SHORT ARTICLE

Awareness about Social Security Schemes among elderly: A comparative study among rural and urban population of Khordha District, Odisha

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Abstract

Background: Demographic transition has led to a rise in elderly population, their social security being a priority. Awareness and utilisation of these being less researched, we undertook this study. **Aim & Objective**: To find the awareness regarding existing social security schemes, the pattern of their utilisation and enlist the challenges faced in utilising them. **Material and Methods**: A cross-sectional study was conducted from January to March 2018, among randomly selected consenting elderly in the urban and rural field-practice areas of a medical college. Data was analysed using EpiInfo software. **Results**: A total of 540(270 each in urban and rural) participants were included.55.93% in urban and 51.48% in rural were aware and 33.38% in urban and 15.56% in rural utilised atleast one of the schemes. 27.78% in urban and 25.19% in rural expressed their dissatisfaction with the pension received. The differences in the awareness about property protection and old age pension had a statistically significant difference between the urban and rural population with better awareness among the urban elderly. **Conclusions**: The awareness levels were nearly the same in the urban and rural population, but utilisation rates had a marked difference. Lesser utilisation in rural areas needs to be researched, causes identified and addressed.

Keywords

Social Security; Urban; Rural; Awareness; Utilisation

Introduction

Population ageing is inevitable. (1) With growing urbanisation, weakening of family support system, dissolution of the joint family system & increase in nuclear family structure, migration of families for better job opportunities; the senior citizens are facing number of problems like social, health and financial insecurity. (2)

The proportion of persons aged 60 and over is expected to double between 2007 and 2050, and their actual number will be more than triple, reaching 2 billion by 2050. (3) The elderly population presently in India and state of Odisha is 8.6% and 9.5 % respectively. (4)

Social security is 'the protection which society provides for its members, through a series of public measures". (5) The policies mitigate/cover the costs for these problems and risks. (6) The problems and issues in social security policy in India are multiplicity, involvement of many ministries and governments, multiple laws, limited outreach and

many more.(7)There also exists a wide gap between awareness and utilisation of social security schemes among the urban & rural population.

Aims & Objectives

1. To find out the awareness regarding existing social security schemes among the elderly.
2. To find out the pattern of utilisation of these schemes,
3. To list the challenges faced by them in utilising these schemes.

Material & Methods

Using a cross-sectional study design, a community-based study was conducted from January to March 2018, in the rural and urban field practice area of a medical college covering a total population of 54,360 in the rural and 25,000 (slum and non-slum population) in the urban.

The study population comprised of consenting elderly (>60 years old) residents, of both sexes, who belonged to the rural and urban field practice area, as per following inclusion and exclusion criteria.

Inclusion criteria

All individuals more than or equal to 60 years of age.
All elderly who gave informed written consent.

Exclusion criteria

Participants who were not in a position or unable to give information due to any reason
(The deaf/dumb/blind, those with diagnosed psychiatric illness (schizophrenia, mental retardation) or neurological disorders (Parkinsonism, severe head injury, or brain neoplasm), and those who were ill at the time of the study were excluded, as there was no way to obtain reliable information from them.).

Sample Size: Assuming the health morbidity in elderly persons, 60 year and above as 20% (8) and precision as 5% with level of confidence as 95%, non-response of 10%, to calculate sample size of 270 the following equation was applied (((Z1-α/2)2 p (1-p)) / d2); p= prevalence= 0.2, d= allowable error of 5%= 0.05 and 1-p = 0.8 (9). From a total of 1982 elderly from urban and 4332 elderly from rural area, 270 each were randomly selected by simple random sampling, making a final sample size of 540.

Sampling Technique: Simple random sampling was used for sample collection. A list of all elderly in the urban and rural field practice area was obtained from respective family survey registers. Line listing of cases satisfying inclusion criteria, after house to house visit were made with the help of health worker. Study participants were selected randomly.

Study Tool: A semi-structured questionnaire having socio- demographic characteristics that included age, sex, education, family type, marital status and income, addiction, utilization of health services, etc was used, which had five sections.

Socio-demographic details
Awareness* regarding existing welfare and social security measures
Problems faced by the elderly
Utilisation** of social assistance schemes
Challenges faced in utilisation of the schemes.

*A participant was considered aware of any social security scheme/measure if he or she knew the name of the particular scheme launched by the government.

**Utilisation of the scheme was when the participant, said to have availed or currently availing any benefit-monetary or in kind- from any one of these social welfare schemes.

The social security was assessed by the various support and welfare measures like awareness about and utilisation of existing social security schemes, proxy measures like awareness on property protection laws, old age pension, exercising of voting rights, utilisation of free healthcare services, presence of recreation centres, knowledge about travel concessions and tax rebates

Data Analysis: Data was entered into Microsoft Excel spreadsheet and analysed using Epi Info 7 software (version 3.5.4). Descriptive statistics with appropriate statistical methods like percentage, student's t- test, chi square test was used; taking a p value of< 0.05 as statistically significant

Ethical Clearance: was obtained from the ethical committee of the institute, prior to the study. Informed written consent was obtained from the participant's, assuring their full confidentiality and voluntariness, that they had the right to refuse the participation at any stage of data collection

Results

This community-based cross-sectional study was done amongst the rural and urban elderly population of the field practice area of a medical college, to find out the differences in their awareness and utilisation of the existing social security schemes and enlist the challenges faced by them. Among the 540 sampled elderly people, the mean age of the study participants was 70.25±7.11 years in urban while

72.70 ± 7.84 years in rural. Maximum (54.44%) belonged to 60-69 years age group in the urban while 53.33% belonged to the 70-79 years age group in the rural area; 54.26% were males, with males (61.11%) outnumbering the females in rural areas; 90.56% were Hindus (Table 1). 56.3% of the urban and 76.30% of the rural sampled participants were literates.

The social security was assessed by the various support and welfare measures like awareness about and utilisation of existing social security schemes, proxy measures like awareness on property protection laws, old age pension, etc.

55.93% of the urban and 51.48% of the rural were aware of at least one of the social security schemes provided by the government (Table 2). Awareness about property protection, old age pension and utilisation of free healthcare services had a statistically significant difference among the urban and rural population. Media was the most common source of information for their awareness (51.11% in urban and 46.67% in rural) (Fig 1). 56.78% (67 of 118) of the illiterate and 55.26% (84 of 152) of the literate urban population were aware of at least one of the schemes; whereas in the rural 46.87 % (30 of 64) of illiterate and 52.91% (109 of 206) of the literate had awareness. This difference in the literacy status and awareness about the schemes was not found to be statistically significant (p=0.88 for urban and p=0.48 for rural)

The urban participants' awareness about social security scheme and property protection was better in comparison to rural population. About two third of urban participants were unaware about old age pension. Almost the entire rural population sampled were unaware about property protection and 38.52% about old age pension. The differences in the awareness about property protection (p<0.0001), old age pension (p<0.0001) and free healthcare utilisation (p<0.0001) were found to be statistically significant. Over 87.04% of rural and 84.07% urban participants exercised their voting rights.

61.48% of those in urban while 30.72% in rural had utilised at least one of the social security schemes/measures. Old age pension (post-retirement) was most utilised scheme quoted in urban (33.33%) and rural (15.56%) areas. Although people were aware of AABY- Aam Aadmi Bima Yojana, IGNDPS - Indira Gandhi National Disability Pension Scheme, NFBS- National Family Benefit Scheme, RSBY-Rashtriya Swasthya Bima Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana, ABY -Atal Bima Yojana, EDLI- Employees' Deposit Linked Insurance, EPF-Empployee Provident Fund, EPS - Employee Pension Scheme, Bunakar Bima, Disable pension and ESIC-Employees State Insurance Scheme schemes (Fig 2) but did not utilise them. They utilised only IGNOAPS (30.37% in urban and 11.85% in rural) and Old Age Pension Scheme (post-retirement) (33.38% in urban and 15.56% in rural).

Among other social security measures like free healthcare services- as few as 2.22% in the urban areas and 26.67% in rural areas utilised these schemes. All (100%) of them who utilised and around 54.92% of those who did not utilise in the urban areas were aware of the scheme; this difference in awareness of social security schemes and utilisation of health care services was not found to be statistically significant (p=0.07). In the rural areas, 79.17% of those who utilised and 41.41% of those who did not utilise were aware of the existing social security schemes. This difference in utilisation of healthcare services and awareness of the schemes was found to be highly statistically significant (p<0.0001). 91.67% (66 of 72) of those utilising the free healthcare services were also utilising atleast one of the existing social security schemes, while 50.50% of those who did not utilise the healthcare services did the same. This difference between the pattern of utilisation of healthcare services and utilisation of other social security scheme was found to be statistically highly significant (p<0.0001)

Physical constraints/immobility (47.78%), lack of awareness (38.15%), utilised by their children (8.89%) were some of the challenges and problems faced by the study participants in the urban areas. In the rural areas, lack of awareness (45.93%), lack of transport facility (8.89%) and physical constraints (1%) were the challenges found in utilisation of the schemes. Financial problems and insufficiency of funds (75(27.78%) in urban and 68(25.19%) in rural) to meet expenditures were among the other reasons cited

Discussion

In our study, the number of males (61.11%) in rural population were more compared to females (38.39%) while in urban population females (52.59%) outnumbered males. In a study by Syed Qadri et al in rural population of Ambala District of Punjab, India the female and male population were almost equal

(8). Whereas in another study by Mohd Maroof et al, amongst the rural Uttar Pradesh population the number of elderly females were more than elderly males (10). These differences can be explained due to the different geographical areas of study and life expectancy of that population. In a study by Saravanan et al amongst urban Puducherry people similar findings were found with more females (70.24%) than males. (11)

Out of the total subjects, in rural maximum (53.33%) were in the age group of 70-79 years. While in other studies maximum population were in the age group of 60-69 years. (8,12) In our study in urban population 147(54.44%) were in the age group of 60-69 years; similar findings were seen in a study by Joseph et al in urban Mangalore (13). In our study, majority of the subjects were married (61.1% in rural and 65.19% in urban). Similar results were also seen in other studies. (8,10,12, 13)

In our study 51.48% of the rural and 55.93% of the urban population were aware of at least one of the social security schemes; however, the differences in their awareness was not found to be statistically significant. Similar results were seen in a study by Nivedita et al (49.5%). (12) In the study by Maroof et al, only 28.9% were aware of any social security scheme. (10) These differences may be due to the higher literacy status (76.30% of the rural and 56.3% of the urban population were literate) and Information, Education and Communication (IEC) activities being regularly carried out by students, interns and health workers; the study areas being catered by the urban and rural health and training centres. Media was cited as the most common source of awareness about the social security schemes

In our study 52.59% in urban and 41.48% in rural were aware of IGNOAPS scheme. In a study by Lena et al in rural South India it was observed that 35.7% of the elderly population was aware of geriatric welfare schemes. (14) In our study in rural population 11.85% utilised IGNOAPS schemes and 15.56% utilised old age pension scheme, while in urban population 30.37% of them utilised IGNOAPS and 33.33% utilised old age pension scheme. Regarding other schemes, they remained unutilised due to lack of knowledge and awareness of people about the scheme.

In our study the differences in the awareness about property protection and old age pension, among the urban and rural population was statistically significant.

The challenges faced by the urban elderly in utilisation of the schemes were mainly due to physical constraints (47.78%); while those in the rural were mainly lack of awareness (45.93%). In a study by Nivedita et al in rural population, challenges faced were lack of awareness (40.9%), physical constraints (31.9%), used by their children (29.5%), transport (14.7%), and not accessible (11.9%).(12)

Conclusion

Study results showed that there was a felt need by the elderly for increase in funds to meet their basic needs. Although awareness levels were nearly same in sampled urban and rural population but utilisation rates had a marked difference; lesser utilisation of these measures in rural areas needs to be more researched and causes identified and addressed. Media was cited as the most common source of awareness about the social security schemes. Only 3.7% of the urban and 5.56% of the rural population had known about the social security schemes from health workers.

Recommendation

The health workers, being an active link between the vulnerable population and healthcare utilisation, can be mobilised for awareness generation activities for social security schemes, along with their regular health awareness activities.

Limitation of the study

the study being conducted in a single district of Odisha, results may not be generalizable to the whole state. The surveyed population was from the rural and urban field practice area of a medical college, and hence the awareness levels were higher and may not be representative of the community at large; the field practice areas being more aware as a result of awareness generation activities done by the students and field health workers.

Relevance of the study

Odisha faces the unique challenge of modernization and population ageing with a significant proportion of its ageing population either economically dependent or in poverty. Awareness of the existing social security measures is therefore essential for its proper utilisation, so as to ensure independence and dignity in the lives of the elderly.

Authors Contribution

Both the authors have substantial contributions to conception and design, acquisition of data, analysis and interpretation of data; drafting & revising article.

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Tables

TABLE 1 SOCIODEMOGRAPHIC CHARACTERISTIC OF STUDY PARTICIPANTS (N=540)

	Characteristics	URBAN (n=270) (Frequency in%)	RURAL (n=270) (Frequency in%)
Age group	60-69 yr	147(54.44%)	92(34.07%)
	70-79 yr	104(38.52%)	144(53.33%)
	80-89yr	15(5.56%)	17(6.30%)
	≥ 90yr	4(1.48%)	17(6.30%)
Gender	Male	128(47.41%)	165(61.11%)
	Female	142(52.59%)	105(38.89%)
	Other	0(0.00%)	0(0.00%)
Religion	Hindu	238(88.15%)	251(92.96%)
	Muslim	29(10.74%)	16(5.93%)
	Christian	1(0.37%)	3(1.11%)
	Other	2(0.74%)	0(0.00%)
Marital Status	Married	176(65.19%)	165(61.11%)
	Single	0(0.00%)	7(2.59%)
	Widow/Widower	93(34.44%)	98(36.30%)
	Divorced/Separated	1(0.37%)	0(0.00%)
Type of family*	Joint	164(60.74%)	218(80.74%)
	Nuclear	85(31.48%)	31(11.48%)
	Extended	21(7.78%)	14(5.19%)

*Rural (n=263), as seven were single and did not stay with family

TABLE 2 AWARENESS ABOUT SOCIAL SUPPORT MEASURES AMONG STUDY PARTICIPANTS (N=540)

	Social Security Measures		URBAN N=270	RURAL N=270	p-value
1	Awareness about social security schemes	YES	151(55.93%)	139(51.48%)	0.34
		NO	119(44.07%)	131(48.52%)	
2	Awareness about Property Protection	YES	151(55.93%)	1(00.37%)	<0.0001
		NO	119(44.07%)	269(99.63%)	
3	Awareness about Old Age Pension (post-retirement)	YES	83(30.74%)	166(61.48%)	<0.0001
		NO	187(69.26%)	104(38.52%)	
4	Awareness about resence of Recreation Centre	YES	171(63.33%)	182(67.41%)	0.37
		NO	99(36.67%)	88(32.59%)	
5	Exercising Voting Rights	YES	227(84.07%)	235(87.04%)	0.39
		NO	43(15.93%)	35(12.86%)	
6	Free healthcare services utilised	YES	6(2.22%)	72(26.67%)	<0.0001
		NO	264(97.78%)	198(73.33%)	

Figures

FIGURE 1 SOURCES OF AWARENESS ABOUT SOCIAL SECURITY SCHEMES

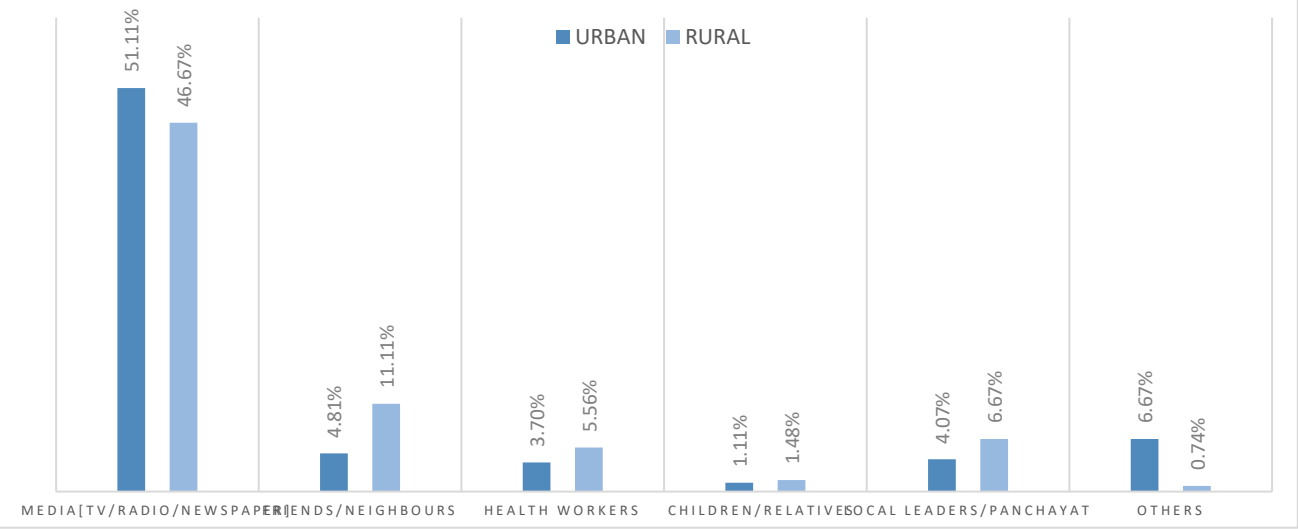

FIGURE 2 AWARENESS ABOUT SOCIAL SECURITY SCHEMES