. Block in Nadia district of West Bengal, India.

Objectives of the Study

The objectives of the study are as followed.

1. Find out the health status of the aged people.
2. Investigate on the controlling factors of problems of the aged people.
3. Draw feasible suggestion for further improvement of the aged people

Location of the Study Area

The study area, Hingnara Gram Panchayat (G.P.), is situated in Chakdaha C.D.block of Nadia district in West Bengal. The Hingnara Gram Panchayat is consisted of eight Mouza as Raghampur,Hariankhi,Hingnara, Ballavpur,Purulia,Maheshchandrapur,Bagrabpur and Laxmipur and including one census towns (Darappur), covering 16429.08 hectare area. There are 25615 populations (Census, 2011). It is extended from latitude 23°04'40"N to 23°00'54"N and longitude 88°40'48"E to 88°37'56"E. It is bounded on the West by Dewli and Dubra G.P. and Silinda-I and Dubra G.P., on the North and North-west; Silinda-II on the east and Haringhata block on the South.

Materials and Methods

The present study is based on primary data collected by structured questionnaire through interview from door to door survey with aged people. Hingnara G.P. has been selected as purposive sampling method from Chakdaha C.D. block in Nadia district. There are 315 elderly have been interviewed for this investigation. Finally, collected data have been analyzed by the statistical techniques as frequency distribution, percentage distribution and represented through cartograms of age-sex pyramid, pie graph, bar graph and line graph.

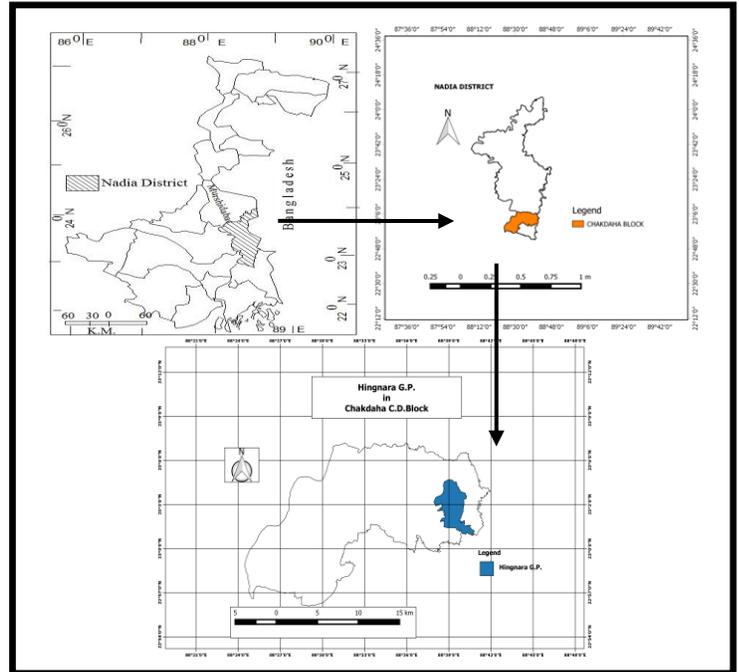
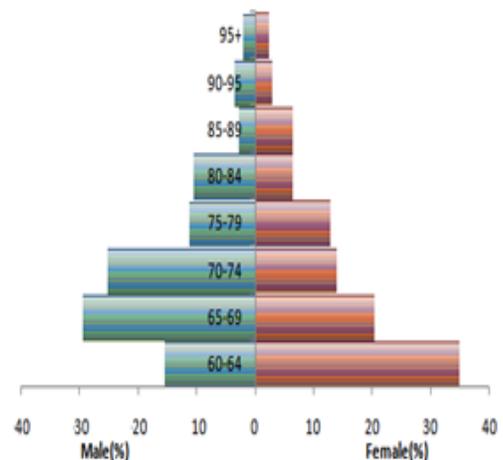


Fig.No.1: Study Area

Age Sex Composition

In recent time, the proportion of population aged 60 or above has increased in all countries in the world due to declining trend of birth rate and fertility. At the same time, proportions of population in the working age group



(15-59) are also increasing rapidly. In the study area, 26% of the aged people are in the age group of 60-64 years, followed by 70-74 years (24.80%), 65-69 years (19%), 75-79 years (12%), 80-84 years (7.9%), 85-89 years (4.8%), 90-94 years (3.2%) and above 94 years (5%) respectively (Fig.No.2).

Fig.No.2: Age Sex Distribution of the Elderly by Pyramid

Health Status

Physical Condition of the Elderly

It is revealed that health condition of the elderly is not good. After analysis of the responses from the respondents (elderly) and photo copies of medical prescription made by medical practitioners, along with detailed discussion as well as cross checking with local doctors a grim picture of the health condition of the aged is established. In the study area, almost one third elderly (61%) have been suffering from bad and very bad health condition. Both male and female elderly people are suffering

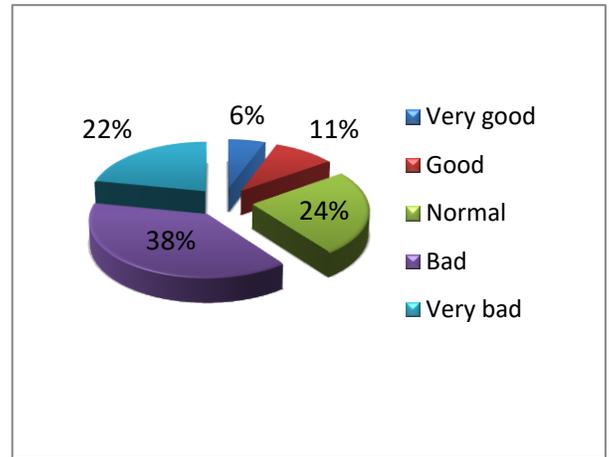
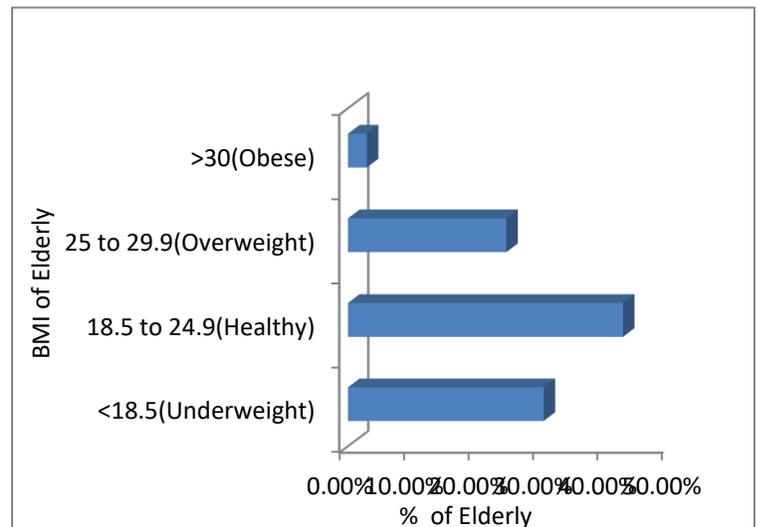


Fig.No.3: Physical Condition of the Elderly

mainly from arthritis, heart problem, low and high blood pressure, gastrointestinal, respiratory disorders, diabetes and cough as well as cold. Health condition of the remaining elderly population are as normal (24.5%), good (9.5%) and very good (5.7%). So it is indicated that the physical condition of the aged is not satisfactory (Fig.No.3).

Nutritional Status and BMI

The miserable health condition has denoted that they do not consume nutritious food. They rarely intake any nutritious food like fruits and milk due to financial crunch. In this context, the nutritional condition has



been measured by the Body Mass Index (BMI). According to World Health Organization (WHO, 2013), the BMI has been categorized into four ranges as 18.5 (underweight), 18.5-24.9 (healthy), 25-29.9 (overweight) and above 30 (obese).

Fig.No.4: Distribution of BMI of the Elderly

Elderly

With respect to WHO's standard, 30.2% of the elderly people are under underweight (BMI<18.5), 42.5% healthy (BMI 18.5-24.9) and 24.4% overweight (BMI 25-29.9) and 2.9% Obese (BMI >30) (Fig.No.4).

Psychological Problems

Psychological problem is another issue of the cohort. After consultation with the doctors, it has been found that the elderly people have been suffering from various psychological problems like loneliness (5.40%), amnesia and dementia (4.10%), tension (39.10%), anxiety (24.40%), afraid (10.20%) and worried (16.80%). According to respondent main causes of

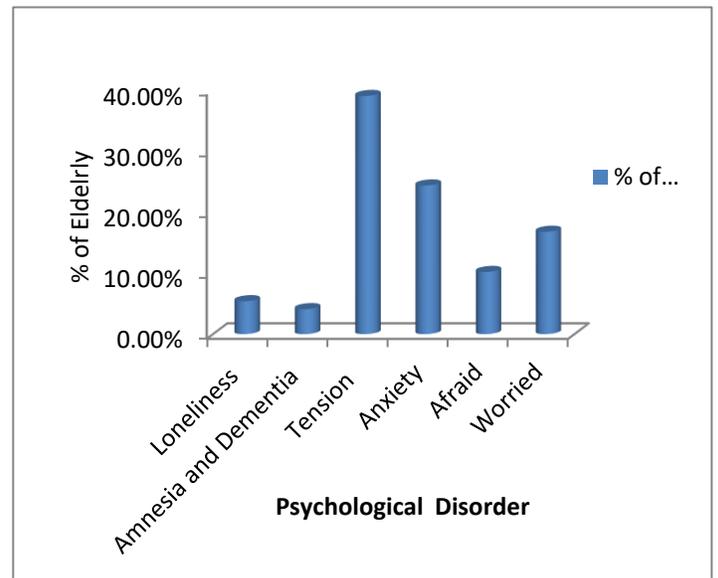


Fig.No.5: Psychological Disorder of the Elderly

psychological disorder are more age, long-term illness, death of family members and poor family condition.

Controlling Factors of Present Situation of the Elderly

It is true that the elderly are suffering from various problems as societal, economic, shelter, physiological, nutritional and psychological. Comparatively, economic problem is in acute level, that's why at the end of their life, they feel insecure. There are various factors responsible for economic insecurity to make life worse.

The elderly have no formal source of income. They have no agricultural land, and family members are working in unorganized sector. Most of the aged have exhausted their savings for children's education and daughter's marriage. The joint family structure as per respondents has been restructured into nuclear family. So the family members have no time to take care. Now-a-

days people have emphasized to individualism and that is one of the major reasons of the aged problem. On the other hand, children live out of station, because of their job (43%). There are also cases of separation from family because of quarrel and conflict (36%). The elderly suffer from shelter problem. Most of the elderly have spent in night in the *Barandah* (51%). Health condition is not better because of lack of proper treatment due poor family condition. Above all, government help is very little (17%).

Relation between Income Level and Health Expenditure of the Aged

The relation between income level and health expenditure are negatively related ($r = -0.88$) and it is significant at 5% level in 5 degree of freedom (calculated 't' value is 4.15 and tabulated 't' value is 4.03) (Fig.No.6). Because the elderly who belong to higher income group take sufficient nutritional food and are conscious about health while the poor consume more green vegetable in daily life. For this reason, though their expenditure for health is low, but their health condition is not very bad.

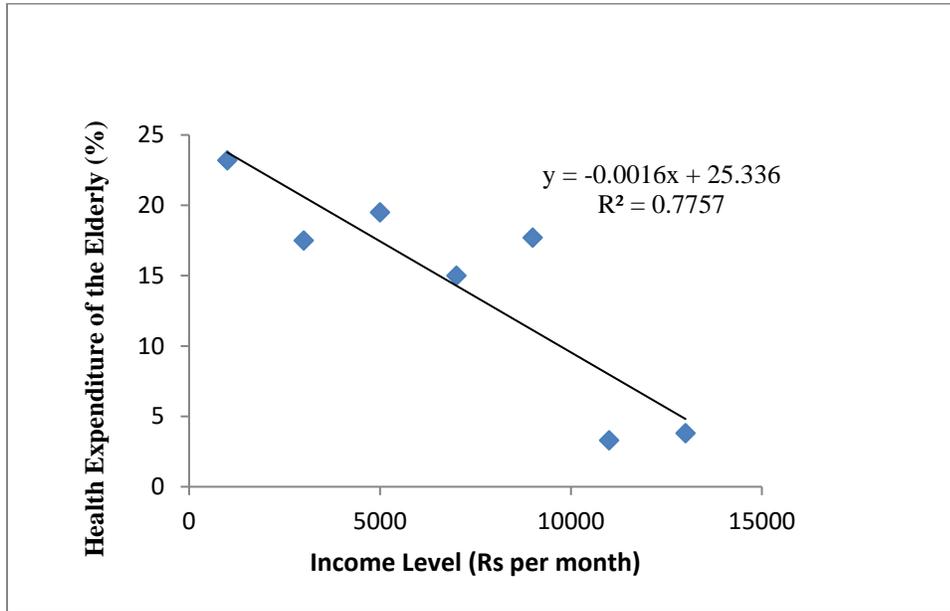


Fig.No.6: Relation between Income level and Health Expenditure

Conclusion

After the rigorous grass root level field survey and from this detailed discussion of the analyzed data it may be concluded that there is urgent need of efforts on the part of the government to

ensure guaranteed income, health care, social services, recreation and other requirements of the aged which will go a long way to reduce the problems of the elderly. In addition, non-government organizations may also come forward for the welfare of the elderly. Above all, fellow feeling in humanity is badly needed.

The present miserable condition of the elderly can be improved by some following feasible steps.

- 1.) The local government should provide compatible perennial work in throughout the year for the aged.
- 2.) The old age pension (IGNOAPS) should be provided to all elderly people who belong to BPL and they should be brought within Indira Awas Yojana (IAY) to remove the housing problems.
- 3.) The *Annapurna* and *Antyodya* scheme should properly be executed for all the aged.
- 4.) The medical treatment for the aged should be provided free of cost and new health centre should be established in nearer location and or mobile medical unit should be arranged.
- 5.) The local government should start help line for the aged people and awareness level of young generation as well as common people should be increased.
- 6.) Finally, the young generation should support to the elderly, else problems of the elderly will gradually increase that will be more critical for the humanity in future.

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