

## ORIGINAL ARTICLE

## Awareness and utilization of Geriatric Welfare Schemes among urban elderly population of District Gautam Budh Nagar

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### Abstract

**Background:** India has 8.6% elderly population which is going to increase to 12% by 2025. Government of India is providing for the elderly through various social security and welfare schemes as well as legislations. But various studies, mostly in rural areas have shown that the awareness regarding these schemes was poor and incomplete. Utilization of schemes by the beneficiaries was even poorer. Very few studies have assessed the same in urban areas. **Aims & Objectives:** To assess the awareness and utilization of geriatric welfare schemes and factors associated with them among urban elderly. **Material & Methods:** The study was conducted in urban field practice area of Dept of Community Medicine, SMS&R, Greater Noida. 402 elderly living in slums of Bhangel, Noida, were interviewed using semi structured questionnaire assuming 50% awareness levels in the urban area with 10% relative precision and 95% confidence interval. **Results:** Awareness regarding any one scheme was 31.6%, of whom only one fourth subjects knew about more than one scheme. Among those who knew about the schemes, only 40% were utilizing them. The awareness as well as utilization was found to be significantly associated with religion, caste and educational status of the subject. **Conclusion:** The study shows poor awareness and even poorer utilization of geriatric welfare schemes among elderly people of urban slums. Further studies are required for judging the influencing factors.

### Keywords

Welfare; Geriatric; Awareness; Utilization; Factors; Urban

### Introduction

India is a vast country and is currently undergoing a demographic transition from wide base narrow top to barrel shaped demographic pyramid. (1) This means that the proportion of middle aged and elderly people is increasing in the country. According to Census 2011, India has a total of 8.6% of elderly population (2) and

WHO estimates that the proportion of elderly people in the South East Asia Region will increase from 8% to 12% by 2025. This means an increase of 100 million elderly people. (3) This has huge implications for all the South East Asian countries including India. Advanced age brings with it financial dependency (partial or total) due to retirement from occupation,

coupled with various morbidities whether age related or otherwise. This leads to a double burden on the elderly creating a stress in their life. Keeping in mind these facts, the Government of India (GOI) has initiated various welfare schemes for elderly as detailed below (4,5,6)-

1. IPOP (Integrated Programme for Older Persons)- Ministry of social Justice and Empowerment provides grants for running old age homes, day care centres etc with the objective of improving the quality of life of older persons.
2. Pension benefits under IGNOAPS (Indira Gandhi National Old Age Pension Scheme)- implemented by Ministry of Rural Development. Central assistance of Rs. 200/- per month is provided to persons in the age group of 60-79 years and Rs. 500/- per month to persons of 80 years and above and belonging to below poverty line (BPL) household as per the criteria by Government of India. State/UTs have been requested to contribute at least the same amount under the scheme.,
3. Pradhan Mantri Vyay Vandana Yojana- is being implemented by the Life Insurance Corporation of India. Under this scheme, on payment of a lumpsum amount ranging from 1,50,000, a minimum pension of Rs 1000/- per month, to a maximum of 7,50,000/- with a pension of Rs 5,000/- per month is given to the beneficiary. The duration of the scheme was to be for a period of ten years and the scheme was opened for a year from 4th May 2017 to 3rd May 2018.
4. National Program for Health Care of Elderly- was launched by the Ministry of Health and Family Welfare during 2010-11 to address various health related problems of elderly people. The following facilities are being provided under the programme-
  - Geriatric OPD and 10 bedded geriatric ward at District Hospitals
  - Bi-weekly geriatric clinic at CHC,
  - Weekly geriatric clinic at PHC, and
  - Provision of aids and appliances at sub-centres
5. Other welfare schemes like concession in rail and air tickets, income tax benefits, higher interests on deposits in banks and post-office,
6. Maintenance and Welfare of Parents and Senior Citizens' Act 2007 etc. (7)
  - However, mere existence of these schemes and benefits does not guarantee their utilization. For penetration and utilization by the beneficiary, awareness of these benefits and schemes is

mandatory. So, this study is an attempt to find the level of awareness regarding these schemes and their extent of utilization by the elderly in urban slums of District Gautambudh Nagar.

### Aims & Objectives

- To find out the level of awareness among the elderly people of an urban slum, regarding various government schemes for the elderly
- To assess the utilization of such schemes by the elderly and
- To explore the various factors influencing the awareness levels and utilization of schemes

### Material & Methods

The following study was done in the urban field practice area of the Department of Community Medicine, School of Medical Sciences and Research, Gautambudh Nagar, UP. The period of data collection was from September 2017 to April 2018. Since the awareness among elderly population in rural areas, for various schemes varied from 49.5% (8) to 97.3% (9) and the same was not available for urban slums, the sample size for the study was calculated by assuming the awareness of 50% among the urban elderly. Taking 10% relative precision and 95% confidence interval, the sample size came out to be 400.

The study unit was a person aged 60 years and above in the urban slum settlements in Bhangel area of Noida, catered by the Department of Community Medicine, which had a total population of approximately 10,000. We went to the centre of Bhangel which was a Govt Primary school. Outside that school, we dropped a pencil and noted the direction of the tip of the pencil. The lane which was in line with the tip was selected. The first household at the entry point of the selected lane was the starting point. Subsequent houses adjacent to the previous house and having an elderly were included in the study. If there were more than one elderly people in the same house, only the elder one was interviewed. So, only one elderly in a house was included for the study. A total of 402 elderly people fulfilled the inclusion criteria and were interviewed using a semi-structured questionnaire which included various socio-demographic details, information on financial dependence, awareness about the geriatric welfare schemes and their utilization currently or in the past. Verbal consent was taken from the study subjects before interviewing them.

### INCLUSION CRITERIA

- Person aged 60 years and above

- Older of the available elderly in the house
- Consented for the study

#### EXCLUSION CRITERIA

- People <60 years old.
- Severely ill.
- Not cooperative.
- Did not give consent.
- Not available at home on 2 consecutive visits
- Younger of the elderly if more than one elderly in the house
- Suffering from any serious mental disorder
- The data thus collected was transferred to an excel sheet and analysed using SPSS version 23

#### Results

(Table 1) shows the distribution of study subjects according to various socio-demographic variables. Majority of elderly were less than equal to 75 years (83.3%). Only 16.7% of the study subjects were more than 75 years old. Almost 90% of the study subjects were Hindu and the rest Muslims. Approximately 61% of the subjects belonged to general category and 82% were currently married, with a living spouse. Almost half of the study subjects were illiterate with only 23% being high school and above. Half of the study subjects were no longer employed while the rest 50% were still engaged in some employment- job or self-employed. Very few subjects were in the socio-economic classes I and V (9.2% and 3.2% respectively) while they were almost equally distributed among Classes II, III and IV (25.9%, 34.6% and 27.1% respectively). Nearly half of the participants were financially dependent (55.2%) on others.

(Table 2) shows the distribution of study subjects according to awareness about different govt. schemes for elderly. It reveals that only 127 (31.6%) study subjects knew about any govt scheme. Out of those who knew, 74.8% had heard about atleast one scheme while 25.2% had heard about more than one scheme. Although 127 study subjects knew about one or the other scheme, only 41% were using the scheme.

(Table 3) shows the proportion of study subjects who had heard about any government scheme for elderly and its relationship with various factors. It is observed that awareness about schemes did not depend on sex, type of family, marital status, age group, socio-economic status as well as financial dependence on others. However, it was found to be significantly associated with religion, caste, and education (p values- 0.02, 0.001, 0.04 respectively). Knowledge of schemes was significantly more among Muslims as

compared to Hindus (48.8% vs 29.5%), SC-ST class as compared to OBC and General class (65.9% vs 37.1% and 7.8% respectively). Awareness of schemes was found to be maximum in those who were post-graduates or professionals and minimum in people educated upto high school (75% vs 17.8%)

(Table 4) shows the proportion of study subjects using any scheme out of those who had heard about the scheme. Only 52 out of 127 subjects i.e. 40.9% had utilised or were using one or the other scheme despite having awareness about the schemes. Utilisation of schemes was found to be associated with religion, caste and education (p values- 0.039, 0.001 and 0.001 respectively).

#### Discussion

In our study, the proportion of elderly between 60-65 years was 40.5%, 66-70 years 23.9%, 71-75 years 18.9% and the rest were >75 years old. This is similar to the age distribution shown in study by Bartwal et al in Uttarakhand, (9) Goswami et al in a resettlement colony of Delhi,(10) Maroof et al in Aligarh(11) and Joseph et al in Mangalore, Karnataka. (12) Most of the study subjects in our study were currently married (82.3%). However other studies showed the proportion of married/currently married subjects to be below 60%. (9,10,11,13) This may be because the other studies were largely done in rural areas while our study was of an urban slum. This study found that almost half of the study subjects were illiterate (46.3%) and majority belonged to middle and lower middle classes (61.7%). Similar findings were obtained in studies by Goswami (10) and Joseph.(12)

Only 31% of the study subjects were aware about any social security scheme for elderly in our study, which was quite low. Awareness was maximum for Indira Gandhi National Old Age Pension Scheme while it was very poor for other schemes and facilities. It was also observed that the older the scheme, better was the awareness. People in the urban area did not know anything about National Programme for Health Care of the Elderly. This may be because the programme was meant for rural areas and this study was done in urban slums. Nivedita et al (8) and Maroof et al (11) also found low awareness levels in their study (49.5% and 28.9% respectively). However, other studies (9,10,12,13,14,15) showed much higher awareness levels among the elderly population, ranging between 63% to 97%. This study found that out of the subjects who were aware of any scheme, only 41% were utilizing the scheme, which was again very low. Same

findings are observed in their studies by Goswami (10) and Kohli (14) (42.2% and 50.2% respectively). However, Bartwal (9) and Srivastava(13) reported even lower rate of utilization (19.7% and 27.8% respectively). But Nivedita et al (8) in their study found a higher utilization rate of around 66.6%.

Our study found that awareness of govt schemes was significantly associated with religion, Muslims being more aware than Hindus, caste with awareness being maximum in SC-ST group and education, postgraduates/professionals being most aware as compared to illiterates. However, it was not found to be significantly related with sex of the individual, type of family, socio-economic status, marital status, age and financial dependency. However, age and financial dependency did have an influence on the awareness and utilization of schemes by elderly, although it was not significant. More studies are required. Most of the other studies found significant association of knowledge and awareness with sex, males being more aware than females (8,11,12,14). In contrast to our study, Goswami in their study in an urban resettlement colony of Delhi (10) found significant association between awareness of schemes and marital status and economic dependency of the person. They did not assess the relationship of religion and caste with the awareness of the individual. Kohli et al (14) also found significant association between socio-economic status and awareness as opposed to our study. But their study was done in a rural area.

A significant relationship was observed in our study between utilization of schemes and religion, caste and education of the study subject. Though this study found some association of economic dependence as well as socio-economic status with awareness and utilization of social security schemes, it was not found to be significant. Most of the other studies have not explored these factors. Majority of them have only assessed the relationship between sex and awareness and utilization of schemes. Goswami et al (10) found that utilization of services was significantly influenced by age, gender, education, marital status and economic dependency. He did not assess the relationship between religion, caste and utilization of schemes. More studies are required to explore the relationships with various socio-demographic factors in a better way specially in urban areas.

## Conclusion

The awareness level among the elderly of urban slums regarding geriatric social security schemes was poor.

Utilization of schemes by those who were aware of them was even poorer. Awareness and utilization were significantly influenced by the religion, caste and educational status of the person. Subjects who were Hindus, who belonged to either OBCs or general caste and those who were illiterates were significantly less aware of the geriatric welfare schemes and their rate of utilization of the schemes was also significantly less, compared to subjects belonging to other groups respectively

## Recommendation

Therefore, efforts are needed to make these groups more aware and encourage them to utilize the schemes. Interns posted in the Department of Community Medicine may be trained and utilized for generating awareness in the concerned population regarding the welfare schemes in both urban as well as rural areas catered by the medical colleges. All health care workers must be sensitized towards the geriatric social security schemes. The same can be conveyed to the public during observation of Village Health and Nutrition Days. Ragi Kalyan Samitis at CHCs should be encouraged to undertake activities to improve awareness rates for geriatric schemes. The same can be displayed in each health centre especially at the level of PHC and CHC.

## Limitation of the study

Study was done only in urban area and with small sample size so the results cannot be generalized to entire population.

## Relevance of the study

No doubt many policies have been prepared and implemented for the welfare of geriatric population, the gap in their awareness regarding it, need to be addressed to increase the utilization of these welfare schemes.

## Authors Contribution

DA: concept, design, definition of intellectual content, literature search, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review; NT: design, literature search, data acquisition, data analysis, manuscript preparation and manuscript editing; JSD: data analysis, statistical analysis, manuscript preparation and; MC: concept, design, definition of intellectual content, manuscript review.

**References**

1. Kulkarni PM. Demographic transition in India. Office of the Registrar General of India 2014.
2. Central Statistics Office Ministry of Statistics & Programme Implementation Government of India, Situational analysis of elderly in India. [http://mospi.nic.in/mospi\\_new/upload/elderly\\_in\\_india.pdf](http://mospi.nic.in/mospi_new/upload/elderly_in_india.pdf); 2011. [Last accessed on 20/9/19]
3. [http://www.searo.who.int/entity/health\\_situation\\_trends/data/chi/elderly-population/en/](http://www.searo.who.int/entity/health_situation_trends/data/chi/elderly-population/en/) [last accessed on 20/9/19]
4. <https://mohfw.gov.in/sites/default/files/NPHCE.pdf>
5. <https://www.thequint.com/news/india/government-schemes-for-senior-citizens>
6. <http://pib.nic.in/newsite/PrintRelease.aspx?relid=117406>
7. Elderly in India 2016. Central Statistics Office. Ministry of Statistics and Programme Implementation. Government of India 2016. [http://mospi.nic.in/sites/default/files/publication\\_reports/ElderlyinIndia\\_2016.pdf](http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf)
8. B M Nivedita, Hemavarneshwaris, S Mangala, G Subrahmanyam. Utilization of Social Security Schemes among Elderly in Kannamangala, Bengaluru. International Journal of Scientific Study 2015;3(7):82-5
9. Janki Bartwal, ChandraMohan Singh Rawat, Sadhana Awasthi. Awareness and utilization of geriatric Welfare services among elderly in Nainital District of Uttarakhand. National Journal of Community Medicine 2016;7(9):727-31.
10. Goswami AK, Ramadass S, Kalaivani M, Nongkynrih B, Kant S, Gupta SK. Awareness and utilization of social welfare schemes by elderly persons residing in urban resettlement colony of Delhi. J Family Med Prim Care 2019;8:960-5
11. Maroof M, Ahmad A, Khaliq N, Ansari MA. Awareness of geriatric welfare services among rural elderly population. Int J Res Med Sci 2016;4:2783-7.
12. Joseph N, Nelliyanil M, Nayak SR, Agarwal V, Kumar A, Yadav H, Ramuka G, Mohapatra KT. Assessment of morbidity pattern, quality of life and awareness of government facilities among elderly population in South India. J Family Med Prim Care 2015;4:405-10
13. Srivastava AK, Kandpal SD. Awareness and utilization of social security scheme and other government benefits by the elderly – A study in rural area of district Dehradun. Ind J Comm Health. 2014;26(4):379–384.
14. Kohli C, Gupta K, Banerjee B, Ingle GK. Social Security Measures for Elderly Population in Delhi, India: Awareness, Utilization and Barriers. J Clin Diagn Res. 2017;11(5):LC10–LC14. doi:10.7860/JCDR/2017/21271.9814
15. Umashankar H, Sudeepa D, Hiremath LD, Ratnesh, Sharma N. Challenges faced in utilization of social security facilities among elderly in a rural area of Bangalore. Int J Community Med Public Health 2018;5:5271-5

**Tables**

**TABLE 1 DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO SOCIO-DEMOGRAPHIC VARIABLES.**

Socio-demographic variable	Male (%)	Female (%)	Total (N=402)
<b>Age</b>			
60-65	97(59.5)	66(40.5)	163 (40.5)
66-70	69(71.9)	27(28.1)	96 (23.9)
71-75	50(65.8)	26(34.2)	76(18.9)
76-80	25(73.5)	9(26.5)	34(8.5)
More than 80	22(66.7)	11(33.3)	33(8.2)
<b>Religion</b>			
Hindu	234 (65.2)	125 (34.8)	359 (89.3)
Muslim	29 (67.4)	14 (32.6)	43 (10.4)
<b>Caste</b>			
OBC	73 (62.9)	43 (37.1)	116 (28.9)
General	167 (68.2)	78 (31.8)	245 (60.9)
SC-ST	23 (56.1)	18 (43.9)	41(10.2)
<b>Marital Status</b>			
Currently Married	236 (58.7)	95 (23.6)	331 (82.3)
Others	27 (6.7)	44 (10.9)	71 (17.7)
<b>Education</b>			
Illiterate	86 (46.2)	100 (53.8)	186 (46.3)
Primary	50(70.4)	21(29.6)	71(17.7)
Middle school	41(78.9)	11(21.1)	52(12.9)
High school	43(95.5)	2(4.5)	45(11.2)
Intermediate	20(90.9)	2(9.1)	22(5.5)
Graduate	19(86.4)	3(13.6)	22(5.5)
Professional or Postgraduate	4(100.0)	0(0.0)	4(1.0)
<b>Occupation</b>			
Employed	166 (82.6)	35(17.4)	201(50.0)
Not working	97(48.3)	104(51.7)	201(50.0)
<b>Socio-economic status</b>			

Class I	30(81.1)	7(18.9)	37(9.2)
Class II	65(62.5)	39(37.5)	104(25.9)
Class III	94(67.6)	45(32.4)	139(34.6)
Class IV	67(61.5)	42(38.5)	109(27.1)
Class V	7(53.8)	6(46.2)	13(3.2)
<b>Financially dependent</b>			
Yes	106(25.9)	116(28.6)	222(55.2)
No	157(39.1)	23(5.7)	180(44.8)

**TABLE 2 DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO KNOWLEDGE ABOUT GOVT SCHEMES**

Variable	No. of subjects (%)
<b>Knowledge about any scheme (N=402)</b>	127 (31.6)
<b>Knowledge about number of schemes (n=127)</b>	
<b>Atleast one</b>	95(74.8)
<b>More than one</b>	32(25.2)
<b>Utilizing any scheme (n=127)</b>	52(41.0)

**TABLE 3 DISTRIBUTION OF STUDY SUBJECTS HAVING KNOWLEDGE OF GOVT SCHEMES FOR ELDERLY IN RELATION TO VARIOUS SOCIO-DEMOGRAPHIC VARIABLES**

Variables		Have knowledge of various Government schemes for elderly		Total (N=402) No. (%)**	P Value
		Yes (%)*	No (%)*		
<b>Sex</b>	Male	83(31.6)	180(68.4)	263(65.4)	0.98
	Female	44(31.7)	95(68.3)	139(34.6)	
<b>Type of family</b>	Nuclear	28(32.9)	57(67.1)	85(21.1)	0.76
	Joint	99(31.2)	218(68.8)	317(78.9)	
<b>Religion</b>	Hindu	106(29.5)	253(70.5)	359(89.3)	0.02
	Muslim	21(48.8)	22(51.2)	43(10.7)	
<b>Caste</b>	OBC	9(7.8)	107(92.2)	116(28.8)	0.001
	General	91(37.1)	154(62.9)	245(60.9)	
	SC-ST	27(65.9)	14(34.1)	41(10.3)	
<b>Marital Status</b>	Currently Married	103(31.1)	228(68.9)	331(82.3)	0.76
	Others	24(33.8)	47(66.2)	71(17.7)	
<b>Education</b>	Illiterate	52(27.9)	134(72.1)	186(46.3)	0.04
	Primary	25(35.2)	46(64.8)	71(17.7)	
	Middle school	20(38.5)	32(61.5)	52(12.9)	
	High school	8(17.8)	37(82.22)	45(11.2)	
	Intermediate	10(45.45)	12(54.55)	22(5.5)	
	Graduate	9(40.91)	13(59.09)	22(5.5)	
	Professional or Postgraduate	3(75)	1(25)	4(01)	
<b>Socio-economic Status</b>	Class I	13(54.2)	24(64.8)	37(9.2)	0.11
	Class II	35(33.7)	69(66.3)	104(25.9)	
	Class III	37(26.6)	102(73.4)	139(34.5)	
	Class IV	34(31.2)	75(68.8)	109(27.2)	
	Class V	8(61.5)	5(38.5)	13(3.2)	
<b>Age Group</b>	60-65	47(28.8)	116(71.2)	163(40.6)	0.07
	66-70	23(23.9)	73(76.1)	96(23.8)	
	71-75	32(42.1)	44(57.9)	76(18.9)	
	76-80	14(41.9)	20(58.1)	34(8.5)	
	More than 80	11(33.3)	22(66.7)	33(8.2)	
<b>Economically dependent</b>	Yes	68 (30.6)	154 (69.4)	222(55.2)	0.72
	No	59 (32.8)	121(67.2)	180(44.8)	

\*Percentages are row-wise percentages; \*\* Percentages are column-wise percentages

**TABLE 4 PROPORTION OF SUBJECTS USING A GOVT SCHEME AND ITS RELATIONSHIP WITH VARIOUS SOCIO-DEMOGRAPHIC FACTORS**

Variables		Using scheme		Total (n=127)	p value
		Yes (%)*	No (%)*	No. (%)**	
<b>Sex</b>	Male	38(45.8)	45(54.2)	83(65.3)	0.313
	Female	14(31.8)	30(68.2)	44(34.7)	
<b>Type of family</b>	Nuclear	8(28.6)	20(71.4)	28(22.0)	0.296
	Joint	44(44.4)	55(55.6)	99(78.0)	
<b>Religion</b>	Hindu	46(43.4)	60(56.6)	106(85.4)	0.039
	Muslim	6(28.6)	15(71.4)	21(14.7)	
<b>Caste</b>	OBC	6(66.7)	3(33.3)	9(7.3)	0.001
	General	35(38.5)	56(61.5)	91(71.7)	
	SC-ST	11(40.7)	16(59.3)	27(21.3)	
<b>Marital Status</b>	Currently Married	42(40.8)	61(59.2)	103(81.1)	0.542
	Others	10(41.7)	14(58.3)	24(18.9)	
<b>Education</b>	Illiterate	14(26.9)	38(73.1)	52(40.9)	0.001
	Primary	10(40)	15(60)	25(19.7)	
	Middle school	10(50)	10(50)	20(15.8)	
	High school and above	18(60)	12(40)	30(23.6)	
<b>SES</b>	Class I	7(53.8)	6(46.2)	13(10.2)	0.321
	Class II	13(37.1)	22(62.9)	35(27.6)	
	Class III	15(40.5)	22(59.5)	37(29.1)	
	Class IV	13(38.2)	21(61.8)	34(26.8)	
	Class V	4(50)	4(50)	8(6.3)	
<b>Age Group</b>	60-65	21(44.7)	26(55.3)	47(37.0)	0.231
	66-70	7(30.4)	16(69.6)	23(18.2)	
	71-75	15(46.9)	17(53.1)	32(25.2)	
	76-80	5(35.7)	9(64.3)	14(11.0)	
	More than 80	4(36.4)	7(63.6)	11(8.6)	
<b>Economically dependent</b>	Yes	18 (26.5)	50 (73.5)	68	0.06

\*Percentages are row-wise percentages; \*\* Percentages are column-wise percentages