

Original Research Article

Geriatric social security and welfare services in Gwalior, India: a cross sectional study of awareness, utilization, concerns and solutions

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Received: 16 September 2020

Accepted: 13 October 2020

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ABSTRACT

Background: Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. In 2050, 80% of older people will be living in low and middle income countries. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

Methods: The present Study was a cross-sectional study done for 1 year in 2016 in which 600 households were selected by simple random sampling in Gwalior city in which the knowledge and awareness of various Government health scheme and policies and their day to day utilization in their life were assessed. A predesigned and pretested interview based structured questionnaire was used for data collection. They were analysed and interpreted by appropriate software and various statistical tests were applied.

Results: The maximum no. of participants 112 (54.9%) knew about railways/road transport/air travel concessions provided to Senior citizens, 23.04% knew about telephone and postal services, 13.24% were aware of tax exemptions while 9.8% knew about banking and insurance schemes regarding elderly. Males were generally more aware than females. The maximum utilization (59.82%) was found in railways/road transport/air travel concessions while minimum utilization (25.00%) was in Indira Gandhi National old age pension scheme.

Conclusions: The system for comprehensive geriatric care to the community was well in place with regular development and growth but there is dearth of awareness and utilization of these services.

Keywords: Geriatric, Social security, Welfare services

INTRODUCTION

Ageing is a universal process and it is inescapable, beginning at birth, which should be regarded as a normal biological process, leading to functional deterioration, vulnerability and ultimately culminating in extinction of life. According to WHO by 2020, the number of people aged 60 years and older will outnumber children younger than 5 years. In 2050, 80% of older people will be living in low and middle-income countries.¹ A longer life brings

with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long-neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor; health. Hence, to ensure adults live not only longer but also healthier lives, the world health assembly adopted a global strategy and action plan on ageing and

health in May 2016. This strategy focuses on five strategic objectives and was a significant step forward in establishing a framework to achieve healthy ageing for all. It includes a call for countries to commit to action, and develop age friendly environments. It also outlines the need to align health systems to the needs of older people, and the development of sustainable and equitable systems of long term care. It emphasises the importance of improved data, measurement, and research and involving older people in all decisions that concern them.²

The elderly population of India (aged 60 years or above) account for 7.4% of total population in 2001. For males, it was marginally lower at 7.1%, while for females it was 7.8%. Among states like Dadra and Nagar Haveli, Nagaland Arunachal Pradesh, Meghalaya to more than 10.5% in Kerala. Both the share and size of elderly population is increasing over time. From 5.6% in 1961 it is projected to rise to 12.4% of population by the year 2026.³

People worldwide are living longer. The pace of population ageing is much faster than in the past. All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift. If people can experience these extra years of life in good health and if they live in a supportive environment by their family, community and Nation, their ability to do the things they value would be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative. Supportive environments enable people to do what was important to them, despite losses in capacity.

METHODS

Current study was a cross-sectional study for one year in 2016 (1 January to 31 December) in which 600 households were selected by simple random sampling in Gwalior city. According to census 2011, percentage of households with at least one or more elderly was nearly 30%. This percentage of households having elderly persons and population of Gwalior was entered in epi-info software (WHO/CDC, Atlanta) version 7.2.⁴ For calculating sample size the following guidelines of US centre for disease control and prevention (CDC), which was calculated to be 586, and for making round off considering incomplete or non response, sample size was taken as 600.⁵ Considering these aspects the present study was carried out to assess the knowledge and awareness of elderly persons regarding various Government health schemes and policies and to assess its day-to-day utilization in their life. Informed consent was obtained from each participant. Care was also taken to ensure privacy and confidentiality of the interview as a part of the study.

A predesigned and pre tested interview based structured questionnaire was used for data collection. After the collection of the required data, it was codified and compiled in master chart by Microsoft excel 2016. Data were analysed and interpreted in the pursuance of defined objectives by using tables, through manual methods and suitable statistical software such as EPI info and SPSS version 23. The various statistical tests like percentages, proportions and odds ratio were applied wherever necessary. $p < 0.05$ was taken as statistically significant. All the elderly persons who were 60 years or above, and had given informed consent to participate in the study were included whereas comatose or suffering from severe illness like malignancy, person below 60 years of age or unwilling were excluded.

RESULTS

The maximum number of participants 112 (54.9%) knew about railways/road transport/air travel concessions provided to senior citizens, 23.04% knew about telephone and postal services, 13.24% were aware of tax exemptions while 9.8% knew about banking and insurances schemes regarding elderly (Table 1). Males were generally more aware than females and this distribution was statistically significant in many policies and programmes.

The awareness and utilization of different schemes and programs in which the maximum utilization (59.82%) was found in railways/road transport/air travel concessions (Table 2), it was statistically significant ($p = 0.003$) while minimum utilization (25.00%) was seen in Indira Gandhi national old age pension scheme.

DISCUSSION

The maximum number of participants 112 (54.9%) knew about railways/road transport/air travel concessions provided to senior citizens, 23.04% knew about telephone and postal services, 13.24% were aware of tax exemptions while 9.8% know about banking and insurances schemes regarding elderly. The males were generally more aware than females and this distribution was statistically significant in many policies and programmes. These results are consistent with a report by help age India but Maroof et al found that among the geriatric welfare services 28.9% were aware of the social security schemes, 84% were aware of the special Government facilities, 35.6% were aware of the health insurance schemes.^{6,7} Males had significant higher awareness of geriatric welfare services than the females.

Lana et al found that 35.7% were aware of the government welfare schemes for the elderly.⁸ Kohli et al found 79.4% awareness about Indira Gandhi National old age pension scheme and 53.6% awareness about Annapurna scheme in their study.⁹ These differences may be due to education, socioeconomic class, awareness campaigns, interests, needs and eligibility of the elderly.

Table 1: Awareness about Government National policies and programmes in study participants.*

Government National schemes and programmes	Male (N=101)		Female (N=103)		Total (n=204)		OR M:F	P value
	Know N (%)	Don't Know N (%)	Know N (%)	Don't Know N (%)	Know N (%)	Don't Know N (%)		
NPHCE medical welfares	12 (11.88)	89 (88.12)	08 (7.77)	95 (92.23)	20 (9.80)	184 (90.2)	0.62	0.451
IGNOAP pension schemes	09 (8.91)	92 (91.09)	03 (2.91)	100 (97.09)	12 (5.88)	192 (94.12)	0.30	0.128
Railways/road transport/air travel concessions	68 (67.33)	33 (32.67)	44 (42.72)	59 (57.28)	112 (54.9)	92 (45.10)	0.36	0.001
Telephone and postal services	32 (31.68)	69 (68.32)	15 (14.56)	88 (85.44)	47 (23.04)	157 (76.96)	0.36	0.006
Tax exemptions	21 (4.95)	80 (79.21)	06 (1.94)	97 (94.17)	27 (13.24)	177 (87.76)	0.23	0.003
Banking and insurances	15 (14.55)	86 (85.15)	05 (2.91)	98 (95.15)	20 (9.8)	184 (90.2)	0.29	0.03
Others**	02 (1.98)	99 (98.02)	02 (1.94)	101 (98.06)	04 (1.96)	200 (98.04)	0.98	1.0

* Multiple and overlapping responses per person; ** Legal aids, maintenance of parents acts etc., NPHCE; National program for the health care for the elderly; IGNOAP; Indira Gandhi National old age pension scheme.

Table 2: Utilization of Government National schemes and programmes in study participants.*

Government National schemes and programmes	Male		Female		Total		OR M:F	P value
	Yes N (%)	No N (%)	Yes N (%)	No N (%)	Yes N (%)	No N (%)		
NPHCE medical welfares (N=20)	7 (35.00)	5 (25.00)	3 (15.00)	5 (25.00)	10 (50.00)	10 (50.00)	0.43	0.65
IGNOAP pension schemes (N=12)	2 (16.67)	7 (58.33)	1 (8.33)	2 (16.67)	3 (25.00)	9 (75.00)	1.75	1
Railways/road transport/air travel concessions (N=112)	39 (34.82)	29 (25.89)	28 (25.00)	16 (14.29)	67 (59.82)	45 (40.18)	3.81	0.003
Telephone and postal services (N=47)	12 (25.53)	20 (42.55)	5 (10.64)	10 (21.28)	17 (36.17)	30 (63.83)	0.83	1
Tax exemptions (N=27)	5 (18.52)	16 (59.26)	4 (14.81)	2 (7.41)	9 (33.33)	18 (66.67)	6.4	0.14
Banking and insurances (N=20)	10 (50.00)	5 (25.00)	4 (20.00)	1 (5.00)	14 (70.00)	6 (30.00)	2	1
Others** (N=4)	2 (50.00)	0 (0.00)	1 (25.00)	1 (25.00)	3 (75.00)	1 (25.00)	NA	NA

* Multiple and overlapping responses per person; ** Legal aids, maintenance of parents acts etc., NPHCE; National program for the health care for the elderly; IGNOAP; Indira Gandhi National old age pension scheme.

The maximum utilization (59.82%) was found in railways/ road transport/ air travel concessions where distribution was statistically significant (p=0.003) while minimum utilization (25.00%) was in Indira Gandhi National old age pension scheme but Kohli et al found

that 50.2% utilization of Indira Gandhi National old age pension scheme.⁹ The possible reasons could be higher awareness of the participants. In a study done by Lena et al it was coated that 14.6% had utilized the geriatric welfare services.⁸

CONCLUSION

As elderly had done their part in society, now it was the moral responsibility of society to take care of them. Hence, it was imperative to identify the physical, mental and social health needs of older people so that steps would be taken for its prevention, early diagnosis and treatment, rehabilitation and disability limitation of requirements in this vulnerable age group, which we all would reach at some point in time.

Recommendations

India is greying rapidly and silently, and it is time that we as a nation start the process of planning for old age. For this, the Government could increase percentage of the GDP to the various schemes benefiting geriatric population. The Government could ensure that each ministry allocates proportionate human and material resources to deal with the respective aspects of age care. Refurbished NITI Aayog can continue to include the important concerns of the ageing population in its deliberations. Lastly, but most importantly, representatives of the people in the Indian parliament can ask certain pertinent questions on behalf of the voiceless 10 million Indian elderly: Considering the facts that it is an inevitable stage in everyone's life, this gap was a glaring one. To address the ever increasing burden of age related diseases and deliver comprehensive geriatric care to the community, high quality training should be imparted to create a cadre of competent specialists in the field of geriatrics. It was recommended that political leaders should take efforts to make elders aware of such measures. The expectations of elders for more financial security and medical benefits should be looked into in framing future policies for them. The awareness generation, provision of information on how to approach the concerned authority for utilizing the scheme and ease of administrative procedures should be an integral part of any social security scheme or measure.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Dwivedi S, Tiwari R, Sahu R, Bansal M, Sharma V, Singh SB, et al. Geriatric social security and welfare services in Gwalior, India: a cross sectional study of awareness, utilization, concerns and solutions. Int J Res Med Sci 2020;8:4374-7.