

# Geriatric Welfare Services Awareness among Elderly Population

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## Abstract

**Background:** Geriatric welfare services are used mainly to remove poverty, decrease economic disparities and improve human wealth and efficiency. The geriatric welfare services can help in improving the quality of life of the elderly, especially those who live below the poverty line but for gaining from it awareness about the services available is required.

**Objectives:** To study the awareness regarding geriatric welfare services among elderly population and its association with area of residence.

**Methods:** The study was a community based cross-sectional study done among 450 elderly individuals residing at field practice areas of Rural Health Training Centre (RHTC) and Urban Health Training Centre (UHTC), JN Medical College, AMU, Aligarh by using systematic random sampling with PPS using pretested & predesigned questionnaire. Data was entered & analyzed using SPSS 20. Tests of proportion & chi square test were applied. P value <0.05 was considered significant.

**Results:** Among the geriatric welfare services 29.8% were aware of the social security schemes, 85.8% were aware of the special govt. facilities, 36.4% were aware of the health insurance schemes. No significant rural urban difference was observed among elderly population regarding geriatric welfare services awareness.

**Conclusion:** Very low level of awareness of geriatric welfare services was observed among study population except for special govt. facilities. Interventions for raising the awareness are required to improve quality of life of the elderly population.

**Keywords:** awareness, elderly, geriatric welfare services

## 1. INTRODUCTION

Elderly population constitutes one of the vulnerable & weaker sections of the human being. As the proportion of elderly population is on rise; various measures are needed so that the elderly population plays an active part in the social & economic development of society & lead a life that has a better quality. To address the problems of elderly & help them in living better quality of life various central government and state government welfare services are functional. However, to

avail maximum benefits from these services proper awareness of the benefits from these services proper awareness & knowledge of the existing welfare services is needed. This study provides the background for obtaining community level awareness regarding geriatric welfare services among elderly population.

## 2. AIMS & OBJECTIVES

To study the awareness regarding geriatric welfare services among elderly population.

To find out the association of awareness regarding geriatric welfare services with area of residence.

## 3. MATERIAL & METHODS

This community based cross-sectional study was conducted among elderly population aged 60 years and above residing at field practice areas of Rural Health Training Centre (RHTC) and Urban Health Training Centre (UHTC), JN Medical College, AMU, Aligarh. Total 450 elderly individuals were included in the study considering inclusion and exclusion criteria selected by systematic random sampling with PPS. The study was conducted during July 2013- June 2014 using the pretested and predesigned questionnaire. As the study was a part of a larger study for which sample size was derived from the pilot study. Pilot study also provided baseline information regarding the health problems prevailing in the study area and tested the utility of research instruments.

For assessing awareness questions regarding awareness of the geriatric welfare services were asked which includes-

### a. Social security schemes

i. IGNOAPS (Indira Gandhi National Old Age Pension Scheme)

ii. Annapurna scheme

iii. IGNWPS (Indira Gandhi National Widow Pension Scheme)

### **b. Special government facilities**

- i. Train ticket concession
- ii. Bus seat reservation
- iii. Preference for telephone connection
- iv. Higher interest on deposits in banks/post offices
- v. Income tax benefits
- vi. MGNREGA (Mahatma Gandhi National Rural Employment Guarantee Act)

### **c. Health insurance schemes**

- i. Government schemes like Rashtriya Swasthya Bima Yojana (RSBY)
- ii. Private schemes

In each category of the geriatric welfare services, questions were asked about the awareness regarding the services. If the individual responded yes in any one of the sub-categories, then the person was labeled as aware for that particular category among the geriatric welfare services.

A brief description of each of these services is shown below [1]

#### **The National Old Age Pension Scheme**

Under this scheme, all BPL elderly aged 65 years or above were provided a pension amount of Rs. 75 per month. Subsequently, with effect from 1 April 2011, the eligibility age for old age pension under this scheme has been reduced from 65 years to 60 years and the amount of pension has been raised to Rs. 200; the pension amount is Rs. 500 per month for those aged 80 years or above.

#### **Indira Gandhi National Widow Pension Scheme (IGNWPS)**

This scheme was introduced in February 2009 and provides BPL widows in the age group of 40 to 64 years with a monthly pension of Rs. 200 per beneficiary. Consequently, upon revision, the upper age limit was revised from 64 years to 59 years. On reaching 60 years of age, the widows who were receiving pension under IGNWPS continued to receive it under IGNOAPS.

#### **Annapurna Scheme**

It does not provide direct financial aid but provides food security to senior citizens who, though eligible, have not been covered under the IGNOAPS. Under this scheme, 10 kilograms of food grains are provided free of cost to each beneficiary on a monthly basis.

#### **Train ticket concession**

40 per cent and 50 per cent concession in rail fare for male senior citizens of 60 years and above and female senior citizens of 58 years and above, respectively.

#### **Bus seat reservation**

Reservation of two seats for senior citizens in front row of the buses of the State Road Transport Undertakings.

#### **Preference for telephone connection**

Senior citizens are allowed to register telephone connection under N-OYT Special Category, which is a priority category.

#### **Higher interest on deposits in banks/post offices**

Postal service schemes like Senior Citizens Saving Schemes (for the age group of 55-60 years) and Monthly Income Scheme (for 60 plus years) have been made attractive with higher interest rates.

#### **Income tax benefits**

Income tax exemption up to Rs. 2.50 lakh per annum for senior citizens aged 60 years and above.

Deduction of Rs. 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/her parents who are senior citizens.

An individual is eligible for a deduction of the amount spent or Rs. 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen.

#### **The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)**

The Act guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work.

#### **Rashtriya Swasthya Bima Yojana (RSBY)**

This scheme was launched in 2008 to provide health insurance coverage for BPL families, including the elderly. Beneficiaries under RSBY are entitled to hospitalisation coverage up to Rs. 30,000 for most of the diseases that require hospitalisation. Coverage extends to five members of the family, including the head of the household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30 as registration fee while the Central Government and respective State Government pay a premium to the insurer selected by the State Government on the basis of competitive bidding.

The permission for study was obtained from institutional ethical committee. Informed consent was taken from each respondent. Data was managed and analyzed by using SPSS-20 version. For descriptive statistics mean, frequency and percentage were used. Chi-square was used for testing association between qualitative variables.

## **4. RESULTS**

### **Socio-demographic profile of the study population**

Table 1 depicts the distribution of study population according to age. It was observed that the majority of elderly in the study

population was in the age group of 60- 69 years (60%) followed by the elderly in the age group 70- 79 years (26%) and 14% in the age group 80 years & above. Similar age distribution was seen in rural & urban areas.

**Table 1**

Distribution of study population according to age			
Age (years)	Rural	Urban	Total
60- 69	138 (61.3%)	132 (58.7%)	270 (60.0%)
70- 79	57 (25.3%)	60 (26.7%)	117 (26.0%)
80 & above	30 (13.3%)	33 (14.7%)	63 (14.0%)
Total	225 (100%)	225 (100%)	450 (100%)

**Table 2**

Distribution of study population according to literacy status & standard of living index (SLI)			
	Rural	Urban	Total
<b>Literacy status</b>			
Illiterate	150 (66.7%)	138 (61.3%)	288 (64.0%)
Literate	75 (33.3%)	87 (38.7%)	162 (36.0%)
Total	225 (100%)	225 (100%)	450 (100%)
<b>Standard of living index (SLI)</b>			
Low	72 (32%)	75 (33.3%)	147 (32.7%)
Medium	141 (62.7%)	132 (58.7%)	273 (60.7%)
High	12 (5.3%)	18 (8%)	30 (6.6%)
Total	225 (100%)	225 (100%)	450 (100%)

Table 2 shows the distribution of study population according to literacy status & SLI. It was observed that the majority of elderly in the study population were illiterates (64%) than the literates (36%) with almost similar distribution in rural & urban area.

Table 2 also shows that majority of elderly belonged to medium SLI (60.7%) followed by low SLI (32.7%) & high SLI (6.6%). The rural urban comparison shows similar distribution of elderly population in various socio- economic groups.

**Association of awareness of geriatric welfare services according to area of residence**

**Table 3**

Association of awareness of the geriatric welfare services with area of residence						
Geriatric welfare services	Rural		Urban		Total	
	Aware	Not aware	Aware	Not aware	Aware	Not aware
	N(%)	N(%)	N(%)	N(%)	N(%)	N(%)
Social security schemes	65 (28.9)	160 (71.1)	69 (30.7)	156 (69.3)	134 (29.8)	316 (70.2)
$\chi^2 = 0.170, df = 1, p = 0.680$						
Special govt. facilities	189 (84.0)	36 (16.0)	197 (87.6)	28 (12.4)	386 (85.8)	64 (14.2)
$\chi^2 = 1.17, df = 1, p = 0.280$						

Health insurance schemes	80 (35.6)	145 (64.4)	84 (37.3)	141 (62.7)	164 (36.4)	286 (63.6)
$\chi^2 = 0.154, df = 1, p = 0.695$						

Table 3 depicts the association of awareness of the geriatric welfare services with area of residence. It was observed that the awareness of social security scheme among the study population was 29.8%. The awareness was almost equivalent i.e. no statistically significant difference was observed in awareness in rural area (28.9%) and urban area (30.7%).

The awareness of special govt. facilities in the study population was found to be 85.8% with no statistically significant rural urban difference.

The awareness of health insurance schemes was 36.4% in the study population. The difference in the awareness between rural and urban area was not statistically significant.

**5. DISCUSSION**

In this study efforts were made to highlight the importance of geriatric welfare services and their established contribution in improving the quality of life of the elderly.

Various authors had raised some concerns that continue to present regarding the accessibility, implementation and effectiveness of geriatric welfare services. [2] Many other studies also highlighted that despite the welfare services economic, health and social security among the elderly has not improved at large. [3-5] This study in contrast assessed the precondition for utilization of geriatric welfare services i.e. the awareness of the target population regarding the above-mentioned services.

This study showed that the awareness of social security scheme was 29.8%, awareness of special govt. facilities was 85.8% & the awareness of health insurance schemes was 36.4%.

Higher awareness of special govt. facilities was due to the study criteria for considering any one of the facilities awareness as the presence of awareness. In this study majority of elderly were aware of the train ticket concession leading to higher awareness of special govt. facilities. When considered as a whole the excluding above facility the awareness was low.

Similarly, Srivastava and Kandpal (2013) in their study from rural Dehradun found that 34.3% of the elderly were aware of the geriatric welfare schemes. [6]

Another cross- sectional study done by Lena et al (2009) in rural part of South India showed that 35.7% of the elderly were aware of the geriatric welfare schemes. [7]

Other scholar from urban Gujarat by Chandwani et al (2008) it observed that 32.3% of the elderly were aware of the geriatric welfare schemes. [8]

However, higher awareness (53.7%) of the geriatric welfare schemes was seen in the study done by Goel et al (2003) in rural Meerut. [9]

In some selected States of India, the rural elderly were more aware of the social security schemes, whereas urban residents were more aware of the special government facilities. No statistically significant variation was seen in the level of awareness of elderly according to area of residence regarding health insurance schemes. [1]

The other studies done at different parts of the country suggests overall low awareness among elderly about the geriatric welfare services throughout the country.

## 6. CONCLUSION

The study concludes that the awareness level of geriatric welfare service among elderly population was very low. Higher level of unfelt needs regarding the geriatric welfare services among elderly was observed in the study. Therefore, the need of the hour is to increase the awareness of the geriatric welfare services so that the unfelt needs become the felt needs & help to achieve maximum benefit from the geriatric welfare services.

In general wide gap exists in the awareness of geriatric welfare services indicating the need for active involvement of media in spreading information about the schemes.

Steps are required to publicize the privileges of the elderly and the method to access them.

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