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Study on economic security of the elderly in Jorhat town

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Abstract

Economic security is defined as a financial status where elders have sufficient income (pension, retirement savings and other sources) to cover basic and necessary living expenses. Economic dependency is an unending situation in which countries, economies and economic agents depend on each other for economic and non-economic reasons. The present study entitled "A Study on Economic security of the elderly in Jorhat town" was undertaken in the Jorhat District during the year 2014 with the objectives to study the economic security, economic dependency and the effect of economic insecurity on health of the elderly. All total of 30 elderly were selected from Jorhat Town. An interview schedule was prepared as a tool for data collection. The collected data were coded and analyzed. The findings of the study revealed that majority of the respondents were economically dependent on others and it was also observed that majority of the elderly were economically secure. But it was found that majority of the elderly were having health problems.

Keywords: Elderly, Economic security, Economic dependency, Health of the elderly.

Introduction

Aging is generally defined as a process of deterioration in the functional capacity of an individual that results from structural changes, with advancement of age. In India, the attainment of the age 60 has been mostly considered for the purpose of classifying aged persons. Due to the rapid decline of fertility, mortality and morbidity rates, older population all over the world is increasing at an alarming rate. In 1950, there were about 200 million persons aged 60 and above in the world and this figure now stands at 550 million and is expected to reach 1 billion mark by the year 2020 (Modi 2001) [6]. "India has around 100 million elderly at present and the number is expected to increase to 323 million, constituting 20 per cent of the total population, by 2050,"(UNFPA). Added to this, lower work participation rate among the elderly has increased their dependency ratio. There is a need to be sensitive to ageism.

The growth of the aged population which is either dependant on the young or unemployed or working for food during the evening yeas of their life is a challenge to the social security systems in the country. India's elderly potentially face significant economic insecurity. And in part because of the uncertainty imposed by the risk of major health expenditures, India's population as a whole also has reason to worry about their economic fortunes. With the great majority of Indians working in the informal sector, government social protection programmes most often do not reach those most in need.

Economic security defined as a financial status where elders have sufficient income (pension, retirement savings and other sources) to cover basic and necessary living expenses. Economic dependency is an unending situation in which countries, economies and economic agents depend on each other and a variety of different economic and non-economic factor for economic and non-economic reasons. Economic Independence is when a person does not required to take financial help from others in order to live a normal life. In India about 65 per cent of the aged had to depend on others for their day-to-day maintenance (Situational Analysis, 2011).

Increased exposure to financial risks from ill health will continue to pose a serious risk to the immediate and future economic well-being of Indian households, whether or not they include the elderly, given that much of the health spending in India is out-of-pocket (Government of India, 2009; Krishna, 2007). Keeping this in mind the present study was taken

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With following Objectives:

1. To study the economic security of the elderly
2. To study the economic dependency of the elderly
3. To study the effect of economic insecurity on health of the elderly.

Kumari (2002) conducted a study on "Socio-Economic Conditions, Morbidity Pattern and Social Support among the Elderly Women in a Rural Area". A total of 238 samples were considered and the method used for collecting data was interview method and the study was conducted in Delhi, India. Results indicated that only 10% were having old age pensions or any other source of income and the rest were economically fully dependent. And 83% of the elderly were having chronic and acute diseases. About 60% of the elderly women headed their families and had domestic responsibilities.

Hariharan (2012) [1]. Studied Economic Satisfaction of the Elderly in rural Tamil Nadu. The data were collected from 160 elderly persons in four villages of the Madurai district. He found that the elderly in the rural areas of India are suffering due to separation or loneliness resulting from urbanization and emergence or increase of nuclear families. Within the elderly population individuals differ, not only in their socio-demographic, economic and health characteristics, but also by their gender roles in various aspects of life.

Mumbai 60th round National Sample Survey (NSS) conducted by NSSO (2004-2005) on Effect of Economic Security on Health of the Elderly, a study of rural India to assess the association of economic dependency with self-reported health status of the elderly. Total samples were 34,831 rural elderly. Results indicate that there was a positive association of being economically self-dependant and health status of elderly women. And women in urban areas are self-dependant to some extent; this change has to be brought in rural areas.

Research methods

The present study was conducted in Jorhat district of Assam in the year 2014. All total 30 elderly of 60-80 years were selected as sample to carry out the study. An interview schedule was constructed for collection of relevant data from the respondents. The interview schedule included different aspects such as economic security, economic dependency and effect of financial issues on health of the elderly.

Survey method was adopted for the proposed study. The data from the respondents were collected by interviewing the elderly. Before interviewing the respondents the purpose of the data collection was explained to them. It was made clear that their responses would be used for study purpose and would be kept confidential. Procedures used for analysis of data were coding, tabulation and statistical analysis.

Research findings and discussion

Table 1, 2 and 3 shows the data regarding economic security, economic dependency and effect of financial issues on health of the elderly.

Table 1 depicts economic security of the elderly. It was evident from the findings that all the respondents (100%) did not receive any financial support from government. It may be due to the fact that the financial support which government provides for the elderly were not available in the locality from where the data were collected or it may be also due to the reason that the elderly were not aware of the

various facilities provided by the government for the elderly. Result indicates that all the respondents (100%) received financial support for food and medicine from their family members. It may be due to the reason that the family members take the health problems of the elderly seriously in the area from where the data were collected. Kumari (2001) [3]. Found that family members were providing a large extent of support in the form of general care-that is, physical support, financial support, moral support on a regular basis, which come from spouse, children or in laws. She also stated that family set up is an important contribution towards healthy and constructive support network.

Table 1: Distribution of respondents according economic security of the elderly

	Different Aspects	Yes		No	
		F	P	F	P
i)	Receive financial support from government	-	-	30	100
ii)	Receive financial support from family for food, medicine	30	100	-	-
iii)	Receive financial support from family for transportation	17	56.6	13	43.3
iv)	Having own land	22	73.3	8	26.6
v)	Having own house	21	70	9	30
vi)	Having gold/jewelleries	8	26.6	22	73.3
vii)	Engaged in part-time job	8	26.6	22	73.3

Total respondents = 30, F= Frequency, P= Percentage

In case of financial support received for transportation, it was found that majority (56.6%) of the respondents received financial support for transportation and rest (43.3 %) of the respondents do not received financial support for transportation. It shows that there was a strong family support for the older persons in terms of fulfilling their financial requirements.

Findings regarding the owning of land, it was evident that majority (73.33%) of the respondents had their own land. It may be due to the reason that most of the respondents had inherited land which they acquired from their parents and some of them acquired land by themselves. And rest (26.66%) of the respondents did not have their own land.

It was evident from the findings that majority (70%) of the respondents had their own house and few (30%) of the respondents did not had their own house. It may be due to the fact that majority of the respondents were permanent residence of that place and they were living in the same place from years, hence they made their own house when they were younger. Hariharan (2012) [1]. Found that the majority (64 %) of the elderly were owners of their houses.

It was also observed that highest number (73.33) of respondents did not have their own gold/jewelleries. It may be due to the fact that majority of the respondents were male, and more elderly women have gold or jewellery than men (Situational Analysis of the Elderly in India, 2011) [5]. While some (26.66) of the respondents had their own gold/jewelleries.

In case of engagement of elderly in part-time job, majority (73.33%) of the respondents were not engaged in part-time job. This may be due to the fact that during old age, people suffered from many health problems and hence they become incapable of doing a job. While few (26.66%) of the respondents were engaged in part-time job and they were engaged in part-time job because of necessity and their interest.

Table 2: Distribution of respondents according to economic dependency of the elderly

Economic dependency of the elderly	Frequency	Percentage
Dependent on husband/wife	5	33.33
Dependent on son/daughter	7	46.66
Dependent on brother/friends	2	13.33
Dependent on son-in-law/daughter-in-law	1	6.66
Total	15	100

F= Frequency, P= Percentage

Table 2 depicts the economic dependency of the elderly. It was evident from the findings that 46.66 per cent of the respondents were economically dependent on son/daughter. It is indicative of the fact that when the income of elderly becomes less, their children become primary source of support and they need to depend on them for financial requirements. Study on situation analysis of the elderly in India (2011) [5], indicates that almost 85 per cent of the elderly were dependent on their own children, whereas 33.33 per cent being dependent on husband/wife, 13.33 per cent of the respondents being dependent on brother/sister and only 6.66 per cent being dependent on son-in-law/daughter-in-law.

Table 3: Distribution on respondents according to health status of the elderly

	Different Aspects	Yes		No	
		F	P	F	P
i)	Suffering from health problems	18	60	12	40
ii)	Approach allopathic doctor	19	63.3	11	36.6
iii)	Visit govt. hospital	17	56.6	13	43.3
iv)	Receive free medicine in the locality	-	-	30	100
v)	Get free check-up in the locality	-	-	30	100
vi)	Health workers visits you	-	-	30	100
vii)	Getting enough food for betterment of your health	30	100	-	-
viii)	Health is affected due to the financial issues	14	46.6	16	53.3

Total respondents = 30, F= Frequency, P= Percentage

Table 3 depicts the health status of the elderly. It was evident from the findings that majority (60%) of the respondents were suffering from health problems and rest (40%) of the respondents were not suffering from any kind of health problems. It may be evident to the fact that as old age is a closing period. During this period older people face decline in both physical and mental health. This declination is caused due to aging process and due to some psychological factors. Results indicated that in response to allopathic doctor, majority (63.3%) of the respondents approached allopathic doctors and only few (36.6%) of the respondents did not approached allopathic doctor.

It was found that 56.6 per cent of the respondents visited government hospital and 43.3 per cent did not visit government hospital. It may be due to the reason that, during old age people faces many financial problems. So visit government hospital means they get financial support for health check-up and buying medicines. Kumari (2001) found that most of the elderly (79%) mostly go to government hospitals.

Results also showed that all the respondents (100%) stated that health workers did not visit them. It may be evident to the fact that in Primary Health Centre there was no provision of Health care delivery system to the elderly population or it

may be due to the negligence on the part of the health workers. Kumari (2001) [3], Indicates that none of the elderly women reported that the health workers visited them.

Results indicated in response to getting enough food for betterment of health, all the respondents (100%) were agreed that they were getting enough food for betterment of their health.

Results indicated majority (53.3%) of the respondents stated that their health was not getting affected due to the financial issues. It may be due to the fact that many elderly were in good economic condition. They were getting medicines and other services regularly for betterment of their health. While rest (46.6%) of the respondents stated that their health was getting affected due to the financial issues.

Conclusion

From findings of the study it can be concluded that majority of the respondents were economically dependent on others and it was also observed that majority of the elderly were economically secured. But it was found that majority of the elderly were having health problems. The elderly people in our country have a series of socio-economic problems as well as health problems. Many of Indian seniors live on modest retirement incomes which often are barely adequate and sometimes inadequate to cover the costs of basic necessities and support a simple and dignified quality of life. There is a large share of Indian elderly who are economically vulnerable. There is need to protect and strengthen the institution of the family and provide such support services as would enable the family to cope with its responsibilities of taking care of the elderly. As the existing health delivery system is not providing any special attention to the aged in many areas, there is a need to free health centres in the rural areas which is easily accessible for the old people. Health Insurance policy for the elderly in both rural and urban areas has to be formulated. Like younger age group, the aged also require health, personal and social care.

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