CHAPTER I

INTRODUCTION

“The disease might hide the person underneath, but there is still a person in there who needs your love and attention.”

- Jamie Calandriello

1.1 Background

The process of population ageing is taking place in nearly all the countries of the world, contributed to by increasing longevity, declining fertility rates and reduction in mortality. The demographic process of decline in fertility and mortality give rise to increase in the proportion of the elderly as compared to the population size of the younger groups. This continuous trend is resulting in dependency of the elderly on this young population for economic and social support and caregiving. The global share of people aged 60 years currently constitute about 11.5% of the total population and will continue to grow, reaching 21.1 percent by 2050. The elderly segment is the fastest growing segment; with the children and young population segment gradually reducing. (United Nations, 2015).

In some of the countries, it is found that the elderly population are growing even faster than the global average. In the developed countries, the elderly proportion was 22.4% in 2012, which will increase to 31.9% by 2050. The percentage of the elderly population in less developed countries is estimated to be doubled from 9.2% in 2012 to 20.2% in 2050 and in the least developed countries, it is expected to be less than 11% in 2050. (United Nation 2015).

In Asian countries as a whole, the elderly proportion will constitute 10.5% to 22.4% during 2012-2015. The SAARC countries are likely to have 21% elderly population by 2050 and India is estimated to have 19% elderly population by 2050, which in absolute numbers is considerable. (United Nations, 2015).

India is the second largest country in the world both regarding total population and that of individuals aged 60 years and above. India’s population share for elderly is estimated to increase from 8% in 2015 to 19 percent by 2050 and by the end of the century, it will constitute nearly
34% of the total population of the country. On the other hand, the younger age group is growing at a slow pace. Therefore, as per these projections, India, the relatively young population will turn into rapidly ageing proportion in the coming decades. (ORGI, 2011).

Over the last few decades, our country has become more urbanized, with the significant increase of urban population of 11.4 percent in 1991 to 31 percent in 2011 (Census, 2011) and the further projected estimate is up to 46 percent by 2030 (MoHFW, 2013) over the next few decades.

Ageing is seen as a symbol of medical, social, and economic advances. But it also has significant health, social and economic consequences and therefore represents a significant policy challenge. The phenomenon of global population ageing has the potential to fundamentally alter disease burdens, economies and trade, and human migration (Arokiasamy et al., 2011).

This demographic transition poses wide-ranging and complex health challenges which are further compounded by social and economic hardship, both current and future in the particular context of the elderly population. (Lena et al., 2009).

The most common domain cited regarding the disadvantage of the ageing process is “health”. As more people reach old age and live longer, access to affordable and appropriate health care becomes a dominant need. Health is a crucial factor in personal wellbeing and social development. Individuals with lower socio-economic status (SES) experience higher rates of mortality and are more likely to suffer from multiple health problems. (Jaiprakash, 2012).

The elderly population also suffer high rates of morbidity and mortality due to infectious diseases. (Ingle and Nath, 2008). The unevenness and complexities can be attributed to the different levels of socio-economic development, cultural norms, and political contexts. Hence it will be an urgent agenda to address the provisioning of geriatric care and all the determinants impacting this. (Mane, 2016).

The growing feminization of ageing resulting in widowhood, economic dependence, inadequate living arrangements and cultural-social restrictions affect women’s lives adversely (Prakash, 2010) Social support and networks are increasingly recognized as important determinants of health in elderly (Stoddart et al., 2010). Psychosocial factors are understood least and an under-researched area so far. The social support network protects against harm and promotes the emotional and physical well-being of the elderly. Identified modifiable psycho-social and
physical factors that are protective, influence the functional health of the elderly. Also, feelings of loneliness and isolation affect older adults’ health in some ways. They can create stress, lower self-esteem or contribute to depression, which may have negative physical health consequences and adversely impact the quality of life. (Lachman and Agrigoraei, 2010).

The multifaceted problems of ageing threaten the existing healthcare systems and create health system overload, if not addressed adequately and appropriately. This emerging need requires shifting the focus to render services to the elderly population and this is not limited to preventive healthcare and medical needs but also encompasses the psychological and socio-economic dimensions (Yeolekar, 2005).

The utilization of services by all population groups is a commonly accepted egalitarian norm and is described under norms of horizontal and vertical equity. (Wagstaff and Doorslaer, 2000). While horizontal equity necessitates that “same set of health services, of comparable quality should be made available to all persons with similar health needs, irrespective of socioeconomic status, ability to pay, social or personal background” (HLEG Report, 2011) the complementary norm of vertical equity demands “appropriate unequal treatment of unequals” (Donnell et al., 2008).

In the recently released World Report in 2015 on Ageing and Health, the WHO called for the development of health systems ‘that can ensure affordable access to integrated services that are centred on the needs of older people.’ The report acknowledges that older adults’ experiences of ageing can vary widely and that diverse individuals and groups of older adults with multiple chronic morbidities have unique health and social care needs. Encouragingly, efforts to align health systems to be more responsive to the needs of ageing populations are underway both nationally and internationally.

It is undisputed that population ageing will throw up several challenges to all societies. But its magnitude and manifestations are not the same everywhere. The level of development, existing policies and several political and cultural factors will determine to what extent the challenge will become a problem (Prakash, 2012). Care provision for the elderly is the fulfilment of needs and requirements that are particularly unique to them and are very holistic (Aronkar, 2012). The needs and problems of the elderly vary significantly according to their age, place of living, socioeconomic status, health, living status and other such background characteristics (Mane, 2016).
The challenges of service delivery in rural India are drawing the attention of policymakers and is now a priority agenda. With the rapidly growing urban population in the country, urban health has emerged as one of the most significant health themes of the decade, both in India and globally. In India, this problem is even greater both due to the severity of the health needs and the magnitude of the population in question (Mohapatra, 2013).

Among the elderly population, the health care access and utilization are significantly influenced by needs in the form of physical health and other socio-economic determinants. There are apparent disparities regarding utilization of services among rich and poor, urban and rural, men and women and within age groups and various social classes. (Baru and Bisht 2010; Rajeshwari, 1996).

Healthcare like all other sectors, has a need, a demand, and the supply of services. Here, need is directly associated with the health conditions as assessed by population health measures while demand and supply are related with what people want for their health and the availability of the healthcare facilities (Jahangir, 2012). How elderly perceive ageing affects their overall health status and their utilization of health services (Giasson and Smith, 2014).

Care providers for the elderly should strive to address the unique and diverse needs of vulnerable groups such as women, and the frail, the disabled and oldest old elderly. Patients’ utilization of specialist visits is higher for those in the higher socioeconomic groups. Perception of medical care as unaffordable, cost of transportation, and loss of work are factors that often prevent poor people from accessing health care (Dunlop et al., 2000).

1.2 Statement of the Problem

The elderly population is vulnerable due to many associated factors including deprivation at physical, mental and social level. In addition to these difficulties, an ongoing disintegration of family and social networking mainly due to increasing trend of migration and urbanization, adds more vulnerability among this population. Of particular concern are older women, elderly living alone, widows, an elderly person with some disability or mobility issues, or living in rural or
remote areas or of low socio-economic status. The exponential growth in the urban population resulted in a relative increase in the proportion of urban poor and vulnerable groups including slum and resettlements populations. Although, in general, estimates showed the overall health and socio-economic indicators of urban areas are better than their rural counterpart, the disaggregated data for the urban poor present a picture more dismal than for rural areas.

The organization of healthcare delivery in the urban setting especially for the poor has been so far sporadic and inadequate. It is limited in its reach. Though more doctors are functional in an urban setting as compared to rural areas, yet they are functionally inaccessible to the urban poor. Other factors like cost, timings, travel, and the attitude of health providers, individual awareness, and other factors put secondary care and private sector facilities out of reach of most of the poor urban residents.

Various programme and policies have been introduced so far, but there has not been much improvement either in the sense of utilization nor as measured by overall health indicators among the elderly population. Most health programmes for the elderly are focused on the management of diseases emerging and re-emerging among this population. The other essential aspects of geriatric care, such as social and personal needs are not given enough consideration.

The existing organization of health care services for the elderly is able to address only those elderly who can access the healthcare facility. It is evident that to seek such care, many elderly people need some form of assistance and support. Therefore, elderly who are living alone or living with a disability face greater barriers. The current organization of healthcare provision is not ageing friendly, where the elderly can manage their health and access care on their own. There is need to facilitate and improve the appropriateness and effectiveness of the services for the elderly.

The lack of holistic understanding of the need-care balance leads to the services provided for this segment failing to address their needs optimally and an increasing gap between the needs and the provision of geriatric care services. Therefore, it calls for a review of existing healthcare provisioning, as well as social and financial support systems for the elderly so as to understand the dimensions of elderly needs that impact on their health and healthcare.
1.3 Rationale and Scope of the study

The wellbeing and health of the elderly population cannot be achieved unless all aspects, that includes physical, social, economic, emotional, nutritional, housing, conducive surrounding and environment aspects of needs are all addressed. Additionally, we should also need to understand how these dimensions of elderly needs vary within the diverse group of the elderly population in local the community setting.

The key challenges in addressing these issues relate to accessibility, availability, acceptability, and affordability, and related social, personal, financial and structural barriers. The magnitude of this emerging issue, especially in populations with low socio economic status requires being studied.

Currently, however, not enough is known about the holistic dimensions of the gap between needs and availability of care, including how best to identify, understand and meet these needs optimally.

This study provides an overview about the current status of elderly health and utilization of health care among the elderly population and the changing trend in prevalence and pattern of morbidities over the last two decades using a secondary data source. It also provides insights into elderly’s perceived notion of health, illness, and well-being; their perceived need of care, health-seeking behaviour and barriers to access care.

Understanding these perceptions is vital to ensure that policy initiative, and community outreach efforts efficiently address the most pressing needs both as expressed by the elderly population and as assessed by a public health understanding. This study also explores some aspects of the organization of service delivery to understand the barriers to address the needs of the elderly in the lower socio-economic segment, this could contribute to re-orienting the existing welfare and health care provisioning systems for the elderly in the country. Furthermore, this study will help scope this domain for further desirable research in this area to address the knowledge and implementation gaps in a meaningful, productive manner.
1.4 Structure of Dissertation

This research study is presented in nine chapters. The first chapter is introductory and the second reviews existing literature in this field. The third describes the conceptualization and methodology. The fourth and fifth chapter is an analysis of the secondary data about trends and patterns of morbidity and the healthcare utilization among the elderly as drawn from the NSSO 52, 60th and 71st round. The sixth and fifth chapter presents findings from a case study of the elderly community with a community-based healthcare programme, which we use to explore the needs, perceptions and gaps in health care access. In the eight chapter, we discuss the major findings and their interpretation. The nine and last chapter sets out the conclusions and limitations of this study.

Chapter One: Introduction: This chapter gives a brief scenario of the elderly population in particular context of health and healthcare utilization in India. It then presents the statement of the problem which is the basis of this study. The last section of this chapter describes the chapters included in the report.

Chapter Two: Review of Literature: This chapter includes the review of the studies available on the topic under the research study. It includes studies from developed countries, developing countries and India as reviewed for writing this chapter. The first part of this chapter elaborates about the socio-economic conditions of the elderly population. The second part explains the common health problems faced by rural elderly. It also gives the details of the factors leading to poor health status among them. Third part elaborates the health care service utilization among elderly in general. It also explains the utilization pattern and barriers faced by poor people in utilizing the healthcare services among rural elderly. The last part covers the utilization of health care services among elderly. It also describes the barriers and associated factors faced by them in utilizing health care services. The last section of this chapter also describes the existing gaps briefly in the current research studies and findings.

Chapter Three: Conceptualization and Methodology: describes the conceptualization, the aim and objectives of this study, and the methods used. In methods, this chapter explains the different data-sets used for secondary analysis and the sampling and data collection methodology used in the primary data collection. It also discusses the data analysis framework used for the study.
Chapter Four and Five: The fourth and fifth chapter present the analysis and findings from the secondary data. This secondary analysis was undertaken on the trend of various types of morbidities or illnesses among elderly across the major states in India as well as by different pre-defined background characteristics such as age, sex, place of residence, economic and education level. For the health-seeking behavior, calculated proportion of ailing persons (PAP) and hospitalization rates among elderly population both by state-wise and overall India using the last three rounds (52, 60 and 71), the choice of provider recorded as private or public is analyzed both at the national and state levels and by background characteristics.

Chapter Sixth and Seventh: The sixth and seventh chapters present the result of the primary data of qualitative case study of low-socio economic community. The sixth chapter comprises of major findings of organizational understanding of geriatric care and the challenges of the organization of service delivery and operational difficulties at the community level (Providers perspective). The sixth presents the analysis and findings from the indepth interviews with elderly resident in that community.

The seventh chapter is presented under the following sections: The first section provides a brief profile about the elderly participants included in the study and the findings of the perceived health, illness and well-being among the elderly participants; the second section presents the findings of the perceived needs of care and the third section is on health seeking behaviour and perceived barriers in access to care.

Chapter Eighth: This discussion chapter presents and highlights the significant findings from the results and its interpretations. This section attempts to answer specific questions that are presented in the aims and objectives of the study and explains how the results support and contributes to existing knowledge in this area.

Chapter Nine: The concluding section comprises of the researcher’s conclusions on the study and its connections with the existing literature. This chapter is the final chapter of the study which is an attempt to consolidate/summarize all significant findings and it provides an overall conclusion to this research study and explains the implication of the findings and makes suggestions for future research in this same area.