



ECONOMIC CONDITIONS AND HEALTH STATUS OF AGING POPULATION IN ANDAMAN AND NICOBAR ISLANDS

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Resource person

ABSTRACT

The economic conditions and health status of the old age people are considered the effectible phenomena of the Andaman and Nicobar Islands which effect on the regulation of the society and the economic damage of the same aging population. The health condition of the aging population is good 11.36 % where average is 27.28 %, poor is 29.54 % and very poor is 31.82 % population. They have very badly economic condition where Below 15000 is 43.18 %, 16000-20000 is 45.45 % and above 20000 is 11.37 % population. The main objective of the study is to highlight the problem faced aged population in Andaman and Nicobar Islands, to understand the socio- economic of aged population.

Keywords:-

Economic conditions, Health status of aged population

Introduction

Health as defined by the World Health Organizations “a state of complete Physical, mental and Social Well-being and merely the absence of disease or Infirmary”. India is one of the World’s second most Population Country which Undergoing, unprecedented is demographic change. Increasing Longevity and falling Fertility have resulted in a dramatic increase in the population of adults aged 60 and up in both absolute and relative terms. As Society is aging and dependency ratio is increasing, social expenditure increasing health care and pension will go up.

Definition of Ageing

The term “Old” can be associated with Physical incapacity, biological deterioration, or disabilities or even Psychological factors. “A man ages biologically as a continuing process, socially as perceived by the members of the society, economically when retired from the work force and, chronologically one grows older with time”. However, definition other than the chronological one is difficult to operationalize, and hence chronological age is the most widely used indicator to define the aged.

Ageing and Health Care

The fact that life is a continuous Process of growth beginning from infancy and coming to old age through childhood and adulthood, and that it ultimately terminates with the death of an individual, is an obvious phenomenon and need not be emphasized. The course of life is influenced by several factors like biological and cultural inheritance of an individual, his status in the age and social structure of the society, age and ageing are equally related to role taking, value orientation and modes of behavior of a person the expectation of which varies at different age stages of members of a society.

Statement of the Problem

Aging is a universal and irreversible Process getting old is the result of the interplay of Economical, Biological, Social, Psychological factors. Old age is the last phase of Human life cycle. It is a phase where the aged person faces multiple problems, which of course vary from person to person and from society to society. Today aged people facing several problems in our society, among the several problems, Economic problems occupy an important position. The National Policy for Older Person has relied on the figure of 33% of the general population below poverty line and has concluded that one-third of the population in 60+ age is also below that level.

The aged people were contribution to increase economic productivity. But when they are ageing, the various diseases like poor vision, hearing impairment, arthritis, diabetes, cancer etc., are affecting. Generally, the highly income grouped people preferred more health care compare to low income group. In this respect the study of economics of ageing and health care is very relevant. To this context the researcher is interested to do the work in the topic namely, "Economic Conditions and Health Status of Aging Population in Andaman and Nicobar Islands: A Study with Reference to Sitanagar village in North & Middle District.

Past Reviews

Andrew et al., (2021), have stated that population aging and intergenerational transfers are large and have an important influence on inequality and growth. This study preliminary result emphasizing economic support systems in Taiwan and the United States. As the two economics differ in their demographic configuration, their level of development, and their old-age support systems, comparing the will shed light on the economic implication of population aging under alternative institutional arrangements.

Chanjuan Zhao et al., (2020),escalating problem of multiple chronic conditions among older adults in China draws public health attention due to increasing proportion of the elderly population. This study sought to assess the prevalence of and factors associated with four chronic diseases in older adults in Haikou, the capital city of Hainan Province, China.

Ryan McGrath et al., (2019), that, many adults are living longer with health conditions in the United States. Understanding the disability-adjusted life years (DALYs) for such health conditions may help to inform healthcare providers and their patients, guide health interventions, reduce healthcare costs, improve quality of life, and increase longevity for aging Americans. The purpose of this study was to determine the burden of 10 health conditions for a nationally-representative sample of adults aged 50 years and older in the United States.

Sithara and Devi, (2020),paper explains that the health of the elderly in general is found to be an average level (58.4%), of which 59.25% are women and 57.5 % men. Women elderly are experiencing poorer health (21 %) when compared to the male counterparts (13%). The paper reveals that about 33.37% of the elderly suffer from hyper tension, which is high among women elderly (39.75%) when compared to male elderly (27%). It was also found that women elderly is having more chronic morbidities that male elderly and only 54.8% of the female elderly were having normal vision, when compared to the male elderly (67.8%). Majority of the respondents prefer allopathy system of medicine (91.62%), which was followed by Ayurveda (12.5%). The paper also noted that majority of the respondents prefer private practitioners (52%), then Government doctors or hospitals (33.6%).

Significance of the study

The study will help us to find out the impact of economic condition and health status of aged

Population in Andaman and Nicobar Island which has an effect on the socio economic status and contribution of GDP and per capita income of the aged population. The none availability of the basic health care facilities and more aged population are depending on working population that reduce the percentage of GDP and economic growth of the island. Most of the aged population are depending of old age pension and government facilities which regulated by the Andaman Government.

The Objective of the study

The following objectives are framed for the Purpose of the Present Micro-Level Study.

1. To examine the Socio-economic condition of aged people.
2. To Analyses the Health Status of Aging Population in the Study area.
3. To find out the Health Expenditure of the aged people in the Study area.

The Study area

The research has been conducted on Diglipur taluk in sitanagar village in Andaman and Nicobar Islands where the study on Economic condition and health status of aging population in Islands. The main motive is to highlight the socio economic condition and health status of the aged population in sitanagar Village. The old age population has been contributing in economic growth and partially shares in GDP. On the other side health status would be more repairable in the islands.

Methodology:

The Present Study was undertaken at sitanagar Village in Diglipur, North Andaman District in Andaman and Nicobar Island. For this Study the researcher is using Primary data. The total population of the sitanagar Village is 5682 out of total population 876 aged Population and the total Percentage of Old age Population is 15.41% (According to 2011 census by Government of India). For this Purpose, the researcher decided to use Random Sampling method by taking 5% of the aged Population with that has taken 44 Samples. For the Present Study researcher used the structured questionnaire for the collection of Primary data.\

Discussion and interpretation

In research activity the researcher discussed Economic Characteristics of Sample households and health status of the elderly population. Firstly, the researcher discussed about the family size, age and sex-wise distribution of household, marital status, education, and type of family. Then occupation, blood group, monthly income and wealth or property or land, house hold status, share household expenditure and financial dependency and old age pension, physical exercise, health condition, take care of their health and suffering of aging, health and other health problem, treatment, health insurance and place of treatment, food culture and drinking water, health care expenses and household expenditure.

Table - 1: Gender-wise distribution of the respondent.

Sl.No	Gender	Total	Percent
1	Male	27	61.36
2	Female	17	38.64
Total		44	100.0

The table - 1: shows the gender-wise distribution of the respondent. In this study area out of 44 respondents the majority old age male respondents 27 (61.36%) and the lowest are female respondents 17 (38.64%).

Table – 2: General information of the respondents according to their age and gender.

Sl.No	Age (years)	Gender of the respondent		Total
		Male	Female	
1	60-70	13 (29.54)	14 (31.82)	27 (61.36)
2	70-80	10 (22.72)	2 (4.55)	12 (27.27)
3	80 and above	4 (9.1)	1 (2.27)	5 (11.37)
Total		27 (61.36)	17 (38.64)	44 (100)

The table – 2: shows the general information of the respondents according to their age and gender. The age level of the old age populations is grouped into three levels, namely (i) 60-70 years, (ii) 70-80 years and (iii) 80 and above. In this study area the 60-70 years old age population are major 27 (61.36%) and 80 and above are representing low 5 (11.37%).

Table – 3: Gender-wise distribution of the respondents according to their occupation.

Sl.No	Occupation	Gender of the respondent		Total
		Male	Female	
1	Farmer	9(20.45)	3(6.82)	12(27.27)
2	Private employee	6(13.64)	2(4.54)	8(18.18)
3	Retired employee	6(13.63)	3(6.82)	9(20.45)
4	Others	6(13.64)	9(20.46)	15(34.1)
Total		27(61.36)	17(38.64)	44(100)

The table – 3: shows the Gender-wise distribution of the respondents according to their occupation. In the occupation side 12 (27.27%) are farmer and 8 (18.18%) are private employee and 9 (20.45%) are government retired employee and 15 (34.1%) old age respondents are others in the level of occupation out of 44 old age respondents.

Table – 4: Gender-wise distribution of the respondents according to their monthly income and wealth or property or land.

MONTHLY INCOME				
Sl.No	Monthly income	Gender of the respondent		Total
		Male	Female	
1	Below 15000	10(22.72)	9(20.46)	19(43.18)
2	16000-20000	13(29.54)	7(15.91)	20(45.45)
3	above 20000	4(9.1)	1(2.27)	5(11.37)
Total		27(61.36)	17(38.64)	44(100)
WEALTH OR PROPERTY OR LAND				
Sl.No	PROPERTY/LAND	Gender of the respondent		Total
		Male	Female	
1	Yes	27(61.36)	17(38.64)	44(100)
Total		27(61.36)	17(38.64)	44(100)
VALUE IN RUPEES OF PROPERTY OR LAND				
Sl.No	VALUE IN RS	Gender of the respondent		Total
		Male	Female	
1	Below 400000	12(27.27)	8(18.18)	20(45.45)
2	400000-900000	6(13.63)	3(6.82)	9(20.45)
3	Above 900000	9(20.46)	6(13.64)	15(34.1)
Total		27(61.36)	17(38.64)	44(100)

The table – 4: shows the Gender-wise distribution of the respondents according to their monthly income and wealth or property or land. In the monthly income 19 (43.18%) having below 15000 and 20 (45.45%) are having 16000-20000 and 5 (11.37%) are having above 20000 in the study area. In the wealth or land or property there is all 44 (100%) old age respondents are having to their property. The property's value in rupees are 20 (45.45%) old age respondent are having below 400000 and 9 (20.45%) respondent are having 400000-900000 and 15 (34.1%) respondent are having Above 900000 out of 44 old age respondents.

Table – 5: Gender-wise distribution of the respondents according to their share household expenditure and financial dependency and old age pension.

SHARE HOUSEHOLD EXPENDITURE				
Sl.No	Share household expenditure	Gender of the respondent		Total
		Male	Female	
1	Yes	13(29.54)	8(18.18)	21(47.72)
2	No	14(31.82)	9(20.46)	23(52.28)
Total		27(61.36)	17(38.64)	44(100)
FINANCIAL DEPENDENCY				
Sl.No	Financial dependency	Gender of the respondent		Total
		Male	Female	
1	Yes	6(13.64)	5(11.36)	11(25)
2	No	21(47.72)	12(27.28)	33(75)
Total		27(61.36)	17(38.64)	44(100)
RECEIVE OLD AGE PENSION				
Sl.No	Receive old age pension	Gender of the respondent		Total
		Male	Female	
1	Yes	24(54.54)	16(36.36)	40(90.90)
2	No	3(6.82)	1(2.28)	4(9.1)
Total		27(61.36)	17(38.64)	44(100)
PENSION AMOUNT				
Sl.No	Pension Amount	Gender of the respondent		Total
		Male	Female	
1	2500	24(54.54)	16(36.37)	40(90.91)
2	Not getting	3(6.82)	1(2.27)	4(9.09)
Total		27(61.36)	17(38.64)	44(100)

The table – 5: shows the Gender-wise distribution of the respondents according to their share household expenditure and financial dependency and old age pension. In the sharing of household expenditure 21 (47.72%) are sharing expenditure with their family and 23 (52.28%) of old age respondents are not sharing household expenditure with their family. In the financial dependency 11 (25%) old age respondents are financial depend with another and 33 (75%) respondents are not financial depend. In the old age pension out of 44 old age respondents, only 40 (90.91%) respondents are getting old pension at RS 2500 through the government and 4 (9.09%) respondents are not getting old age pension.

Table – 6: Gender-wise distribution of the respondents according to their Physical exercise.

Sl.No	Physical Exercise	Gender of the respondent		Total
		Male	Female	
1	Yoga	2(4.54)	1(2.28)	3(6.82)
2	Walking	22(50)	13(29.54)	35(79.54)
3	Others	3(6.82)	3(6.82)	6(13.64)
Total		27(61.36)	17(38.64)	44(100)

The table – 6: shows the Gender-wise distribution of the respondents according to their Physical exercise. The old age respondents are doing physical exercise within 3 (6.82%) respondents are doing yoga and 35 (79.54%) respondents by walking they are doing their exercise and 6 (13.64%) are doing other exercises.

Table – 7: Gender-wise distribution of the respondents according to their health condition, take care of their health and suffering of aging.

HEALTH CONDITION OF RESPONDENTS				
SL.No	Health Condition	Gender of the respondent		Total
		Male	Female	
1	Good	4(9.09)	1(2.27)	5(11.36)
2	Average	9(20.46)	3(6.82)	12(27.28)
3	Poor	5(11.36)	8(18.18)	13(29.54)
4	Very poor	9(20.45)	5(11.37)	14(31.82)
Total		27(61.36)	17(38.64)	44(100)
TAKING CARE OF HEALTH				
SL.No	Taking Care of Health	Gender of the respondent		Total
		Male	Female	
1	Yourself	4(9.09)	5(11.36)	9(20.45)
2	Husband or wife	11(25)	5(11.37)	16(36.37)
3	Son	7(15.91)	4(9.09)	11(25)
4	Daughter	5(11.36)	3(6.82)	8(18.18)
Total		27(61.36)	17(38.64)	44(100)
AGING SUFFERING FOR RESPONDENTS				
SL.No	AGING SUFFERING	Gender of the respondent		Total
		Male	Female	
1	Yes	24(54.54)	14(31.82)	38(86.36)
2	No	3(6.82)	3(6.82)	6(13.64)
Total		27(61.36)	17(38.64)	44(100)

The table – 7: shows the Gender-wise distribution of the respondents according to their health condition, take care of their health and suffering of aging. In the health condition 5 (11.36%) respondents are good condition and 12 (27.28%) average and 13 (29.54%) poor and 14 (31.82%) very poor health condition. In the taking care of health 9 (20.45%) from himself and 16 (36.37%) are husband or wife and 11 (25%) are son and 8 (18.18%) from daughter. Lastly aging is suffering for respondents which shows 38 (86.36%) old age respondents are suffering from aging and 6 (13.64%) are not suffering from aging out of 44 respondents.

Table – 8: Gender-wise distribution of the respondents according to their health and other health problem.

HEALTH PROBLEM OF RESPONDENTS				
Sl.No	Health problem	Gender of the respondent		Total
		Male	Female	
1	Diabetes	17	8	25
2	Cancer	2	2	4
3	Gastric problem	8	3	11
4	Depression	3	0	3
5	Hypertension	7	7	14
6	Asthma	5	3	8
7	Eye problem	14	9	23
8	Chest pain	10	6	16
9	Arthritis	3	1	4
10	Heart problem	10	1	11
11	Paralysis	1	0	1
12	Headache	3	6	9
OTHER HEALTH PROBLEM OF RESPONDENTS				
Sl.No	Other health problem	Gender of the respondent		Total
		Male	Female	
1	Hearing and vision	19	13	32
2	Sleeping Problem	10	6	16
3	Poor attention Span	2	2	4
4	Trembling Hand	3	0	3
5	Weak Memory	11	8	19
6	Joint Pain	15	13	28
7	Immobility	10	4	14

The table - 8: shows the Gender-wise distribution of the respondents according to their health and other health problem. In the health problem old age respondents having Diabetes of highest problem and Paralysis is the lowest problem among the respondents. On the other health problem Hearing and vision is the highest problem and Trembling Hand is the lowest problem among the respondents out of 44 old age respondents.

Table – 9: Gender-wise distribution of the respondents according to their treatment, health insurance and place of treatment.

TYPE OF TREATMENT				
Sl.No	Type of treatment	Gender of the respondent		Total
		Male	Female	
1	Ayurveda	4(9.09)	2(4.55)	6(13.64)
2	Allopathy	20(45.45)	13(29.55)	33(75)
3	Homeopathy	3(6.82)	2(4.54)	5(11.36)
Total		27(61.36)	17(38.64)	44(100)
PLACE OF TREATMENT				
Sl.No	Place of treatment	Gender of the respondent		Total
		Male	Female	
1	Govt hospital	23(52.28)	13(29.54)	36(81.82)
2	Private hospital	2(4.54)	4(9.1)	6(13.64)
3	Home made	2(4.54)	0	2(4.54)
Total		27(61.36)	17(38.64)	44(100)
HEALTH INSURANCE				
Sl.No	Health insurance	Gender of the respondent		Total
		Male	Female	
1	Yes	9(20.45)	7(15.91)	16(36.36)
2	No	18(40.91)	10(22.73)	28(63.64)
Total		27(61.36)	17(38.64)	44(100)

The table – 9: shows the Gender-wise distribution of the respondents according to their treatment, health insurance and place of treatment. In the type of treatment 6 (13.64%) are prefer Ayurveda and 33 (75%) are allopathy and 5 (11.36%) are homeopathy. Secondly the place of treatment like 36 (81.82%) are prefer Govt hospital and 6 (13.64%) are Private hospital and 2 (4.54%) are Home made. Lastly in the case of health insurance 16 (36.36%) are taking health insurance and 28 (63.64%) old age respondents are not taking any health insurance out of 44 samples.

Table – 10 Gender-wise distributions of the respondents according to their health care expenses and household expenditure.

HEALTH CARE EXPENSES				
Sl.No	Health Care Expenses	Gender of the respondent		Total
		Male	Female	
1	Own saving	18(40.91)	8(18.18)	26(59.09)
2	Health insurance	1(2.27)	2(4.55)	3(6.82)
3	Son or Daughter	8(18.18)	7(15.91)	15(34.09)
Total		27(61.36)	17(38.64)	44(100)

HOUSEHOLD EXPENDITURE				
Sl.No	Household Expenditure	Gender of the respondent		Total
		Male	Female	
1	Below 10000	17(38.63)	9(20.46)	26(59.09)
2	Above 11000	10(22.73)	8(18.18)	18(40.91)
Total		27(61.36)	17(38.64)	44(100)

The table – 10: shows the Gender-wise distribution of the respondents according to their health care expenses and household expenditure. In the health care expenditure 26 (59.09%) old age respondents are spending to their own saving and 3(6.82%) are spending through their health insurance and 15 (34.09%) are spending through their son or daughter. In the case of household expenditure 26 (59.09%) respondents are household expenditure below 10000 and 18 (40.91%) respondents are household expenditure above 11000 out of 44 old age respondents.

Conclusion

Ageing is a natural process that begins at birth, or to be more precise, at conception, a process that progresses throughout one's life. From that perspective, geriatrics is not the treatment of the elderly, but the treatment of those diseases that affect the elderly and the prevention of causes of those diseases. To attribute anyone's death to old age is a misnomer. We have gained some reliable information on the profile and characteristics of the elderly in Sitanagar village in Andaman and Nicobar Islands.

Suggestion

The following suggestions are made by the researcher based upon the study.

1. The researcher suggested that to improve the health care facility and infrastructure development of the government hospital.
2. To make a necessary action to increase the numbers of specialized doctor in the government hospital for betterment of old age population.
3. The younger generation should be made aware of the love and care needed by the old age people.
4. Spiritual care is necessary for the old age people and most of them tend to be deeply religious and Spiritual.
5. The senior citizen should be considered as a valuable human resource for the betterment of human society.

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