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An Economic Analysis of Health Status in Ageing Population of Thanjavur District, Tamilnadu

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Abstract: In recent years, rapid growth of ageing population due to fertility decline has become a serious challenge to public health globally. The physical and mental health in each stage influences the further stages in life span, which ultimately lead to the active aged population if proper attention is paid for the health care needs of individuals at each stage. The economically prepared to meet the needs of the increasing number of ageing persons. So, the last years of life of a person in these societies may be filled with stresses and strains.
Keywords: Ageing Population, Mental Health And Economically Of Life.

I. INTRODUCTION

Globally, population is ageing as the number-and proportion of older people is increasing from 9.9 per cent in 2000 and is projected to increase to 22 per cent by 2050. Increase in the proportion of aged people is one of the major features of demographic transition in the world. This is expected to have serious consequences on local, regional, and global economies. Due to rising old-age dependency ratio of aged to working-age population from 9.8 per cent in 1951 to 12.6 per cent in 2001, the burden of caring for the aged is shifting from families to government, businesses, unions and other institutions as well as to the aged themselves through personal savings for old age.

Most of the developed economies have built in welfare systems besides the savings made by the persons in their adult days to take care of them in their old age. However, this is not the situation in the less developed societies with two-third of aged persons in the world. Neither the society nor the family is economically prepared to meet the needs of the increasing number of ageing persons. So, the last years of life of a person in these societies may be filled with stresses and strains.

Population has been increasing much faster in developing countries, due to rapid mortality decline and increasing life span through medical interventions, providing effective treatment and prevention of fatal diseases. In recent years, rapid growth of ageing population due to fertility decline has become a serious challenge to public health globally. Ageing is a natural process, spanning the life period from conception through Birth-infancy-Childhood-Adolescence-Adulthood-Old age to death. Each of these stages has unique characteristics and vulnerabilities requiring special attention to ensure optimum health during each stage. Concerted efforts are on the agenda to provide for mechanisms leading to active ageing, but translating them into action is the need of the hour. The physical and mental health in each stage influences the further stages in life span, which ultimately lead to the active aged population if proper attention is paid for the health care needs of individuals at each stage.

Development of medical and healthcare facilities due to the scientific and industrial advancements has brought about an increased longevity for the human race. However improved and advanced may be the achievements in the world of health care, there is no denying of the fact that advancing age and increased longevity are often accompanied by psycho-social problems for the aged. Active ageing does not depend only on physical health but also on the psycho-social well being of the individual. Treatment of the mind and the soul requires concerted inputs into the root causes for emotional upsets and difficulty in coping with the stress and strain of advancing age. Rapidly increasing aged population is one of the biggest political and socio-economic issues in the present day world. The discussion on this issue is problem centered and seems to include several controversial statements. The ageing population is both a threat and a burden but also a great challenge and opportunity.

A. Statement of the Problem

The population of older persons in India is increasing at a much faster rate than the developed countries. Those aged 60 years and above constitute 7.4 per cent of the country's population at present. The population explosion is t LI) great concern as it leads to poverty, neglect, abuse, violence, crime, and more importantly overcrowding, all of which have direct relation with health and economic status of the older persons. Aged comprises one of the important vulnerable groups having health problems mostly due to degenerative changes. Thus, social, physical and economic well-being of this group has become challenging issues.

B. Trends in Ageing Population

The population of India is ageing in two ways: (1) Ageing as a result of slower growth at the base of the population pyramid due to reduced fertility, and (2) Ageing at the top of the population pyramid, due to reduced mortality (Vijayakumar, 1999). In India, the pace of demographic and structural changes has been so quick, that there has riot been enough time to develop the new social infrastructure required for population ageing. The ageing population in India ranks second highest among the World countries. Both absolute and relative size of the population of the ageing in India will gain in strength in future.

The gender position of the aged reveals that the life expectancy of women is expected to be higher. During the period 1995-2000 in India, the life expectancy of males stood at 62.3 years while that of females was 62.9 years. For the period 2020-25, the figures will be 68.8 years for males and 72.1 years for females. For the period 2045-50 the estimates are 73 years for males and 76.9 years for females. It may also be noted that over the decades, the gap between male and female life expectancy is estimated to increase. In this situation the gender gap affects the males adversely.

C. Problems of Ageing Population

In traditional and culture bound societies like India, family takes care of the ageing during their old age, especially when they are not earning and in the state of frail and ill-health. One of the main factors which determine well-being` at old age is the absence of chronic Non-Communicable Disease (NCD) like diabetes and heart disease..

In lower middle-income countries, like India, population ageing will play a more important role than population growth due to increasing deaths from Non-Communicable Diseases (Population Reference Bureau, 2004). However, empirical evidences suggest that the disability and adverse consequences of Non-Communicable Diseases can be prevented or postponed by investment in health and fitness promotion throughout life (Medhi et al., 2007).

Among the ageing, the share of the young-old (60-69 years) is slowly decreasing and that of old-old (80 years and above) groups is increasing fast. In this process, the worst affected are the older people living in cities, since, there are only few children or siblings to take care of the ageing population and even among these few members, majority would be dual working and earning families. In fact, there are situations where older people have to work and support the younger ones and older women to take care of family chores. Due to modernization and fertility transition, in addition to urbanization and migration, the joint family system in India is slowly disintegrating into nuclear family system, especially in a state like Tamil Nadu, with highly urbanized population (48 % in 2001). According to 2001 Census of India, the share of persons aged at least 60 years in the Tamil Nadu state was high with 8.83 per cent in 2001 and it is projected to increase to 16 per cent by 2021. In 61/41 CA.0 this context the present study.

D. Living Arrangements of Ageing

Traditionally, family has been the key institution that provided psychological, social and economic support to the individual at different stages of life. Old age persons in the family enjoyed undisputed authority and power. They were treated as knowledge banks and resource persons for the younger. Their advice is accepted as law; their words are respected as words of god. However the structure of family has undergone changes differently at different stages of human history in India. Intergenerational relationship and the role of women in the family are changing that affect the care of the aged in the family.

The strong cultural pressure makes the families to take care of the aged. Traditionally the aged felt that the money spent on their offspring was an investment that could enjoy the returns when they became old. They derived psychological and economic support from the younger generations. In the recent times individualism, independence, and achieved position in the family are becoming part of family culture in India. The aged would now prefer to live independently as long as possible and the children do not feel guilt of being away from the parents. Nevertheless there is no total societal acceptance to deserting parents by their children. Living arrangements for the aged are influenced by several factors such as gender, health status, disability, socio-economic status, societal tradition and cultural heritage (Rao, 2007).

E. Gender and Health of Ageing

Women constitute a majority of the older population in almost every country, and their share increases with age. The gender imbalance at older ages has many implications for population and individual aging, perhaps most important with regard to marital status and living arrangements. Family members are the main source of emotional and economic support for older people in less developed countries, although some governments have assumed a larger share of the economic responsibilities. The primary reason there are many more women than men at older ages is that men have higher death rates than women at all ages (Sivaraju, 2002).

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F. Economic Implications of Ageing

Indian economic development looks at youth and their involvement in the development process. May be this is because young are more informed and expected to participate actively and productively for longer years. Therefore the programs of support and of economic products appear to have been directed to the youth and the adult not for the aged. As the population is ageing, this will affect the economy, because the economic needs of the society will be different in an ageing society. Every ageing nation suffers from over dependency and lesser participation of younger human resources in productive processes. Industries suffer from short supply of productive labour. It is felt that the retired ageing populations start using the nation's resources for social security needs, which is estimated to be a big burden on the exchequer of the state. Thus, the impact of ageing on Indian economy is multi-faceted, which includes production, consumption, labour force and social expenditure on retirement.

Coming to the issue of productivity, the older workers are considered to be less productive than their younger counterparts. Researchers believe that absenteeism is more among the older workers due to medical reasons and therefore their productivity tends to decline. With technology advancing faster in every production process, the ageing of the labour force will speed up the obsolescence of human capital. Although retraining of the older workers is suggested to overcome this problem, it is very difficult to motivate older workforce to train new techniques and skills.

II. OBJECTIVES

A. To analyse the health problems of ageing men and women in rural areas in Thiruneelakudi

B. To identify the determinants of health status of the ageing population.

III. METHODOLOGY

The methodology adoption in this study is that of a survey methods. Both primary and secondary data have been collection. The census data are used to understand the geographic and demographic techniques of the study area.

A sample of 80 household has been selected for analysis in randomly of Thiruneelakudi village. They have been chosen by aged persons simple satisfied sampling method.

The analysis of primary data, the sample aged persons (80) classified under in categories on the basis of their rural area further sub-divided into three groups by their age as Young – Old(60-69) with 41 persons, Middle – old(70-79) with 31 persons and Old – old (80-89 with 08 persons rural areas.

This chapter portrays the profile of sample ageing population and is classified in the sections. For tabular analysis of primary data, the sample aged persons.

Table No 1.1

Gender –Wise Distribution of the sample Aged persons.

Category	Male	Female	Total
Young – Old	20	21	41 (51)
Middle – old	15	16	31(39)
Old – old	5	3	08 (10)
Total	40 (50)	40 (50)	80 (100)

Source: Primary data.

The aged persons are distributed equally among males 40 and females 40 represents in Young – Old(41) Middle – old (31)Old – old (08)rural areas.

The table 1.1 shows Gender wise classification of the respondents in the study region, the majority of Gender are young old (60-69)group in 51% Less number of Gender are under the old-old (80-89)group in 10% .

Table No.1.2
Long Term morbidity-Wise Distribution of the sample Aged persons

Type of LIM	Male	Female	Total
Young Old	20 (25)	21 (27)	41 (52)
Back Pain	8	9	17 (2)
Blood pressure	3	4	07 (9)
Diabetes	2	3	05 (7)
Heart Problem	4	4	08 (10)
Asthma	3	1	04 (5)
Middle Old	15 (18)	16 (20)	31 (38)
Back Pain	06	07	13 (16)
Blood pressure	04	03	07 (9)
Diabetes	03	03	06 (7)
Heart Problem	02	01	03 (3)
Asthma	01	02	03 (3)
Old – Old	05(6)	03(4)	08 (10)
Back Pain	02	01	03 (3)
Blood pressure	--	01	01 (1)
Diabetes	--	01	01 (1)
Heart Problem	02	--	02 (2)
Asthma	01	--	01 (1)
Total	40 (50)	40 (50)	80 (100)

Source: Primary data.

The table 1.2 shows Long Term morbidity wise classification of the respondents in the study region, the majority of Female are young-old (60-69)group in 27% Less number of male group in 25% , Female are middle- old (70-79)group in 20% Less number of male group in 18% and male are old- old (80-89)group in 6% Less number of Female group in 4%.

Table No.1.3
Health Care System-Wise Distribution of the sample Aged persons

Healthcare System	Male	Female	Total
Young Old	21(26)	20(25)	41 (51)
Govt.Hospital	07	12	19 (23)
Private Hospital	10	05	15 (19)
Pharmacist	04	03	07 (9)
Middle Old	16(20)	15(19)	31 (39)
Govt.Hospital	06	08	14 (17)
Private Hospital	08	04	12 (15)
Pharmacist	02	03	05 (7)
Old – Old	03(4)	05(6)	08 (10)
Govt.Hospital	01	01	02 (3)
Private Hospital	01	02	03 (4)
Pharmacist	01	02	02 (3)
Total	40 (50)	40 (50)	80 (100)

Source: Primary data.

The table 1.3 shows Health Care System wise classification of the respondents in the study region, the majority of male are young-old (60-69)group in 26% Less number of Female group in 25% , male are middle- old (70-79)group in 20% Less number of Female group in 19% and Female are old- old (80-89)group in 6% Less number of male group in 4%.

Table No.1.4
Income – wise (Rs Per month) of the sample again person

Category	Male	Female	Total
Young Old	21(26)	20(25)	41 (51)
Below – 5000	10	09	19 (23)
5001-10000	8	7	15 (19)
10001- above	3	4	07 (9)
Middle Old	15(19)	16(20)	31 (39)
Below – 5000	7	9	16 (20)
5001-10000	6	6	12 (15)
10001- above	2	1	03 (4)
Old – Old	05(6)	03(4)	08 (10)
Below – 5000	03	02	05 (7)
5001-10000	01	--	01 (1)
10001- above	01	01	02 (2)
Total	40(50)	40 (50)	80 (100)

Source: Primary data.

The table 1.4 shows Income wise classification of the respondents in the study region, the majority of male are young-old (60-69)group in 26% Less number of Female group in25% , Female are middle- old (70-79)group in 20% Less number of male group in 19% and male are old- old (80-89)group in 6% Less number of Female group in 4%.

IV. CONCLUSION

The aged persons in rural aged deprived in various welfare programmed specific to aged persons. The social assistance schemes old age pension, free medical checkup, free transportation, loan for house building, and incentives through public distribution system should be strengthened and its procedural requirements may be simplified. Besides the efforts of the Government, the voluntary organizations may involve in various welfare programmers of the aged persons in feeding, clothing and sheltering, psychological, education them.

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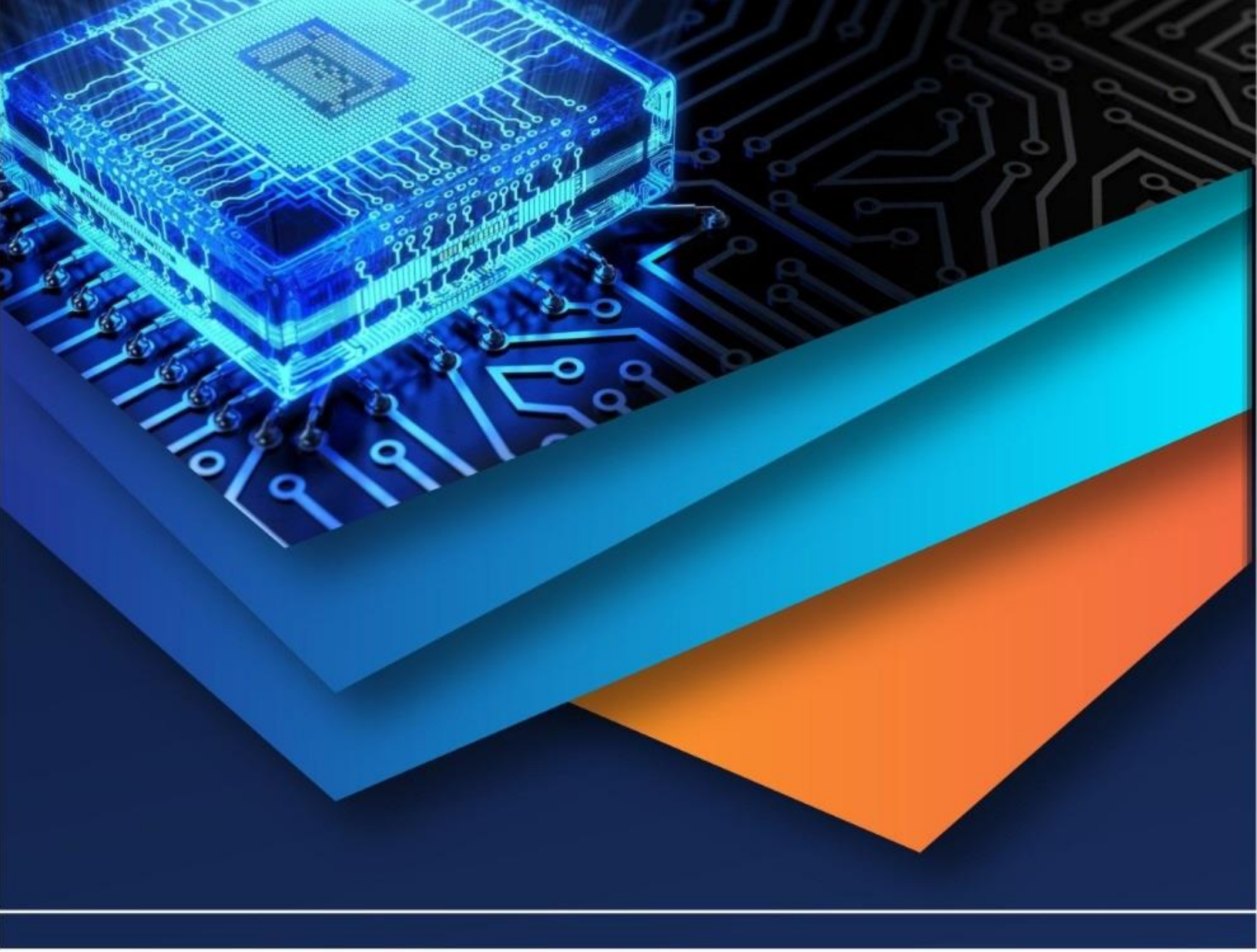

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