A CROSS SECTIONAL STUDY OF HEALTH SEEKING BEHAVIOUR AND OUT OF POCKET EXPENSES AMONG ELDERLY IN THE RURAL POPULATION IN INDORE.

Dr. Akanksha Lazarus¹, Dr. Aarti Sahasrabudhhe², Dr. (Col.) V.K. Arora³

¹(PG 3rd Year), Department of Community Medicine, Index Medical College, Indore

²(Professor), Department of Community Medicine, Index Medical College, Indore

³(Professor and Head), Department of Community Medicine, Index Medical College, Indore

Article Info: Received 06 February 2020; Accepted 25 February 2020

DOI: <https://doi.org/10.32553/ijmbs.v4i2.989>

Corresponding author: Dr. Aarti Sahasrabudhhe

Conflict of interest: No conflict of interest.

Abstract

Background: Population ageing is global phenomenon. In India, size and share of elderly population is growing fast. The elderly due to increased morbidity from chronic disease have long term health care needs. The cost of the health care during old age appears to be very high.

Objectives: 1. To determine health seeking behaviour of elderly rural population of Indore. 2. To assess their out of pocket expense.

Methods: A Cross sectional study was conducted at Field practice area of Index Medical College, Indore in November 2017 to February 2018. A semi structured questionnaire was administered using the interview technique. Sample Size calculated was 250 by Simple Random Sampling. Elderly 60 years of age and above were included in the study. Study variables included sociodemographic parameters such as age, sex, education, occupation, socioeconomic status, and marital status. Data entry and statistical analysis used SPSS version 20.0.

Results: Out of 250 participants 139 were males and 111 were females. 76.2% elderly suffering from chronic illness were on regular treatment, Prevalence of chronic illness (75.9%) was highest in participants who were above 80 years. The reason for not taking regular treatment in 57.7% elderly was expensive medicines and 29.6% showed ignorance towards health seeking in terms of treatment prescribed, 62% participants get the money from their children or other family members for their health care needs.

Conclusions: Out of the total expenditure on health care, nearly half of it is towards medicines. Treatment cost for chronic morbidities is also quite high. When older persons are economically dependent, increasing health expenditure adds to the economic burden on the family. Elderly patients should be encouraged to visit government health setups and avail the benefits of various government health policies.

Keywords: Ageing, elderly, rural, health seeking, out of pocket expenses.

Introduction

Population ageing is global phenomenon. In India, size and share of elderly population is growing fast.⁽¹⁾ According to population census 2011, there are nearly 104 million elderly persons in India. It has increased from 5.6% in 1961 to 8.6% in 2011. Of this, two thirds live in villages and nearly half are of poor socioeconomic status.⁽²⁾ Most of the Indian elderly are dependent and so the reduced mobility hinders health seeking.⁽³⁾

Health seeking behaviour in terms of illness behaviour refers to those activities undertaken by individuals in response to symptom experience. The elderly due to increased morbidity from chronic disease have long term health care needs. The cost of the health care during old age appears to be very high and this in turn increases the out of pocket expenditure on health care particularly when private facilities are availed of. Out of the total

expenditure, nearly half of the expenditure is towards medicines. Treatment cost for chronic morbidities is also quite high. When older persons are economically dependent, increasing health expenditure adds to the economic burden on the family.⁽⁴⁾ 83% of healthcare expenses are purely out of pocket.⁽⁵⁾

Almost 100 million people worldwide are being pushed into extreme poverty, forced to survive on just \$1.90 or less a day, because they have to pay for health services out of their own pockets. This year's WHO theme emphasizes on the same issues "Everyone everywhere can access essential quality health services without facing financial hardships."⁽⁶⁾

The aim of this study was to present socio demographic characteristics and health seeking behaviour of elderly and to determine their out of pocket expense.

Objectives:

1. To determine health seeking behaviour of elderly rural population of Indore.
2. To assess their out of pocket expense.

Materials and Methods:

Design of this study was Cross sectional. The study was conducted at the field practice area of Index Medical College Hospital and Research centre, Indore. A semi structured questionnaire was prepared and was administered using the interview technique. Study was conducted from 1st November 2017 to 1st February 2018. Study population was elderly above 60 years of age. Sample size was calculated as 250 . 10 villages in 5kms area of Index Medical College, Indore were listed. The total population of the 10 villages in the field practice area was found to be 25000. Taking 10% population as geriatric, we selected 10% elderly from each village by simple random sampling.

Table 1: Distribution of participants according to demographic variables

Parameter	No.	Percentage
Age	60-70 years	181
	70-80 years	40
	>80 years	29
Sex	Males	139
	Females	111
Source of Income	Pensioner	7
	Earners	22
	Dependent	221
Type of Card	Bank account	70
	BPL Card	22
	Kisan Card	34
Education	Illiterate	175
	Primary	59
	Secondary	16
	Total	250
Occupation	Farmer	150
	Others	100
	Total	250
B.G. Classification of Socioeconomic Status	Class I	7
	Class II	15
	Class III	69
	Class IV	126
	Class V	33

Figure 1: Prevalence of acute and chronic illness according to age

Figure 2: Place of treatment for acute and chronic illness

Figure 3: Expenses on management of acute illness

Figure 4: Expenses on management of chronic illness

Results

Maximum participants of our study were from the age group of 60-70 yrs (72.4%). 90.8% elderly were living in joint families. There were 7 (2.8%) pensioners, 22 (8.8%)

were earners and majority of them 221 (88.4%) were dependent. Prevalence of chronic illness (75.9%) was found out to be highest in participants who were above 80 years. In the present study it was found that cold, cough, fever, gastroenteritis and minor injuries as most common acute illness among elderly. Hypertension, diabetes, rheumatoid arthritis, haemorrhoids, cataract and heart disease were the common chronic illness. 76.2% elderly suffering from chronic illness were on regular treatment. The reason for not taking regular treatment in 57.7% elderly was expensive medicines and 29.6% showed ignorance towards health seeking in terms of treatment prescribed, 62% participants get the money from their children or other family members for their health care needs. Range of expenses on acute treatment is from Rs. 150 – Rs.10000 and mean expense is Rs. 797.11. The expense on chronic disease ranges between Rs.100- Rs.5000 and the mean expense is Rs.1147.37.

Discussion

In our study 76.2% elderly suffering from chronic illness were on regular treatment, similar findings i.e 77.7% was observed by Shalika Sharma et al 2012.⁽⁷⁾ Amol R Dongre et al 2010 observed that most of the rural elderly went to government facilities followed by private. But in our study Most of the elderly in chronic group attended private setup to seek treatment (68.8%) and 13.3% went to Government PHC.⁽⁸⁾ 54.1% had undergone surgery in private setups whereas 45.9% went to government hospitals. 19.6% participants said that the health care facilities in their vicinity were not adequate. Only 6.8% elderly participants were availing the benefits of health insurance still 93.2% were not aware of any health insurance policies. BKPAL report 2012, reported 5% rural elderly had health policies. At present, the health insurance coverage for the elderly population is very low. Not only there is very poor coverage, but even the general awareness levels on existing health insurance schemes are very limited. We conclude that the utilization of various government schemes like Rashtriya Swasthya Bima Yojana (RSBY) and Deendayal Upadhyaya Antyodaya Upchaar card needs to be improved. Chronic disease compliance should be improved. Elderly patients should be encouraged to visit government health setups and avail the benefits of various government health

policies. Insurance scheme awareness and their coverage should be increased.

Conclusion

Out of the total expenditure on health care, nearly half of it is towards medicines. Treatment cost for chronic morbidities is also quite high. When older persons are economically dependent, increasing health expenditure adds to the economic burden on the family. Elderly patients should be encouraged to visit government health setups and avail the benefits of various government health policies.

References

1. Government of India. National Programme for the Health Care of the Elderly (NPHCE), Operational guidelines. New Delhi: Government of India; 2011.
2. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: A cross-sectional study in Udupi Taluk, Karnataka. *Indian Journal of Community Medicine*. 2009;34:131–134.
3. Rajan SI. Social assistance for poor elderly: How effective? *Economic and Political Weekly*. 2001. pp. 613–617.
4. Alam, Moneer, K S James, G. Giridhar, K. M. Sathyanarayana, Sanjay Kumar, S. Siva Raju, T. S. Syamala, Lekha Subaiya, Dhananjay W. Bansod, Report on the Status of Elderly in Select States of India 2011, Building knowledge-base on Population Ageing in India, United Nations Population Fund (UNFPA), New Delhi, 2012.
5. Duggal R. Poverty and Health: Criticality of Public financing. *Indian Journal of Medical Research*. 2007; 126:309-317.
6. <http://www.who.int/campaigns/world-health-day/2018/en/>
7. Shalika Sharma, Manjula Thakur, Sukhpal Kaur. Health problems and treatment seeking behaviour among elderly, *Helpage India research & development journal* vol.18, No.2, May 2012.
8. Dongre AR, Deshmukh PR, Garg BS. The Status of chronic morbidities, health care seeking and causes of death among deceased elderly in rural Wardha. *Journal of the Indian Academy of Geriatrics*, 2010; 6; 28-31.