

# **AN ECONOMIC STUDY ON HEALTH STATUS OF SENIOR CITIZENS IN MADURAI DISTRICT**

**Synopsis submitted to Madurai Kamaraj University  
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## **SYNOPSIS**

### **INTRODUCTION**

Birth, infancy, adolescence, youth, old age and death are very familiar stage in the natural process of human life. The survey results indicates that in number of respects elderly homes are favourable for the residents and the society as a whole despite of some problems, particularly for the those who are uncomfortable in their health. 'Wellbeing is Wealth' and Good soundness of populace is the 'Abundance of Nation'. Business analysts frequently consider accessible assets as far as their use of expenses and cost viability. Human asset of a nation must be dissected based on these two ideas. Human asset in India is in wealth. What needs is Good wellbeing. This makes the (human) asset as a weight instead of a gainful factor adding to India's development and advancement. Every youngster conceived in a nation's human asset, will add to the profitability and success of a country. Notwithstanding, the obligation of changing over this dormant asset in to dynamic workforce lies with the Government, private division and NGOs. A kid experiences weakness needs to participate in the school. Labourers may experience the ill effects of youth became the lack of healthy sustenance are less beneficial than sound specialists. India has one of the most youthful populaces on the planet still it can't receive the monetary rewards in light of the fact that there are constantly a lot a bigger number of mouths to nourish rather than hands working. India is encountering as steady, high development since 10 years. The maintainability of this high development rate requires enormous interest in training and social insurance of

the populace. Social insurance in India comprises of a widespread human services framework kept running by the particular State Governments. The Constitution of India accuses each State Government of 'raising of the dimension of sustenance and the way of life' with its kin and 'the enhancement of general wellbeing' as among the essential obligations. The National Health Policy was supported by the Parliament of India in 1983 and refreshed in 2002. Albeit, both these arrangements meant to accomplish "Wellbeing to All" inside a predetermined time allotment, the fact of the matter is distinctive following quite a while of their usage. Without any appropriate arrangement system, there is an overwhelming weightage on government area of healing centers which are by and large understaffed and underfinanced. Hence, of the poor administrations at state-run healing centers compel numerous individuals to visit private therapeutic professionals and private facilities and clinics.

## **STATEMENT OF THE PROBLEM**

The number of the elderly people is increasing in almost every country. In last three decades, the elderly population has grown twice as fast as the rest of the population. In India 3.8 per cent of the population accounts for people above 65 years of age. Until recently, the ageing has been a neglected subject in India by both administrators and academicians. But the socio-economic scenario of the country is changing very fast. This has far reaching consequences on the lives of the senior citizens. The life expectancy of the population at every age is also increasing very fast. The increasing health and medical facilities in the country are improved to the standard of living helped to add years of life expectancy with the result that the elderly are living longer than they used to in older days. There are several factors that are acting simultaneously to make the

situation of the elderly of today different from that which prevailed in earlier days. Factors like changing values, changing family structure, changing status and roles in the family and urbanization and migration can have a great impact on the senior citizens.

The main objective of the study, thus, is to understand the senior citizens in Tamilnadu in their different facets of life. Further, the ageing is not only an important demographic but an economic issue that has emerged recently, it is very important to generate policy measures to enhance the quality of life on ageing and their contribution to economic development and to promote awareness of the issues associated with ageing to the administration and their society. Thus in the present study “*An Economic Study on Health Status of Senior Citizens in Madurai District*” was studied.

## **OBJECTIVES OF THE STUDY**

The following objectives are the present study are:

1. To study the socio-economic conditions of the senior citizens in Madurai district.
2. To analyse health expenditure of the senior citizens in the study area.
3. To review the expenditure on the purchase of medical drugs corresponding to the monthly income of the senior citizens.
4. To analyse the sources of mobilization of fund rising to meet medical expense and their health background of the senior citizens and
5. To offer suitable suggestions based on the findings of the study.

## **HYPOTHESES OF THE STUDY**

The following null hypotheses have been formulated for the present study are

1. There is no relationship between socio-economic background of the household respondents and their health expenditure.
2. There is no relationship between monthly income of the household respondents and their monthly health expenditure for short-term morbidity.
3. There is no association between monthly income of the household respondents and their monthly health expenditure for long-term morbidity and
4. There is no difference in health expenses in terms of its components for short-term morbidity and long-term morbidity diseases.

## **METHODOLOGY**

The success of any research work largely depends upon the methods and techniques adopted by the investigator without which the researcher cannot attain the designed goal of research. The correct result can only be attained when the methodology and the procedures used in the study was well organized. The survey method was used and the data have been collected with the help of a pre-designed, field tested interview schedule.

### **Choice of Study Area**

The present study was carried out in Madurai District. The district comprises three revenue divisions, 7 taluks and 11 blocks. There are 11371 villages and 648 village panchayats in Madurai district was in the fifth position in the state senior citizens population as per 2011 census.

Among the 32 Districts of Tamilnadu, Madurai district is chosen for the study and the study has been undertaken in all 7 taluks. Senior citizens who are 60 and above selected as the respondents from of these seven taluks. The sample consists of 340 each male and female senior citizens from 7 taluks in Madurai District.

### **Sampling Design**

The primary purpose of the study is to find out the perspective and problems of the senior citizens. By studying a whole population of the senior citizens to arrive at a generalization is not at all practicable. Here comes the importance of sampling in field research which makes it possible to draw valid inferences or generalize on the basis of careful observation of the variables in relation to a relatively small proportion of the population. Multistage random sampling is adopted to select the sample for the study. Madurai district as the universe, taluks of the district as the stratum and senior citizens respondents as the primary unit of the study. In second stage the all taluks in the district are considered for sample selection. The details of the male and female population above 60 years of senior citizens are collected from the records of Madurai collectorate at Madurai. Then households of the respondents are listed taluk wise in the district. The respondents are contacted and the required information collected from them. A sample of 340, 182 from male and 158 from female were selected randomly by adopting proportionate random sampling methods.

### **Pre-Test**

The present investigation is designed with a view to find out the problems and status of the senior citizens. The required primary data have to be collected from the senior citizens. Since the majority of the senior citizens lacked

awareness of and exposure to the outer world, it was decided that the interview method of personal contact was the right method to elicit the requisite information from the sample senior citizens respondents in the study area. The interview schedule was pre-tested on a sample of 30 respondents. The pre-test helped the researcher to restructure the interview schedule with necessary modification and finalize the schedule.

### **Interview Schedule**

The interview schedule elicited personal information pertaining to age, education, occupation, caste, socio-economic status, skills possessed, achievements in life, role in family, involvement in public activities, physical disability and health status, psychological status, decision making, problem solving, family responsibility and needs for happy ageing. The welfare programmes and benefits offered to the senior citizens were ascertained. Guidance from three field experts, three academicians and research specialists were also sought in finalizing the interview schedule. The schedule was prepared in mother tongue (Tamil) enabled the senior citizens to grasp the meaning and answer all the questions. Apart from the interview schedule the researcher also undertook field observation to comprehend the problems, status and the living conditions of the senior citizens respondents in the study area.

### **Collection of Data**

For the present study the data was collected from both the primary and secondary sources.

#### **Secondary data**

The secondary data was collected from the handbooks and the records maintained in the taluk and district offices. The other sources were collected

from Reports, Newspapers, Magazines and Websites. Benchmark surveys and articles related to the senior citizens were some of the other valuable secondary sources. The researcher made sure that the documents collected were genuine, reliable and pertinent before collecting the relevant data from the secondary sources.

### **Primary data**

The researcher personally visited all taluks of Madurai district for the study and collected the required primary data. The respondents were contacted at their residence and the data were collected through personal interviews. The respondents were given a patient hearing so as to enable them to recall the past events and the information's were recorded in the prescribed schedules. Rapport building with the respondents play a significant role in eliciting information from the senior citizens and so they were spontaneous in stating their problems and status. Personally administered tools brought the researcher directly in contact with the respondents. The one to one conversation created an ambience of mutual trust and removed all fear and prejudice between the researcher and the respondents. The respondents were at ease, free and frank in giving the personal details to the study. The data collection process was carried out in a relaxed manner and the senior citizens respondents were able to recollect and report all the details.

### **Period of Data Collection**

The field investigation and data collection for the study were carried out during the period from June 2014 to January 2015. The data collected from 340 senior citizens respondents from seven taluks were scrutinized and processed for analysis.



## **Tools of Analysis**

The data collected for the study were both quantitative and qualitative in nature. For the analysis of the data, SPSS software is used and qualitative interpretations are drawn creatively, combining methods of precision and validity. The data collected for the study are examined carefully. The investigator prepared a code design with classification and grouped the data for the purpose of analysis. Both parametric and non-parametric tests are used for the analysis of the data.

In order to examine the relationship between the socio-economic conditions of the senior citizens and their health expenditure, the relationship between monthly income of the senior citizens and their monthly health expenditure for short-term morbidity and the long-term morbidity for Chi-square test is applied for the **first objective**.

ANOVA is used to find out the difference in health expenses in terms of its components for short-term morbidity and long-term morbidity are used for the objectives of **second** in the study.

.In order to analyse the extent of inequality in the distribution of per capita health expenditure of the senior citizens in the study area, Gini coefficient, variance of logarithms and disparity ratio are used for the objectives of **third** and **fourth** in the present study.

Further, comparing the values of the Arithmetic mean and medium, mode, Co-efficient of skewness is drawn to assess the nature of distributing. To test the Gini co-efficient, the variance of logarithms is used, with the formula was used for calculating the variance of logarithms To test the difference, the following F- test has been used. To find out the extent of inequality, disparity ratio was also used in the present study. It is the ratio between the mean value of

per capita health expenditure of the top and bottom decile groups. It is used as a measure of concentration. The minimum value of this measure is unity to implying perfect inequality. Larger deviations from unity implied greater inequality and vice versa.

In order to study the correlation between health status of the both male and female senior citizens so the researcher takes into consideration there are six variables namely mobilization of fund, pattern of treatment, distance from residence hospital, health insurance, basic needs and age at marriage of the both male and female senior citizens. For the above mentioned purpose the correlation technique is been used.

## **SCHEME OF WORK**

The report of the present study has been organized and presented in seven chapters. They are

Chapter I deals with introduction, salient feature of Indian health care system, important features of public spending on health, importance of health the basic strategies of health planning in India, government and health infrastructure in India, health status in Tamil nadu, inter-state differentials in public spending and health infrastructure recent reforms for increasing allocation to health care, Indian health care sectors national programmes and schemes, major disease control efforts, the global ageing scenario, National ageing scenario, National policy formulation on ageing, state policy on senior citizens, statement of the problem, significance of the study, objectives of the study, hypotheses of the study, limitations and scheme of work.

Chapter II attempts to review the earlier studies in relation to general health status and health status of senior citizens and concepts used in the study.

Chapter III describes the methodology adopted for the study and discusses the profile of the study area.

Chapter IV discusses the socio-economic conditions of the senior citizens in Madurai district.

Chapter V attempts to analyse the health expenditure of the senior citizens in the study area.

Chapter VI sources of mobilization of fund rising and health background of the senior citizens in Madurai district.

Chapter VII presents the summary of findings, suggestions and conclusion based on the findings of the study.