

Psychosocial Status and Economic Dependence for Healthcare and Nonhealthcare among Elderly Population in Rural Coastal Karnataka

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ABSTRACT

Introduction: The elderly who will constitute 10% of the Indian population by 2021 face problems such as deteriorating healthcare status, loneliness, and economic constraints among others. All these factors together may affect the psychosocial status of the elderly and their health-seeking behavior. With this background, the current study tried to evaluate the psychosocial status, economic dependence for health and nonhealth expenses and awareness regarding geriatric welfare services (GWS) among elderly patients. **Materials and Methods:** The study was carried out among 599 men and women aged above 60 who visited rural healthcare centers in two districts of Karnataka during September–December 2016. A semi-structured interview schedule was administered by a trained medical professional after taking informed consent. **Results:** Majority of the respondents said that they had company at home, interacted with people outside home and that their advice was honored. About 75.8% of the respondents reported that they were either partially or completely financially dependent on someone else. The mean cost of hospitalization was reported to be Rs. 11,086. Majority of those hospitalized depended on their children to pay for healthcare (66.9%), whereas 16.9% had availed government insurance schemes and 14.6% paid out of pocket. Nearly 64.9% of the respondents were aware of the GWS while 32.6% had used them. **Conclusion:** The absence of financial risk pooling mechanisms and social support may cause elderly to forego treatment because of the need to pay for healthcare and further deteriorate their psychosocial status. Government initiatives to improve healthcare and social services to the elderly maybe advocated.

KEYWORDS: *Economic status, geriatric health, geriatric welfare, psychosocial status*

INTRODUCTION

Improved child survival and declining mortality rates have helped steadily increase the life expectancy in India from 32 years at the time of independence to over 63 years in 2001.^[1] The elderly who will constitute 10% of the population by 2021^[2] experiences higher disease and disability compared to other sections of the population.^[3] Compared to the developed world, India lacks the social support systems to care for the elderly. Loss of earning capacity, economic dependency, loss of spouse, empty nest syndrome, etc., are all factors that may further contribute to the psychological status of the elderly.

MATERIALS AND METHODS

With the aim of better understanding the psychological and financial status of the elderly, the following objectives were formulated: (1) To study the demographic profile and psychosocial status of elderly patients visiting rural health center, (2) to determine the economic dependence for health and nonhealth expenses of elderly patients, and (3) to evaluate the awareness

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regarding geriatric welfare services (GWS) among the elderly.

To fulfill the above-mentioned objectives, a cross-sectional, descriptive study was conducted in the rural health centers managed by a Private Medical College in coastal Karnataka. Out of 18 rural health centers attached to the medical college, 5 centers were randomly selected by lottery method. The study centers were located in two adjacent districts of Southern Karnataka. Three centers were located in Dakshina Kannada district and two in Udupi. On the basis of previous studies, using an appropriate statistical formula ($n = 4pq/d^2$), a sample size of 570 was reached which was rounded up to 600. The number of respondents from each center was based on population proportional to size. The analysis is based on 599 patients who responded to the study. The respondents were elderly men and women aged 60 years and above who visited the selected health centers.

A systematic random sampling technique was used to select respondents from among the patients aged above 60 visiting the health center. A pretested semi-structured interview schedule was administered to the respondents by a trained health professional after obtaining informed consent. The study was carried out over 3 months from September to December 2016. The data were analyzed using SPSS version 20 (Released 2011. IBM SPSS Statistics for Windows, Armonk, NY: IBM Corp).

RESULTS

Sociodemographic characteristics: Table 1 describes the sociodemographic characteristics of the respondents. Majority of our respondents belonged to the below poverty line (BPL) category. The study sample consisted of an almost equal proportion of males and females. Nearly 30.1% of the respondents were illiterate while 28.4% had a <5th standard education. Significantly higher proportion ($P = 0.00$) of women were illiterate compared to men. Furthermore, a significantly higher proportion of women were widowed compared to men ($P = 0.000$). Only 7% of the respondents reported living alone, whereas majority, i.e. 47.4% lived with their spouse, 38.6% with children and 7% reported living with other relatives.

Psychosocial status of the respondents: Table 2 details the psychosocial status of the respondents. Majority of the respondents said that they had company at home, interacted with people outside home and that their advice was honored by family members. About 64.10% said that they had indulged in some sort of leisure activity with watching television being the most popular leisure activity.

Majority of the respondents were satisfied with their lives. A higher proportion of males were happy about

Table 1: Sociodemographic characteristics of respondents (n=600)

Characteristic	Frequency (%)
Gender	
Male	297 (49.6)
Female	302 (50.4)
Age	
60-65	243 (40.6)
66-70	174 (29.0)
71-75	83 (13.9)
76-80	59 (9.8)
81-85	26 (4.3)
86 and above	14 (2.3)
Educational qualification	
Illiterate	180 (30.1)
<5 th standard	170 (28.4)
5 th standard completed	135 (22.5)
10 th standard completed	78 (13.0)
12 th standard completed	23 (3.8)
Graduate and above	13 (2.1)
Marital status	
Currently married	367 (61.3)
Widowed	211 (35.2)
Separated/divorced	10 (1.7)
Unmarried	11 (1.8)
Type ration card	
BPL	379 (63.3)
APL	220 (36.7)

APL: Above poverty line, BPL: Below poverty line

Table 2: Psychosocial status of the respondents (n=599)

Characteristic	Frequency (%)
Company at home	
Available	489 (81.6)
Lonely	110 (18.4)
Interaction outside home	
Yes	470 (78.5)
No	129 (21.5)
Advice	
Honored	505 (84.3)
Not honored	94 (15.7)
Participation in leisure activities	
Yes	215 (35.9)
No	384 (64.1)
Attitude toward life	
Happy	216 (36.1)
Satisfied	251 (41.9)
Sad	123 (20.5)

their life while a higher proportion of females reported being satisfied with their lives. The proportion of males and females in the group that reported being sad was equal. The main reason for sadness was poverty (38.20%) followed by loneliness (27.6%), loss of spouse (21.9%) and illness (21.1%).

Economic dependence: Majority of the respondents (66.4%) were currently unemployed. Nearly 62.6% of the respondents said that they were completely financially dependent and 13.2% said that they were partially dependent on someone else. Among those who were financially dependent on others 79.3% depended on their children, 17.6% depended on their spouse, and 3.1% depended on other relatives.

About 11.5% of the respondents reported that they did not have any chronic health problems. Table 3 enumerates the different chronic health conditions reported by the respondents. The most common health problem reported was hypertension followed by diabetes and joint problems.

Nearly 80.3% of the respondents said that they visit a healthcare provider every time they fell sick. For those who did not visit the healthcare provider every time, the main reason seemed to be poverty (32.4%) followed by the use of home remedies (30.7%) and negligence (17.94%).

Nearly 23.2% of the respondents reported being hospitalized in the past 1 year. The mean cost of hospitalization was reported to be Rs. 11,086 and median was Rs. 5000. Majority of those hospitalized depended on their children to pay for healthcare (66.9%), whereas 16.9% had availed services under government insurance schemes and 14.6% paid for services themselves. It was notable to find that not even a single person reported having private insurance.

A high proportion of the respondents were aware of the GWS while a much smaller percentage had used the services as seen in Table 4.

DISCUSSION

Marital status is associated with improved position in the household, companionship, and better health status as higher morbidity rates have been reported among widowed elderly compared to those currently married.^[4,5] The proportion of currently married respondents was similar to the findings of Dahiya *et al.* who found that 87.01% were currently married and 11.69% were widows/widowers.^[6] Furthermore, the finding that a higher proportion of females were widowed was similar to the findings of Lena *et al.*^[1]

A low level of literacy was found among the elderly with women being more disadvantaged compared to men. Our findings are comparable with various studies which reported low levels of literacy among the elderly.^[1,4,7,8] This may be due to lesser importance given to education of women and fewer opportunities for women while our study population was seeking education.

Table 3: Chronic health condition reported by the respondents

Disease	Frequency (%)
Chronic cough	40 (6.6)
Problem of joints	87 (14.42)
Vision problems	76 (12.6)
Hypertension	220 (36.48)
Diabetes	112 (18.57)
Urinary problems	13 (2.1)
Cancer	5 (0.8)
Heart disease	14 (2.3)
Hearing loss	13 (2.1)
Other	23 (3.8)

Table 4: Awareness and utilization of geriatric welfare services (n=599)

Characteristic	Frequency (%)
Aware about GWS	
Yes	389 (64.9)
No	210 (35.1)
Use of GWS	
Yes	195 (32.6)
No	404 (67.4)

GWS: Geriatric welfare services

Majority of our respondents (75.8%) reported being financially dependent on someone. This proportion is higher compared to previous studies. While Goel *et al.* found that 58.5% were financially dependent, Dahiya *et al.* found that only 16.88% were financially dependent.^[6,9] The higher financial dependence among the elderly is a worrisome trend as this may hamper their ability to seek healthcare, maintain adequate quality of life, and hurt self-esteem.

It was surprising to find that of the respondents who reported being hospitalized in the past year, only 16.9% had availed services under government health insurance schemes, and none had private insurance. The main source of payment (83.1%) was out of pocket expenditure by the respondents or their children. These findings vary slightly from the nationally representative National Health Accounts 2013–2014, according to which 69.1% in the country paid for healthcare through out of pocket expenditure whereas 23.3% had utilized government insurance schemes and 3.7% have private insurance.^[10] The mean cost of hospitalization was reported to be Rs. 11,086 and median was Rs. 5000. This average is slightly lower than the national average direct expenditure for inpatient care which was Rs. 18,268 according to the National Sample Survey Office 2014 data.^[11]

Most of our respondents belonged to BPL category (63%), this maybe the reason for the complete absence

of private insurance as they may not have access to supplementary funds to pay insurance premiums. Furthermore, our study was carried out only in a rural setting wherein the awareness and coverage of insurance could be lower. The lack of risk pooling mechanisms may cause significant financial burden on households who may have to undertake distress financing steps such as sale of assets or borrowing at excessive rate of interest to cope with the need to pay for health care.^[12] Furthermore, for the elderly the lack of earning capacity, financial dependence on another may cause them to forego treatment altogether.

Nearly 84% of the respondents in our study felt that their advice was honored and 81.63% said they had company which is higher than the findings of Goel *et al.* who found that 66.1% of the elderly felt their advice was honored and 67.8% said they had company.^[9] About 78.4% said that they had social contacts outside home which was similar to the findings of Lena *et al.*, Dahiya *et al.*, and Goel *et al.* who found that 75.2%, 65.5%, and 91.3% of the respondents had social contacts outside home, respectively.^[1,6,9]

Many previous studies reported finding higher levels of sadness from 47% to 55% in their study population while the percentage of those who reported being sad in our study was comparatively smaller (20.57%).^[1,9] Furthermore, while Dahiya *et al.* reported that sadness was more common among females, our study did not find any such pattern with the prevalence of sadness being equal among males and females. These differences may be attributed to the subjective nature of the question as well as difference in the study setting.^[6]

The main reason for sadness in our study was poverty (38.20%) followed by loneliness (27.6%), loss of spouse (21.9%), and illness (21.1%). These findings are similar to the findings of Lena *et al.* who found that 48% of the respondents were sad because of poverty followed by illness (41.3%).^[11] On the other hand, Goel *et al.* reported loss of spouse (49.2%) as the main reason for sadness followed by illness (44.1%) and loneliness (36.9%) and Prakash *et al.* found loneliness (23.3%) to be the main cause of sadness followed by feeling neglected (17.3%).^[9,13]

According to our study, the most common chronic conditions were hypertension (36.4%), followed by diabetes (18.5%) and joint problems (14.42%) in contrast to study conducted in Varanasi in 2007, which found that the most common morbidity was arthritis (57.08%), followed by cataract (48.33%) and hypertension (11.25%).^[5] As our study was conducted in a healthcare center, the disease profile of the respondents may differ than those in the general population.

About 64.9% of the respondents were aware about GWS and 32.6% reported using these services. These figures were higher than those reported by earlier studies. Lena *et al.* 2009 found that 35.7% were aware of the government welfare schemes for the elderly and 14.6% had utilized the GWS while Goel *et al.* found that 53.7% were aware about GWS and 4% of the respondents had utilized them.^[1,9] Increased awareness and utilization maybe attributed to more information available to the public because of improved information, education, and communication activities by the government and improved penetration of internet and communication services in the rural areas.

CONCLUSION

Majority of the elderly were financially dependent on their children. The absence of private insurance or other financial risk pooling mechanisms and social support is a worrisome trend as this may push them further into the poverty trap or some may forego treatment because of the need to pay for healthcare, especially in a scenario of economic dependence. Increased social security measures and awareness regarding existing government schemes and insurance programs need to be disseminated to the target groups.

Increase in awareness and utilization of GWS is a positive trend, but the current state still leaves much to be desired, and efforts to increase awareness and utilization have to be taken. Psychological status and attitude though positive compared to other studies still indicates a worrisome trend among the elderly.

The study has certain limitations due to time and financial constraints of the investigators. The results may not be generalizable to the population as the study was based in a healthcare center. Furthermore, a scoring system for attitude and psychological status was not used as the primary aim of this study was to assess the presence of these issues in the community and not to describe its magnitude. Further research using standardized scoring systems may aid in better describing the magnitude of the problem in the community.

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Conflicts of interest

There are no conflicts of interest.

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