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## HEALTH STATUS OF PEOPLE IN RURAL AREA: A STUDY

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### ABSTRACT

India is passing through technological, social, cultural and demographic transition. consequently growth in consciousness of health care among the humans happened, which brought about the development inside the quality of fitness care facility. in the end the mortality fee has come down due to an boom inside the existence expectancy, which in the long run results in the growth in elderly populace. Along with the growing quantity of the aged, the traditional circle of relatives help machine is rapid disappearing from the Indian society. The aged are one of the most inclined and high-hazard agencies in terms of fitness and socio-economic reputation within the society today. Aged are the senior citizens of the kingdom leading their lives in a transitional section? The transition from middle to is a period of important organic and social emotional cloth of the society and consequent adjustments inside the residing

arrangements have created more issues for the elderly to regulate with the converting situations in dwelling. India is an agriculture-ruled economy in which is depending on agricultural and allied occupations. The elderly (60+) constitute approximately seven to eight percent of the populace, maximum of them residing under the poverty line. The elderly within the unorganized quarter like agriculture employees, informal employees and landless laborers are in economically family obligations and unharmonious family members are the fundamental issues wishes of the family and their non-public requirements they have to work as long as they live. Moreover, the problems grow to be more complicated whilst their kids start neglecting them and elderly people face phycho-social issues coupled with monetary and health problems. the prevailing examine is descriptive in nature; for this reason an strive is made to explain the situation and important health problems faced by means of the elderly from a hundred aged populations of elderly between 60 years and above in 3 rural communities Enamadugu Mandal, Nellore district. The maximum commonplace fitness problems elderly people face include eye sight, hearing, joint pains, anxious issues, weak point, heart complaints, asthma, tuberculosis, pores and skin illnesses, urinary issues and others. Extra fitness troubles were reported through ladies in comparison to guys.

**KEYWORDS:**Old-aged people, Health Status.

### INTRODUCTION :

Old age is one some of the stage in



life span of each human being, all living organism consisting of human beings undergo procedure in view that concept to getting older. In present day days people who are close to step into growing old existence might be wondering greater of being wholesome at by means of engage themselves by practising physical exercise, yoga, adopting healthful behavior to spend entertainment time peacefully at domestic. However such practices are visible best in city regions and those from rural regions are not that a lot aware about training of going through vintage age meaningfully and the imbalance continues to be standard among rural and urban areas. Old age may be very crucial stage i.e., it manner frequently to be unwell. The antique age is also associated with many fitness issues and problems and is seemed as physical and mental deterioration. There are enormous man or woman variations in each issue of existence in vintage age. fitness at vintage age is absolutely rely on the existence style, lifestyles style practices, habits, paintings existence, circle of relatives existence which changed into lived during youth, adolescents and maturity by means of character and these life stories will have effective or bad impact on individual fitness at vintage age.

Aged or antique age consists of a long time nearing or surpassing the common existence span of individual. The limits of antique age cannot be defined precisely because it does now not have equal that means in all the societies. People may be considered vintage due to positive changes in their activities or social roles. Also the vintage humans have restricted regenerative skills and are more susceptible to sickness and illness in comparison to different adults. The clinical have a look at of getting older humans is referred to as gerontology and the take a look at of sickness that influences elderly is geriatric. With the speedy changes in the demographic indicators over the previous couple of many years, presently India has round ninety million aged and by 2050 the range is anticipated to increase to 315 million, it constitutes 20 % of population in general population of India. it is predicted that around three-fourths of elderly population of the elderly stay in rural place, of which forty eight % are women and fifty five % of them are widow. 70 % of rural aged is depending on others. The fitness troubles increase with their age. except the hassle of illiteracy, unemployment, widowhood and disabilities, older women in India also face existence-long gender discrimination, resulting in differential styles of getting older of men and women according to the, worldwide document on growing old inside the twenty first century observations made in India that there may be a couple of discrimination skilled via older humans, especially older ladies, consisting of get admission to jobs and health care, subjection to abuse, denial of the right to very own and inherit property, and shortage of primary minimal profits and social safety.

### LITERATURE OF THE STUDY:

Rao et al., (2003) in a observe of health status of the agricultural elderly in Andhra Pradesh, located that health issues tend to growth with advancing age and really regularly the troubles aggravate because of forget about, negative monetary fame, social deprivation and irrelevant dietary intake. An excessive percentage of the overall respondents stated that they had been stricken by illness significantly. Lack of medical centers inside the village and negative monetary conditions is probably accountable for the low health fame of the villagers (Rao et al., 2003). That is corroborating via the finding of Singh (2005) in his observe in rural Haryana. Consequently, majority of landless rural aged were tormented by one or the other health problems and bodily disabilities.

Pappathi et al., (2005) in the Paper "Psycho-social characteristics and troubles of Rural aged" showed that the psycho-socialviews and problems and techniques to welfare of the rural girl elderly discovered that a majority suffer from joint ache, bloodstress and chest ache. A few criticisms of allergies, piles, loss of weight, diabetes and pores and skin sicknesses. Only 30 % number of the rural aged in which in good health.

KetshukietuoDzuovichu (2005), in his take a look at he noted that health isn't best a biological or clinical subject but additionally a significant personal and social subject. In general with declining health, individuals can lose their independence, lose social roles, end up isolated, enjoy monetary worry, be

labelled or stigmatized, trade their self-perception and some of them may additionally also be institutionalized.

### AIM AND STUDY AREA:

The aim is to study is to the Healthproblems of elderly in Rural Areas in ofHatkanagletaluka, Kolhapur District and selected 2 villages namely Alte and Ambapwadi for the survey.

Alte is a large village located in Hatkanangle of Kolhapur district, Maharashtra with total 2332 families residing. The Alte village has population of 11006 of which 5670 are males while 5336 are females as per Population Census 2011. In Alte village population of children with age 0-6 is 1135 which makes up 10.31 % of total population of village. Average Sex Ratio of Alte village is 941 which is higher than Maharashtra state average of 929. Child Sex Ratio for the Alte as per census is 977, higher than Maharashtra average of 894. Alte village has higher literacy rate compared to Maharashtra. In 2011, literacy rate of Alte village was 83.28 % compared to 82.34 % of Maharashtra. In Alte Male literacy stands at 89.82 % while female literacy rate was 76.31 %. As per constitution of India and PanchyatiRaaj Act, Alte village is administrated by Sarpanch (Head of Village) who is elected representative of village.

Ambapwadi is a medium size village located in Hatkanangle of Kolhapur district, Maharashtra with total 384 families residing. The Ambapwadi village has population of 1748 of which 934 are males while 814 are females as per Population Census 2011. In Ambapwadi village population of children with age 0-6 is 164 which make up 9.38 % of total population of village. Average Sex Ratio of Ambapwadi village is 872 which is lower than Maharashtra state average of 929. Child Sex Ratio for the Ambapwadi as per census is 885, lower than Maharashtra average of 894. Ambapwadi village has lower literacy rate compared to Maharashtra. In 2011, literacy rate of Ambapwadi village was 81.06 % compared to 82.34 % of Maharashtra. In Ambapwadi Male literacy stands at 87.84 % while female literacy rate was 73.27 %.As per constitution of India and PanchyatiRaaj Act, Ambapwadi village is administrated by Sarpanch (Head of Village) who is elected representative of village.

### OBJECTIVE OF THE STUDY:

- To know the socio-demographic profile of the rural old age people in villages.
- To study the health problems of the rural old age people.
- To understand the habits and it's influences on health of rural old age people.
- To suggest remedies to overcome the problems of the rural old age people through social work intervention.

### SAMPLING:

From above mentioned two villages of total population 100respondents out of which included for thestudy. Random sampling method was used tocollect data from respondents aged 60 yearsand above.



**Table 1.0 Socio Demographic details of the Respondents**

Sr. No.	Age (years)	Male	Female	Total
1.	60-69	23	32	55
2.	70-79	22	20	42
3.	>80	03	01	04
Sr. No	Marital Status	Male	Female	Total
1.	Married	44	30	74
2.	Single	0	0	0
3.	Separated	0	0	0
4.	Widow / Widower	8	18	26
Sr. No	Educational Status	Male	Female	Total
1.	Uneducated	18	26	44
2.	Primary	28	14	42
3.	High School	5	0	5
4.	Pre University	7	2	9
Sr. No	Annual Income	Male	Female	Total
1.	10001 to 20000	20	14	34
2.	20001 to 30000	10	12	22
3.	30001 to 40000	12	9	21
4.	40001 to 50000	9	5	14
5.	>50000	6	3	9

Table no 1 describes that most of the respondents, i.e., 55 respondents under the age group between 60 to 69 years, 42% are in age group between 70 to 79 years and only three percent of the respondents are above 80 years of age in total 53 % of female are more aged compared to male respondents. All respondents are married in which 8% male elderly are widowers and 18 female elderly are widow. With respect to the educational status 44 respondents are uneducated 42 percent have completed their primary level school and only five and nine percent of the respondents are completed matriculations and pre-university level education over all uneducated rate was little more among female elderly. With respect to annual income 34 percent respondents annual income is between 10001 to 20000, 22 percent are between 20001 to 30000, 21 percent are between 30001 to 40000, 14 percent respondent's annual income is up to 50000 and only nine percent are above 50000 Rs income annually, hence it shows most of the respondents are economically poor.

**Table 2.0 Gender wise Health Status Distribution**

Sr. No.	Health Status	Male	Female	Total
1.	No Health Problem	12	14	26
2.	Minor Health Problem	23	22	45
3.	Frequently Health Problem	08	07	15
4.	Major Health Problem	09	05	14

Table no 2 describes the details of health status of the respondents it was cleared that are of the respondents are suffering with minor health problem 15 % of the cases with frequent health problem and only 14 % are suffering from serious health problem and 26 % are reported with no health problem. In overall analysis shows that the rate of health problem was much among male elderly compared to female elderly.

**Table 3.0 Gender Eye Sight Problem Distribution**

Sr. No.	Eye Sight Problem	Male	Female	Total
1.	Good without Spectacles	15	22	37
2.	Good with spectacles	18	9	25
3.	Difficult with spectacles	6	4	10
4.	Partial blindness	9	115	24
5.	Complete blindness	2	2	4

Table no 3 showing the details of Eyesight of the respondents, most of the respondent vision was good that is 37% of the respondent's, 25% respondent's vision was good with spectacles and total 10% are facing difficulty in seeing even with spectacles. 24% are suffering partial blindness and 4% of the respondents are complete blind, it was found that the rate of eye sight is equal among both the respondents.

**Table 4.0 Hearing Impairing level Distribution**

Sr. No.	Eye Sight Problem	Male	Female	Total
1.	Good	40	25	65
2.	Manageable	14	9	23
3.	Chronic condition	3	2	05
5.	Deaf	4	3	07

Table no 4 describes the details of Hearing level of the respondents, most of the respondents Hearing level is good i.e. 65%, only 23 % are in manageable Hearing level, and 5% are in chronic condition and lowest 7% are complete deaf, it is observed that hearing impairment problem is much reported among male elderly compared to female elderly.

**Table 5.0 Gender wise Health Problem Distribution**

Sr. No.	Health Problem	Male	Female	Total
1.	Arthritis	25	27	52
2.	Nervous Disorder	14	10	24
3.	Obesity	4	3	7
4.	Hypertension	17	21	38
5.	Diabetes	17	14	27
6.	Heart Problem	15	10	25
7.	Asthma Issues	8	8	16
8.	Tuberculosis	3	1	4
9.	Skin Disease	2	2	4
10.	Urinary Infection / problem	4	3	7

Table no 5 describe that health problems of rural elderly, most of the respondents are suffering from arthritis with 52% in which 27% female 25% male old age people. 24% of the respondent are suffering from nervous disorder, the problem rate is 14% male and 10% are female old age people among both sex, only 7% are reported with obesity the problem is little high among male compared to female elderly, majority 38% are suffering with hypertension in which 21% cases of hypertension found among female old age people, 27% are reported with Diabetes issues in which 17% cases are with male and 14% are found with female old age people, and 25% of the respondents suffering with Heart problems in which 15%

male old age reported with this problem compared to female respondents, and 16% are suffering with Asthma problems in which equal ratio in both sex cases, beside in total respondents 43% tuberculosis, 4% skin problems and 7% Urinary infection cases are found. The overall analysis says 24% of respondents are suffering with one or other type of health problems, male elderly have been reported with more health problems compared to female respondents.

**Table 6.0 Gender wise Habits Distribution**

Sr. No.	Health Problem	Male	Female	Total
1.	Tobacco or Gutka	22	33	53
2.	Alcohol	24	8	30
3.	Exercise	12	10	22
4.	Walking	20	10	30
5.	Yoga	7	3	10
6.	Field work or Domestic work	28	35	63
7.	Reading newspaper or magazine	15	7	22

Table no 6 describes the detail habits, 53% and 30% are addicted to tobacco products and alcohol, 22 and 30% are busy with exercise and walking daily, 63% are engaged with domestic and field activity or work, only 22% are busy with reading newspaper and magazine daily. And it is found through overall analysis only 26% in total are practicing above habits.

### **SUGGESTION:**

At the current world, growing old is emerging with extra attention from all segment of society, to make aged human beings lifestyles significant and growing feel of worth feeling in their lifestyles, it's far fundamental to offer all type of guide, care, love, affection, to them. Subsequently on this perspective, geriatric social work is developing with vast information, ability and strategies to help elderly those who are in need of help. Geriatric Social work stands for the practice of social work with elderly humans in direction with helping them to healthy and meaningful and worth life in the society. In keeping with the outcome of the have a look at the social paintings interventions has been counseled as following. In this study the aged population affected by one or the alternative type of fitness hassle. This populace belong to negative socio-monetary group which save you them from remedy. Therefore for this populace it is important to provide clinical intervention centers via primary health center at nearby villages and by way of presenting referral services to high tech government hospitals at district headquarters based totally at the severity in their health circumstance. Beside it's far crucial to behavior education programs on physiotherapy, yoga, and management of elderly so on, for care takers of aged at domestic. Geriatric social employee has to be conducted social case work for affected person with anxious disease and accomplishing group activities which incorporates leisure and healing activities for elderly people at rural regions and conducting focus programme on better health practices, adopting higher fitness behavior and many others. Geriatric social worker act as liaison among carrier presenting agencies and aged population in rural regions, and geriatric social worker need to take help from governmental or non-governmental company in offering sure useful resource such as taking walks stick, medicated goggles, listening to aid to the aged who in want of such aids.

### **CONCLUSION:**

For this reason geriatric social employee play critical roles in aiding elderly population to guide higher and worth lifestyles in all appreciate in society. At presently in India ninety million populations is at antique age and its miles estimated that via 2050 the whole density of elderly population can be about 315 million and this statistics suggests the importance of Geriatric social worker in the future years. Now a day's difficulty on fitness at antique age steadily growing in aged populace in rural and concrete areas this attitude



of human beings on fitness pave the manner for rising of geriatric social employee within the international.

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