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A study to assess the awareness and utilization of geriatric scheme in Saidapet

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Abstract

India is experiencing a demographic change with a descent in fertility rate and growth in life expectancy. Before long, we will confront another test with a fast increment in the quantity of matured and the related wellbeing and social issues, as enormous greater part of populace will move from working ages to mature ages, consequently expanding the mature age dependency. Under this specific situation, we ought to utilize to the mature age scheme in India to preview our degree of readiness in embracing this challenge. The current investigation intends to evaluate the awareness and utilization of geriatric welfare services among geriatric population. A descriptive research design with purposive sampling technique was adopted to conduct a study at urban primary health centre in saidapet among urban elderly people who are under the geriatric scheme. Data were gathered using a self-structured questionnaire through a structured interview method. The outcomes portray that majority of them 20(66.7%) had good awareness and utilization of geriatric scheme and 10(33.3%) had average awareness and utilization of geriatric scheme among urban elderly. The examination likewise uncovers the mean score of awareness and utilization of geriatric scheme among urban elderly was 11.23 with standard deviation of 1.71. There was a factually huge relationship of demographic variable (age) with level of utilization and awareness of geriatric scheme among urban elderly at $p < 0.05$ level and the other demographic variables had not indicated measurably noteworthy relationship with level of utilization and awareness of geriatric scheme among urban elderly.

Keywords: Awareness, utilization, geriatric scheme

Introduction

Total populace of elderly (individuals aged 60 years or more) has expanded in most recent twenty years at a movement quicker than some other occasions previously. According to World Health Organization (WHO), somewhere in the range of 2015 and 2050, it is normal that extent of the total populace more than 60 years will twofold from about 12% to 22%. Additionally, the quantity of individuals aged 80 years or more established will ascend from 125 million to 434 million in same period [1]. Among the states, the extent lies somewhere in the range of 7% and 10%, aside from in Kerala that has the most elevated extent of old (12.6%). One in each eight individual in Kerala is matured more than 60 years, a pattern that can be ascribed to the state's social turn of events [2]. India will likewise not be immaculate by this segment progress in coming many years. The quantity of old in India has expanded by 54.77% over the most recent 15 years against 42.34% ascent in the working populace (15-59 years old) during a similar time period [3]. The extent of the individuals with age over 60 years will develop from 8% in 2010 to 19% in 2050 while the number of inhabitants in those matured 80 years and older will grow from 0.8% to 3%. Constantly 2042, the extent of individuals matured 60 years and older will surpass that of individuals in 0 - 14 years age bunch in India [4]. Quickly maturing Indian populace has prompted increment in mature age reliance proportion. Right now, where each 8 working people care for one older, by 2050 there will be 3 guardians for one old. 70% of old ladies and 30% older men are absolutely subject to others financially [5]. Huge work power in India works in a chaotic area, subsequently during dusk long stretches of their life when an old most needs the help of their friends and family for wellbeing, enthusiastic and monetary issues; they face maltreatment at their hand [6]. A United Nations Population Fund report proposes that the quantity of older people is required to develop to 2 billion by 2050, representing 22 percent of the absolute populace. Do the trick it to state that the world is maturing which will affect each part of an economy like money related and work markets, products and ventures, just as areas like transportation, lodging, and social protection [7].

The older ought to be seen as supporters of the cycle of improvement, and their capacity to influence social advancement must be considered during strategy and program detailing at all levels [8].

Materials and methods

A descriptive research design was used to conduct the study in urban primary health centre at Saidapet. A sample size of 30 was selected by using a purposive sampling technique. The inclusion criteria for the sample was age group above 50 years of elderly people, who are willing to participate the research study, and also who are under the geriatric scheme. A prior formal permission was obtained from medical officer, UPHC, Saidapet. The purpose of the study was explained to the participants and obtained informed consent from all the participants prior to the study. Structured questionnaires were used to assess the demographic variables and knowledge questionnaire was used to assess the level of utilization and awareness of geriatric scheme through the structured interview method. The study duration was 5 days. The data were analysed using descriptive and inferential statistics. Descriptive statistics such as frequency, Mean, Percentage and standard deviation will be used for assessing demographic data. Chi square test will be used to associate the knowledge with their selected demographic variable. Analysed data will be presented in the form of tables, diagrams and graphs based on findings.

Result and Discussion

Section A: Distribution of Frequency and percentage of demographic variables among urban elderly

A total of 30 urban elderly partook in the study. Out of which, Most of them (60%) were in the age gathering of 60 to 65 years. With respect to sex, majority 66.67% were female. As to instructive qualification 63.3% were educated upto 12th std. with regards to religion, 83.3% were Hindus & 70% were Indians. Regarding the primary language, 53.3% were Tamilians.

Section B

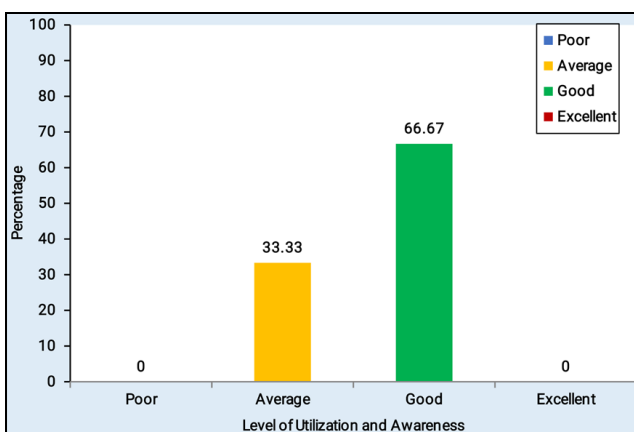


Fig 1: Assessment of utilization and awareness of geriatric scheme among urban elderly (n = 30)

The present study finding is supported by Srivastava *et al.* (2014) conducted a study to assess the awareness and utilization of social scheme and other government among elderly in rural areas. The finding revealed that Awareness of social security scheme (Indira Gandhi National Old Age Pension Scheme) was observed in 74.6% of the elderly [9].

Table 1: Assessment of mean and standard deviation of Utilization and awareness of geriatric scheme among urban elderly (n = 30)

Utilization and awareness of geriatric scheme	value
Mean	11.23
Standard Deviation	1.71

The table 1 depicts that the mean score of utilization and awareness of geriatric scheme among urban elderly was 11.23 with standard deviation of 1.71.

Table 2: Association of level of utilization and awareness of geriatric scheme among urban elderly with their selected demographic variables (n =30)

Demographic Variables	Poor No.	Poor %	Average No.	Average %	Good No.	Good %	Excellent No.	Excellent %	Chi-Square Test value
Age									$\chi^2=8.000$ d.f=2 p = 0.018 S*
60 to 65 years	-	-	6	20.0	12	40.0	-	-	
66 to 70 years	-	-	1	3.3	8	26.7	-	-	
70 to 75 years	-	-	3	10.0	0	0	-	-	
Above 75 years	-	-	-	-	-	-	-	-	

*p< 0.05, S – Significant, N.S – Not Significant

The table 2 shows that the demographic variable (age) had shown statistically significant association with level of utilization and awareness of geriatric scheme among urban elderly at p< 0.05 level and the other demographic variables had not shown statistically significant association with level of utilization and awareness of geriatric scheme among urban elderly.

Conclusion

The awareness and usage rate for these geriatric government schemes was acceptable among the urban elderly. The study reflects that mere availability of geriatric government services will not help our old, yet they ought to be made aware of these services and rather made accessible to them with the help of health workers like ASHA, Anganwadi. Geriatrics ought to be given equivalent significance like Mother and Child wellbeing in our Health care conveyance framework.

References

1. World Health Organization. Ageing and Health. World Health Organization. 2015. Available from <http://who.int/mediacentre/factsheets/fs404/en/>
2. Barik D, Agrawal T, Desai S. After the dividend: Caring for a Greying India. Econ Polit Wkly 2015;50:108-112.
3. Nagarkar A, Kashikar Y. Predictors of functional disability with focus on activities of daily living: A community based follow-up study in older adults in India. Archives of gerontology and geriatrics 2017;69:151-5.
4. Pilania M, Yadav V, Bairwam M, Behera P, Gupta S. D. Prevalence of depression among the elderly (60 years and above) population in India, 1997–2016: a systematic review and meta-analysis. BMC public health 2019;19(1):832.
5. Goswami AK, Ramadass S, Kalaivani M, Nongkynrih B, Kant S, Gupta SK. Awareness and utilization of social welfare schemes by elderly persons residing in an urban resettlement colony of Delhi. Journal of Family Medicine and Primary Care 2019;8(3):960.
6. Retnakumar C, George LS, Chacko M. a qualitative

- analysis of awareness and utilization of social security measures among the elderly in kochi corporation. International Journal of Medical and Biomedical Studies 2020,4(4).
7. Agrawal D, Tyagi N, Dhakar JS, Chaturvedi M. Awareness and utilization of Geriatric Welfare Schemes among urban elderly population of District GautamBudh Nagar. Indian Journal of Community Health 2019,31(3).
 8. Singh L, Goel R, Rai RK, Singh PK. Socioeconomic inequality in functional deficiencies and chronic diseases among older Indian adults: a sex-stratified cross-sectional decomposition analysis. BMJ open 2019;9(2):e022787.
 9. Srivastava AK, Kandpal SD. Awareness and utilization of social security scheme and other government benefits by the elderly–A study in rural area of district Dehradun. Indian Journal of Community Health 2014;26(4):379-384.