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RESEARCH ARTICLE

ASSESSING AWARENESS OF GERIATRIC GOVERNMENT SCHEMES AMONG ELDERLY RESIDENTS IN RURAL TRICHY DISTRICT: A COMPREHENSIVE STUDY

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ABSTRACT

The aim of this study is to assess the level of knowledge regarding government schemes available for geriatrics among elderly individuals residing in rural areas. The objective of the study was To assess the level of knowledge about geriatric government scheme among rural dwelling geriatrics at Trichy district, To find the association of knowledge score among rural dwelling geriatrics regarding geriatric government schemes with their selected demographic variables. The descriptive research design was adopted this study.50 geriatrics were selected by using Non probability convenient sampling technique. The level of knowledge was assessed by using self-structured knowledge questionnaires. Results shows thatKnowledge regarding geriatric government scheme among 50 geriatrics 2 (4%) of them had inadequate knowledge, 38 (76 %) of them hadmoderateknowledgeand 10(20%) of them had adequate knowledge regarding geriatric scheme. The study concluded that the most of the geriatrics has moderate knowledge regarding geriatrics government schemes. There was no significant association between knowledge and demographics variables among dwelling geriatrics.

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INTRODUCTION

Old age refers to the stage in life where individuals surpass the average human lifespan, marking the conclusion of the human life cycle. The term "Senior Citizens" is used to describe people who are 60 years old or older. In W.R. Jones' 12th edition (2018), he describes it as "a state of mind, bordered to the north by resignation, to the east by memory, to the south by understanding, and to the west by services." "We are all born, live our lives, and eventually die. Everything changes over time. From the beginning of time, this change is referred to as development, while from the end, it is known as aging" (Rekar). "Successful aging involves modifying behavioural processes to achieve the best possible outcomes in the aging process." Successful aging is therefore an active process where individuals must make choices to age in a healthy way. To promote successful aging, factors such as diet, exercise, lifestyle, social support, and the maintenance of personal autonomy should be embraced as part of the health promotion philosophy for older adults. The main factors associated with aging include social isolation, poverty, a perceived reduction in family support, inadequate housing, mental health issues, cognitive decline, widowhood, as well as loss and grief. Most of these social difficulties were formerly handled by the joint family system. But the main social issue brought about by industrialization and urbanization has been the breakdown of the traditional joint family. Thus, social intervention and community education are required to reinforce the conventional family structure. The geriatric population is particularly vulnerable to physical, mental, and social challenges.

Common issues faced by the elderly include physical dependence, loneliness, insecurity, a diminished sense of self-worth, and various health conditions such as asthma, arthritis, cancer, and impaired vision. Puducherry, a Union Territory located on the south eastern coast of India, performs well in terms of socio-economic and health indicators, ranking sixth in India's Human Development Index among all states and Union Territories. The eligibility age for the pension in Puducherry under this scheme has been reduced from 60 to 55 years. Eligible individuals receive a monthly benefit of Rs.100, which is disbursed through banks and Anganwadis⁶. The elderly has problems, and the shift to the banking system is not quite complete. The purpose of this study is to evaluate how beneficiaries use their financial advantages and how satisfied they are, as well as to investigate how stakeholders view the pension plan's delivery. of India, the second-most populated nation in the world, has seen a threefold increase in the number of people over 60 in the last 50 years, resulting in significant demographic shifts. In a nation such as India, there are numerous causes of economic insecurity among the elderly. Financial troubles in many families are a result of poverty, especially for the elderly. Seniors from low-income household's experience financial and economic hardship should they lose them. It is essential to address the growing social and well-being needs of senior citizens in a comprehensive and effective manner. The responsibility for safeguarding the health and welfare of the elderly falls on society, as they are often unable to advocate for themselves.

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This has brought attention to the importance of old-age income security schemes. To mitigate the financial challenges faced by the elderly, the National Old Age Pension Scheme (NOAPS) was introduced in India as part of the National Social Assistance Programme (NSAP) in 1995. It was officially launched as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). This scheme aims to provide a safety net for India's aging population by offering social, financial, and moral support, through direct cash benefits to eligible elderly citizens. In India, social security is a concurrent responsibility, and the financial benefit for elderly individuals under IGNOAPS varies across states, ranging from Rs. 200 to Rs. 1000, with a central contribution of Rs. 200 in all states⁸.

Statement of the Problem: A Study to assess the knowledge on geriatric government schemes among rural dwelling geriatrics at Trichy district.

Obiectives

- 1. To assess the level of knowledge about geriatric government scheme among rural dwelling geriatrics at Trichy district.
- 2. To find the association of knowledge score among rural dwelling geriatrics regarding geriatric government schemes with their selected demographic variables.

Assumption

- Geriatric people may have some knowledge about Geriatric Government scheme
- · Leaning module on Geriatric Government scheme may help to improve the knowledge in rural dwelling Geriatric
- Majority of the geriatrics doesn't have knowledge about geriatric government scheme

Operational Definition

Assess: In this study it refers to the way of evaluation of geriatric government scheme among rural dwelling geriatrics.

Knowledge: In this study it refers to the level of understanding regarding geriatric government scheme among rural dwelling geriatrics which is measured by self-prepared questionnaires and its Scores.

Geriatric: In this study geriatrics consists of above 60 years of old.

Government Scheme: In this study Government scheme is formulated by the Government for welfare of elderly people like pension yojana, Indra Gandhi national elderly scheme etc.

Rural: Rural refers to the people who are living in that area.

Delimitation: The study is delimited to

The period of data collection for one week

Most of them are not stay in the home during data collection.

MATERIALS AND METHODS

A quantitative approach was adopted for the study. A descriptive design was utilized. The study was conducted in a rural area of Trichy, where individuals aged 60 and above were selected. The sample consisted of geriatric individuals aged 60 and above. The sample size included 50 geriatric individuals. Non-probability sampling techniques were employed.

TOOLS:

Part I: Demographic variable

Part II: Structured knowledge questionnaire

RESULT AND DISCUSSION

Table 1. Frequency and Percentage Distribution of rural dwelling geriatrics according to their demographics

N = 50

S.NO	DEMOGRAPHICVARIABLES	FREQUENCY	PERCENTAGE
1	Gender		
	a)Male	28	46%
	b)Female	22	54%
2	Marital status		
	a)Married	25	50%
	b)Unmarried	25	50%
3	Occupation		
	a)Farmer	15	30%
	b)Daily wages	35	70%
	c)Others	0	0%
4	Familymonthlyincome		
	a) Rs.5000	17	34%
	b) Rs.3000	19	38%
	c) <3000	14	28%
5	Socio Economic Status		

	a) Lower socioeconomic status	15	30%
	b) Upper socioeconomic status	10	20%
	c) Lower middle socioeconomic status	9	18%
	d) Upper middle socioeconomic status	7	14%
	e) Upper lower	9	18%
6	Type of family		
	a) Joint	17	34%
	b) Extent	17	34%
	c) Nuclear	16	32%
7	Education		
	a) Illiterate	8	16%
	b) Primary	12	24%
	c) High school	13	26%
	d) Higher secondary	9	18%
	e) Graduate	8	16%

Table 2. Assess the knowledge about geriatric government scheme among rural dwelling geriatrics

LEVELOFKNOWLEDGE	TEST	
	N	%
Adequateknowledge	10	20
Moderateknowledge	38	76
Inadequateknowledge	2	4%

The results demonstrate the frequency and percentage distribution of elderly people living in remote areas' knowledge of the geriatric government program. Then (20%) of the 50 samples in the test had adequate understanding of the geriatric scheme, 38 (76%) had intermediate knowledge, and two (4%) had inadequate knowledge.

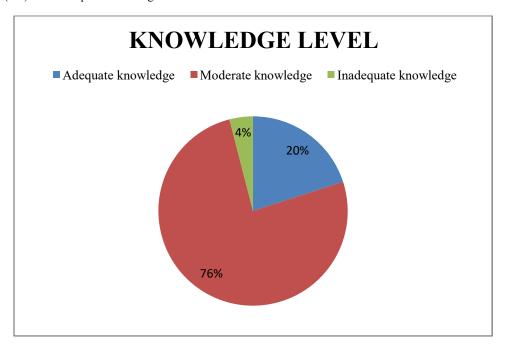


Figure 1. Shows that the knowledge on geriatric government schemes among rural dwelling geriatrics

Table 3. Association of level of knowledge with demographic variables

S.No	Demographic Variable	Chi-Square	Table value
1	Gender	1.47	0.10
			NS
2	Marital status	0.13	0.10
			NS
3	Occupation	5.54	0.04
			NS
4	Family monthly income	1.15	0.10
			NS
5	Socio Economic status	0.47	0.50
			NS
6	Type of family	0.3	0.10
			NS
7	Educational status	0.72	0.02
			NS

The chi square test Shows that there was statistically significant association between level of knowledge when compared to demographic variables had no significant association with knowledge score.

DISCUSSION

First Objective was to assess the level of knowledge about geriatric government scheme among rural dwelling geriatrics: Based on the data analysis, out of 50 geriatric residents, 2 (4%) had inadequate knowledge, 38 (76%) had moderate knowledge, and 10 (20%) had adequate knowledge of the geriatric government program.

Second Objective was to find the Association of knowledge score among rural dwelling geriatrics regarding geriatric government schemes with their selected demographic variables: When compared to demographic characteristics, which did not significantly correlate with knowledge score, there was a statistically significant correlation between knowledge level.

REFERENCES

BT Basvanthappa, (2008). A text book of "Nursing Research" First edition, Jaypee Brothers Medical Publishers, India Pg.no: 456-467

Alligood MR, Tomey A (2002). Nursing Theories: Utilization and application. (2 EDITION) Louis: Mosby pg.no:66-75

Diana Madanna.W, (2002). Nursing in Community Springer publications Sedition New delhipg no 320-333

Deepika Agarwal, (2021) Awarness and utilization of geriatric welfare scheme among urban elderly people population, CBSpublications, 5 edition p, no-105-113

Daeol C.K. (2012). Issues of Age and Chronic Care Another Argument for Health Deform Journal of the American Geriatrics Society py,no 339-346

Cill. TM., and A.R.Feinstein. A. (2015) Citical Appraisal of the Quality of Quality-of- ife Measurements. Journal of the American Medical Association 272(%) 619-626

Curwitz, J.H., N.F., Col, and J.Avorn. (2017) The Exclusion of the Elderly and Women From Clinical Trials in Acute Myocardial Infarction. Journal of the American Medical Association 268:417-1422

Lawrence, R.H., and A.M.Jette. (2015). Disentangling the Disablement Process. Journal of Gerontology: Social Sciences pg, no:253-259

Patrick, D.L., and P.Erickson. (2012) Health Status and Health Policy: Allocating Resources to Health Care. New York: Oxford University Press. pg. no 467-487 37

Rubenstein, LV. D.R.Calkins, S.Greenfield, et al. (200)1Health Status Assessment for Eldetly Patients Report of the Society of General Internal Medicine Task Force on Health Assessment Journal of the American Geriatrics Societypg no 668-690

W Spilker, B., ER.Molinek. K.A.Johnston, et al.(2010) Quality of Life Bibliography and Indexes Medical Care pg no 505-519

Stewart, A.L., C.D.Sherbourne, (2012) Health-Related Quality of Life in Older and Demented Populations In Quality of Life and Pharmacocconomics in Clinical Trials Lippincott-Raven Publishers. Pg.no 125-140

Testa, M.A., and D.C.Simonson. (2016). Assessment of Quality-of-Life Outcomes. New Encland Journal of Medicine 334:(13)835-84

Piyushgupta, (2007), Preventive and social medicine, Jaypee brothers publications 3edition. New delhi. pg.no I 10-120

Vidyarattan, (2005)) Hand book of preventive and social medicine Jaypee brothers and publications. 2nd edition Hyderabad. Pgno 360-370

Balamurugan. P, (2021).Geriatric social security and welfare services in Gwalior, lotus publications.2"" edition.(Gwalior India).pg. no: 1010-1119

Mahajan. B.K,(2002), Methods in statistics, jaypee brothers ,5" cdition, (New delhi). pg.no 335-360

Potter, A.P. et. al. (1995). Basic nursing theory and practice. (8thed). New delhi Mosby publication. pp. 255-257

Singh, K.(1990). Methodology of research in education. (I sted.). NewDelhi: Sterling Publishers.pp.32-37 38

JOURNAL REFERENCE

United nations Geriatries fund, WHO,world bank group and united nations, A noglecteltnagedy the global burden of geriatric schemne, New York 2020

World IHealth Organization and united nations geriatric fund ,every year: An aton plan to end preventable deaths ,Geneva,2014

World Health Organization and united nations Geriatric fund ,Analysis and use of health facility data guidance forl RMNCH programme managers,2019

World Health Organization and united nations Geriatric fund health sector contributions towards improving the civil registration of deaths in low income countries gurdance for health sector managers, civil registers and development partners Geneva, 2021

Ministry of health &family welfare, Government of India: 18 Retrieved FromHttps://Nhm Gov. In

Aggarvwal, C. et.al. (2000). Impact of rural training on health scheme,. Journal of rural health)

Bhasin, Met.al. (1999). Perception of government regarding health scheme in national capital territary. Indian journal ofgeriatrics

Bragg, Netal.(1997), Geriatric With problems. Journal of geriatric health problems.

Fawset, C. et.al. (1988), Research and ProfessionalismForum The practice of nursing research.

EW and Treece s otchng (od N delhu Louis CV Mosby Company pg 20-30 reshksharma (2020) Nursngocarch and astcs din NDlhPg no 142-148
