ORIGINAL ARTICLE

Socio-Demographic Status and Self Rated Health Condition of the Elderly in Eastern Uttar Pradesh

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ABSTRACT

Background: The increasing number of the elderly persons and their health problems has greater implications on public health programs in developing countries. Estimates of health problems of elderly are required from time to time to predict trends in disease burden and to further plan health care for them. Therefore, this study was conducted to determine the prevalent diseases and places for seeking treatment among the elderly in eastern uttar Pradesh. **Materials and Methods:** A community based cross sectional study was carried out for the elderly people and the information was collected in pre tested instrument. Using multistage stratified random sampling procedure, a total 417 elderly respondents were participated in the study. Information was sought on the respondent's socio-demographic characteristics and self-reported disease suffering by the elderly. **Results:** Maximum numbers of diseased case were among females (38.06%) than males (26.45%).Breathing problem was found one of the major problem among each sex of the elderly. It was found that more than half of the elderly suffering from more than one disease. **Conclusion:** Breathing problem and joint problems were prevalent in both male and female elderly population. Social status and age of the elderly play important role in seeking treatment from the private/government health care facilities

Key words: Elderly health problem, Eastern Uttar Pradesh, Self rated health condition, Geriatric depression scale, Psychological factor.

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INTRODUCTION

Health is the single most important determinant of the quality of life among elderly. The health status of the elderly is determined by a host of economic, social, psychological and physiological factors. With advancing age, ill-health becomes a major hindrance for the well-being of the elderly. Therefore, not only physical but even perceived health is an important predictor for their living happily.[1] A number of studies have found that self-rated general health condition among the elderly is a valid measure of their health status.[2] The self-rating of health is influenced largely by physical health conditions like chronic diseases, functional disability, sensory performance, the number of sick days, etc. Moreover, not only the objective health condition but also the psychological and social factors influence the self-rating of health.[3] Contrary to the subjective nature of rating one's own health, the assessment of mental health and functionality can be done with more objectivity due to the methodology available for understanding the mental and functional health status. The elderly with good mental and physical health are expected to be healthier than their counterparts.

In India, the family is the great single source of support and center of activity for most elderly people, but the

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decrease in the number of children, their dispersion owing to migration and urbanization reduced the care of dependent old parents. The elders need certain amenities such as health care, nutrition and a sense of belonging. But the type and amount of treatment they receive mainly depend on the culture of the family. Usually, elder people are neglected by the family members unless they are well-to-do or still earning members.[4-6] Low social and economic status, high rate of illiteracy and a general lack of basic amenities constitute major problems for the elder persons, particularly in rural areas. Life becomes increasingly stressful during the ageing process and elder people become a liability, rather than an asset, for the families and communities involved.[6] In society the quality of relationship with sons and daughters largely decide the economic factors, which, in turn, determine the health of the elderly people.

A number of gerontological studies have discussed the relationships among morbidity or health status, age, gender and marital status of elders, but no universal pattern has been established so far. For example, an increased morbidity with increased age, but greater among men than women and more among rich people than poor,[7] no consistent increase in morbidity with age,[8] increased morbidity with increased age and more among female in the beginning of ageing, increased prevalence of chronic morbidity with increased age of elderly people and more among women than men[9] and an increased survival of currently married elderly or living with their sons or daughters.[10] When the elderly engage themselves in any economic activity and they possess assets, it provides a sense of security to them. Their engagement with economy produced good physical and mental constancy in them which plays an important role in their older time.

MATERIALS AND METHODS

Sampling Procedure and Sample Size Formula

A multistage sampling method was used to select the sample for the study. Though care was taken to avoid investigator bias in selecting the sample for the study by using a random sample, 60 years and above 60 years, each respondent on selected villages was approached during data collection. In this manner, a list with a total of 410 elderly was enumerated from all the four districts in eastern Uttar Pradesh. The required number of sample households would be

$$n_h = m \times n = m \times \{p\,(1 - p)\,(z^2/e^2) \times f\}$$

where n is the required sample size for elderly having solitary living; m is the required number of households to get at least one such elderly;

p is the proportion of elderly living alone; z is 1.96 (z value at 5% level of significance); e is 0.05 (amount of admissible error); f is 1.5 (assumed design effect).

Thus, as an approximation, suppose that about 6% of the elderly live alone in rural areas (Central Region, NFHS-3), then

$$n = p\,(1 - p)\,(z2/e2) \times f = 86.68 \times 1.5 = 130 \text{ (approx.)}$$

In order to ensure separate estimates based on location (districts with low, medium, and high composite index), at least three estimates will be needed. Thus, the required minimum sample size will be $130 \times 3 = 390$. The sample has to increase by 5% to account for contingencies, such as non-response or recording error. $n + 5\% = 390 \times 1.05 = 409.5 \sim 410$ As per government reports (census, NFHS), from three households in a village of eastern Uttar Pradesh, one can get at least one elderly person. Thus, nh= $410 \times 3 = 1{,}230$ households Therefore, 1,230 households had chosen from the rural areas to get the required number of elderly in the sample.

Chi-square is carried out to study the relationships of several socio-economic, demographic and cultural factors on the health status of elderly. Explanatory factors are taken on both household and individual (elderly) levels. The analysis is carried out in likelihood association of the dependent variable (health status of elderly) is examined across various socio-economic, demographic and cultural explanatory variables through chi-square test statistic. Regression analysis is carried out to study the relationships of several socio-economic, demographic and cultural factors on the health status and well-being of the elderly. Explanatory factors are taken on both household and individual (elderly) levels.

AIM AND OBJECTIVES

The aim is to study the status of elderly particularly their health position and factors affecting therein. The objective of this paper to perceive health status and overall well-being of elderly people and the factors that affects them.

RESULTS AND DISCUSSION

Following results were obtained.

Above Table 1 shows that the elderly belonging to male and female are 68.29 and 31.71 percent respectively in

Table 1: Percentage distribution of the elderly according to their demographic and socio-economic characteristics.

Variables	N	Percentage
Gender		
Male	280	68.29
Female	130	31.71
Age		
60-69	257	62.68
70-79	116	28.29
80 and above	37	9.02
Marital status		
Unmarried	08	1.95
Currently Married	238	58.05
Widow	102	24.88
Widower	62	15.12
Caste		
General	183	44.63
OBC	126	30.73
SC/ST	101	24.63
Educational status		
Illiterate	217	52.93
Primary	59	14.39
Secondary	65	15.85
High School	33	8.05
Intermediate	15	3.66
Graduate and above	21	5.12
Present occupation		
Agriculture	61	14.88
Agriculture laborer	79	19.27
Industrial Laborer	13	3.17
Service	20	4.88
Business	11	2.68
Nothing/Other	226	55.12
Occupation prior 60 years of age		
Agriculture	116	28.29
Agriculture laborer	120	29.27
Industrial Laborer	22	5.37
Service	61	8.05
Business	29	7.07
Nothing/Other	62	10.00
Total	**410**	100.00

Table 2: Distribution of elderly on the basis of mental health status by type of background characteristics

Background Characteristics	Geriatric Depression Scale			χ2 value
	Normal	Mild	Severe	
AGE GROUP				
60-69	85(33.07)	92(35.80)	80(31.13)	**16.81**
70-79	23(19.83)	42(36.21)	51(43.97)	**0.002**
80+	03(8.11)	15(40.54)	19(51.35)	
GENDER				
Male	94(35.57)	107(38.21)	79(28.21)	**31.54**
Female	17(13.08)	42(32.31)	71(54.62)	**0.000**
CASTE				
SC/ST	21(20.79)	33(32.67)	47(46.53)	**7.35**
OBC	37(29.37)	43(34.13)	46(36.51)	**0.119**
General	53(28.96)	73(39.89)	57(31.15)	
Type of Family				
Nuclear	17(14.17)	40(33.33)	63(52.50)	**22.61**
Joint	94(32.41)	109(37.79)	87(30.00)	**0.000**
Marital Status				
Other	14(8.14)	65(37.79)	93(54.07)	**64.16**
Currently Married	97(40.76)	84(35.29)	57(23.95)	**0.000**
Type of Cards				
BPL	26(29.55)	28(31.82)	34(38.64)	**1.01**
Other	85(26.40)	121(37.58)	116(36.02)	**0.603**
Social Status				
Low	72(25.62)	94(33.45)	115(40.93)	**11.56**
Medium	28(26.92)	47(45.19)	29(27.88)	**0.032**
High	11(44.00)	8(32.00)	6(24.00)	
Economic Status				
Poor	38(27.94)	39(28.68)	59(43.38)	**10.57**
Middle	28(22.95)	45(36.89)	49(40.16)	**0.032**
Rich	45(29.61)	65(42.79)	42(27.63)	
Total				

the study area. About 63 percent of elderly belong to age group 60-69, 28.29 percent group 70-79 and 9.02 percent age 80+.Only 1.95 percent unmarried, 58.05 percent currently married, 24.88 percent widow and 15.12 percent widower. About forty five percent of surveyed households belong to General categories, 30.73 percent of other backward classes and 24.63 percent to SC/ST castes.

About 53 percent of elderly in surveyed area are illiterate, 14.39 percent primary class, 15.85 secondary, 8.05 high school, 3.66 intermediate and only 5.12 percent graduate and above. Majority of survey household 57.56 in selected area main occupation is agriculture and agriculture labor, about 20% of elderly based on salary (industrial labor, government job and private services), 7.07 percent reported that they have small business and only 3.90 women reporting that they have only 3.90 woman reporting that they have only do kitchen work. 10.00 percent elderly reported that they have do not do anything.

The present study also tries to capture the psychosomatic status of elderly by measuring the level of depression status. In the geriatric depression, scale questions are answered "Yes" and "No". The GDS is commonly used as a routine part of the comprehensive geriatric assessment. One point is assigned to each answer and the cumulative score is rated on a scoring

grid. The grid sets a range of 0-9 as "Normal", 10-19 as "mildly depressed", and 20-30 as "severely depressed".

The level of depression among elderly has been measured on the basis of 30 point scale. Elderly giving response between 20 to 30 statements scored has been rated as a patient of severely depressed and 10 to 19 statements scored has been rated as a patient of mild depressed state. Elderly scoring 0 to 9 statements were rated as normal. The result seems to alarm as about 42 percent elderly were suffering from severe depression and 37 percent of mild depression. The above result shows that the percent of severely depressed patient increase with increase in their age. (Table 2)

About 31 percent severely depressed patient were in the age group 60-69, 44 percent in the age group 70-79 and maximum 52 percent aged above 80. In SC/ST category there were more severely depressed elderly when compared to OBC and general category elderly. Also more depressed elderly were part of nuclear family when compared to Joint family. More elderly other than presently married category (Alone, Widow / Widower) were found suffering from severe depression. About 24.00 percent of elder low social status reported that they were suffering from severe depression, 32.00 percent mild and 24.00 percent from normal. About 28.00 percent of elder poor economic status reported that they suffering from severe depression, 43.00 percent mild and 30.00 percent from normal. The mental health and age, gender, type of family, marital status is highly associated (p<0.01). The association between mental health and social status, economic status gender, type of family, marital status is associated (p<0.05). Above results show that no association between caste and type of cards with mental health. (Table 2)

Self-rated health condition

The self-rated health is considered as a strong predictor to understand the health status of people in general and the elder people in particular. The self-rated health was assessed in the research using two different measures – current health condition and health condition in comparison to previous year. The all elderly respondent rated their current health status on five points – (i) Excellent (ii) Very good (iii) Good (iv) Fair (v) Bad. Similarly all elder all respondents rate their health rate status is compared to the previous year. This scale is divided in three category-(i) Better (ii) Same (iii) Worse

19.64 per cent of the male elderly reported that their health condition has worsened in comparison to the previous year while 20.77 per cent female elderly said their situation has worsened. Moreover, health condition compared to previous year of elder was found not significantly associated with Gender (χ^2 =0.81; df.=2).

The survey found that 15.95 percent of the elderly among the age group of 60-69 reported that their health condition has worsen when compared to the previous year. 28.45 percent and 21.62 percent of them reported that their health condition has worsened when compared to the previous year among the age group of 70-79 and above 80 years respectively. Thus the health status compared to previous year of elderly was found associated with the age (χ2 = 10.38, df.=4) an increased bad health condition was reported with increased age of the elderly people.

18.07 percent of currently married elderly reported that their condition has worsened in comparison to 22.67 percent of other category of the elderly. However, the condition of health compared to previous year was not found associated with marital status of the elderly (χ2 =1.35; df.=2).

When comparing the current health condition in the caste category it was found that19.67 percent in general category, 22.22 percent OBC category and 17.82 percent SC/ST category reported that their health condition has worsened. Caste was not found significantly related with the health status of elderly in caste of the study (χ2 = 2.72 df.= 4)

Currently working elderly reported that their health condition compare to previous year is more better than the condition of the category (nothing/other) who has not doing anything. However, the condition of health compared to previous year was found associated with present occupation of the elderly (χ2 =22.24; df.=6).

19.93 per cent low status category of the elderly, 19.23 per cent middle social status elderly and 24.00 per cent of High Social status elderly reported that their condition has worsened when compared to the previous year. 23.44 percent of the elderly belongs to low economic status category, 15.32 percent of the elderly in middle economic category and 17.78 percent of the elderly in high economic status category reported that their condition has worsened when compared to the previous year. Nevertheless, statistically not significant association was found between the health condition of elderly and social status of their households (χ2 =2.54; df=4). More or less a similar pattern was observed between economic status of the households and health status of the elder but it's not statistically significant (χ2 =5.99; df.=4).

When comparing the health condition in living arrangement category it was found that 31.25 percent

Table 3: Self rated current health condition compared to previous to previous year the elderly with background characteristics.

Background characteristics	Comparative Health Condition			χ^2 Value
	Better than previous year	Same as previous year	Worse than previous year	
Gender				
Male	14(5.00)	211(75.36)	55(19.64)	**0.81**
Female	04(3.08)	99(76.15)	27(20.77)	**d_f=2**
Age				
60-69	15(5.84)	201(78.21)	41(15.95)	**10.38***
70-79	2(1.72)	81(69.83)	33(28.45)	**d_f=4**
80+	1(2.70)	28(75.68)	8(21.62)	
Marital Status				
Others	7(4.07)	126(73.26)	39(22.67)	**1.35**
Currently Married	11(4.62)	184(77.31)	43(18.07)	**d_f=2**
Caste				
SC/ST	7(6.93)	76(75.25)	18(17.82)	**2.72**
OBC	5(3.97)	93(73.81)	28(22.22)	**d_f=4**
General	6(3.28)	141(77.05)	36(19.67)	
Present occupation+				
Agriculture	4(6.56)	52(85.25)	5(8.20)	**22.24*****
Agriculture Labor	5(6.33)	63(79.75)	11(13.92)	**d_f=6**
Industrial labor	0(0.00)	11(84.62)	2(15.38)	
Services	2(10.00)	17(85.00)	1(5.00)	
Business	0(0.00)	11(100.00)	0(0.00)	
Nothing/Other	7(3.10)	156(69.03)	63(27.88)	
Social Status				
Low	15(5.34)	210(74.73)	56(19.93)	**2.54**
Middle	3(2.88)	81(77.88)	20(19.23)	**d_f=4**
High	0(0.00)	19(76.00)	6(24.00)	
Economic Status				
Low	6(2.87)	154(73.68)	49(23.44)	**5.99**
Middle	8(7.21)	86(77.48)	17(15.32)	**d_f=4**
High	4(4.44)	70(77.78)	16(17.78)	
Separate room				
Yes	10(5.95)	122(72.61)	36(21.42)	**2.21**
No	8(3.30)	188(77.69)	4619.01)	**d_f=2**
Current living arrangement++				
Alone	0(0.00)	11(68.75)	5(31.25)	**2.72**
With spouse	2(9.52)	15(71.43)	4(19.05)	**d_f=4**
With spouse and adult children	5(2.63)	156(82.11)	29(15.26)	
With adult children	5(3.79)	96(72.73)	31(23.48)	
With other relative	6(11.76)	32(62.75)	13(25.49)	
Total	**18(4.39)**	**310(75.61)**	**82(20.00)**	**410(100.0)**

Note: + $\chi 2$ value calculated by labour and business ++ $\chi 2$ value calculated by merging the health condition better and same one category

Figures in parentheses represent the percentage.

**p <0.05; ***p <0.001*

of elderly living alone, 19.05 percent of the elderly living with spouse, 15.26 percent with spouse and adult children and 23.48 percent of the elderly living with their son and 18.00 percent of other category elderly reported that their health condition has worsened. No statistically significant association was found between the health condition compared to elderly and intergenerational living arrangement of the elderly ($\chi 2$ =2.72; d*f*=4). (Table 3)

In general, the study found that satisfaction of self-rated health among the elderly in the country is significantly lower than the overall population as well as the elderly in developed countries. A majority of the elderly reported that their current health condition in more or less the same as that with their condition of health one year earlier. This signifies the poor health condition existing in the country. There are also significant socio-economic gradients in self-rated health with poor, age above 80 yrs. Female, other, not working SC/ST, illiterate, middle social status and middle economic status rating health much worse their counter parts.

It was found that about 37 per cent males and 45 per cent female elderly belonged to bad health condition. Moreover, health status of elderly was found not significantly associated with sex (χ^2 =2.52; d*f*.=1) and the prevalence of bad health condition was found more among females than male elderly. An age wise health status of elderly indicates that about 35, 46 and 51 per cent elderly of 60-69, 70-79 and 80+ years age groups respectively had bad health. Thus the health status of elderly was found associated with the age (χ^2 = 6.72; d*f*.=2) an increased bad health condition was reported with increased age of the elderly people. (Table 4)

Impact of education cannot be ignored in assessing and measuring the health status of elderly people because an adequate educational attainment is related to an 'acceptable' social behavior. About 45 per cent elderly belonging to illiterate possessed had bad health, whereas only 34 per cent elderly having education up to high school or above possessed bad health. However, no significant association was observed between education and health status of elderly (χ^2 =4.71 ; d*f*=1)

So far the condition of health status of elderly people according to marital status is concerned; it was found that the health status of currently married elderly was better as compared to widow/widower or singles. (Table 4)

About 35 per cent elderly who were currently married possessed bad health, while more than this about 46 per cent widows or widowers were in bad health condition.

Table 4: Distribution of elderly on the basis of their health status and background variables.

Background	Good	Bad	Total	χ2 value
Gender				
Male	176(62.86)	104(37.14)	280	**2.52**
Female	71(54.62)	59(45.38)	130	**0.113**
Age Group				
60-69	167(64.98)	90(35.02)	257	
70-79	62(53.45)	54(46.55)	116	**6.72**
80+	18(48.65)	19(51.35)	37	**0.035**
Educational Status				
Illiterate	120(55.30)	97(44.70)	217	**4.705**
Literate	127(65.80)	66(34.20)	193	**0.03**
Marital Status				
Others	93(54.07)	79(45.93)	172	
Current Married	154(64.71)	84(35.29)	238	**4.72** **0.03**
Type of work				
Agriculture	47(77.05)	14(22.95)	61	
Labor	67(65.05)	36(34.95)	103	
Services	19(95.00)	1(5.00)	20	**27.34**
Others	114(50.44)	112(49.56)	226	**0.00**
Economic Status				
Low	159(56.58)	122(43.42)	281	
Middle	70(67.31)	34(32.69)	104	**5.24**
High	18(72.00)	7(28.00)	25	**0.15**
Social Status				
Low	72(52.94)	64(47.06)	136	
Middle	67(54.92)	55(45.08)	122	**11.89**
High	108(71.05)	44(28.95)	152	**0.003**
Type of Family				
Nuclear	60(50.00)	60(50.00)	120	**7.43**
Joint	187(64.48)	103(35.52)	290	**0.006**
Social Category				
SC/ST	50(49.50)	51(50.50)	101	
OBC	91(72.22)	35(27.78)	126	**12.82**
General	106(57.92)	77(42.08)	183	**0.002**
Type Of house				
Kuccha	31(47.69)	34(52.31)	65	
Semi Pucca	64(58.72)	45(41.28)	109	**6.089**
Pucca	152(64.41)	84(35.59)	236	**0.048**
Number Of Family Member				
One	5(50.00)	5(50.00)	10	
Two	11(44.00)	14(56.00)	25	
Three	4(30.77)	9(69.23)	13	
Four	16(72.73)	6(27.27)	22	
Five to Seven	91(64.08)	51(35.92)	142	**10.23** **0.069**
More than Seven	120(60.61)	78(39.39)	198	

However, the status of health was not found associated with marital status of the elderly (χ^2 =4.72; d*f*=1). (Table 4)

As mentioned elsewhere, caste plays an important role in socio-economic and cultural stratification of society in India by classifying people in endogamous groups with each group having a common surname. Caste is hereditary trait and it largely determines the function, status, opportunities available for advancement in life, and the handicaps and obstacles towards greater vertical mobility. It also determines the differences in cultural patterns and practices. The caste system in India still dominates her cultural life, particularly in the rural areas. Compared to the Lower caste families, the family behaviour of upper castes toward their elderly persons is usually found better.[11] 42 and 28 per cent elderly belonging to General and OBC caste groups had good health status. It is interesting to note that the elderly of schedule caste and schedule tribe, who are supposed to be more deprived, about 50 per cent had bad health. Nevertheless, caste was found significantly related with the health status of elderly in caste of the study (χ^2 = 12.82; d*f*= 3). Significant association was observed between Caste and health status of the elderly.

It has been seen that the health status of family members of a household is found, to some extent, dependent on socio-economic status of the household. This sample study reports that about 47, 45 and 29 per cent elderly who belonged respectively to low, middle and high social status group of the households possessed bad health. Nevertheless, statistically significant association was found between the health status of elderly and social status of their households (χ^2 =11.89; d*f*=2). More or less a similar pattern was observed between economic status of the households and health status of the elderly but its not statistically significant (χ^2 =6.3; d*f*=2). About 43, 33 and 28 per cent elderly belonging to low, middle and high economic status of households respectively possessed bad health. Less percentage of elderly having bad health in low social and economic groups of the households may be that people of this category being economically weak mostly involved

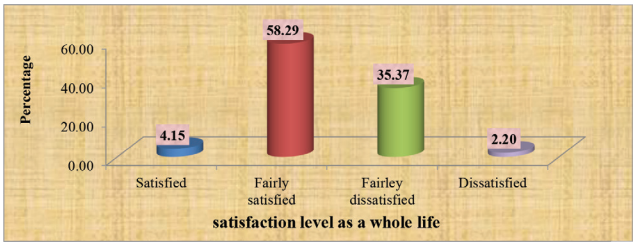

Figure 1: Self rated satisfaction level as a whole life.

in manual works for their survival do not report of a disease unless it becomes more serious or unbearable.

Satisfaction is the ultimate goal of everybody's life. Our every effort seeks to the happiness and satisfaction. In our life we proceed toward job, education and other profession to require our ultimate got children youth and old people got this goal by different function. (Figure 1) Particularly the elders need this satisfaction in their old age. The presented graph rectifies the ratio of the satisfaction concerning to satisfied, fairly satisfied and dissatisfied. The data represents that out of whole life as 100%, 4.15% elderly, were fully satisfied in their old age. 58.29% elderly were fairly satisfied and 35.37% were fairly dissatisfied and finally 2.20% were unsatisfied with the amenities of their old age.

CONCLUSION

It was found in the study that females' current health condition was twice bad as compared to males. The current health condition of elderly was bad between the age group of 70-79. The current health condition of currently married elderly was found less bad as compared to the other than currently married. Moreover, it was found that most bad current health condition was of SC/ST elderly. It was also found in the study that economic condition is directly associated with current health condition of elderly, as the former increased the latter became better.

In addition to this the current health condition of elderly compared to previous year was also evaluated. It was self-rated by the elderly of 70-79 age group that their current health condition as compared to previous year was worst. The elderly belonging to low economic status reported that their current health condition was worst when compared to previous year.

The study evaluates the self-rated mental health conditions of the elderly. It was found that the mental health conditions of females were not good and they faced depression. On other hand males were less depressed. The currently married elderly were found to be less depressed as compared to the other than currently married. Moreover, it was found that SC/STs were more depressed when compared to other than SC/STs. The study highlights that the participation in work affects the mental health conditions of the elderly in positive way, as more they worked less was the chance of depression. The living conditions also affected the mental health conditions of the elderly. If separate rooms for sleeping are available, elderly people were found to be less depressed. The elderly who were less comfortable in their present living conditions were more depressed. The current living arrangement of the elderly who were living with spouse and adult children were found to be less depressed as compared to others. Moreover, it was found that elderly who were fully dependent on their children were more depressed when compared to others. It was also found that if the relationship of the elderly was good with their children they were less depressed.

The morbidity pattern and treatment places of the elderly were evaluated. The main morbidities found in the elderly are joint problems, neuro problems, cardio problems, eye and ENT, sugar and BP problems, breathing problems and gastro-intestinal. Joint and breathing problems were the found to be major morbidities of the elderly in the study area. The vast population of our country is making it difficult for elderly people to get treatment in govt. hospitals. Moreover, the facilities are not satisfactory and able fulfill the health needs of such a vast population.

Satisfaction is the ultimate goal of everybody's life. Our every effort seeks to the happiness and satisfaction. In our life we proceed towards job, education and other professions to achieve this satisfaction. Particularly the elders need this satisfaction in their old age.

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