Public Health Care Utilization by Elderly in India: An Analysis of Major Determinants

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With increasing longevity, it is important to ensure that the elderly not merely live longer, but are able to lead a healthy life. The utilization of health care services by elderly is equally important, which is govern by many factors including knowledge, affordability, availability and accessibility of the services. With the lack of credible health insurance scheme, the increased health expenditure have to be borne by the elderly from out of pocket, in case they are not able to access public health system. The utilization is influenced by various social-cultural, economic and other factors like distance, cost and quality of care. Only one-third of the elderly seeking outpatient health care from health facility in India. As per LASI survey, 59% of the elderly had sought outpatient services during one year and nearly two-thirds sought it from the private sector. Elderly belonging to marginalized sections and lower economic strata are more likely to avail public health system and enhancing the outpatient care at the primary health care level will go a long way to cater to the health care needs of the vulnerable elderly.

Introduction

The number and proportion of the elderly population (defined as 60 years and above) in India is increasing owing to rapid demographic transition. It is expected that the country will have 193 million elderly, constituting about 13% of the total population by 2030. The longevity is increasing due to improvements in general health of the population. As a result, an elderly is expected to live another 18 years after reaching age 60. It is important to ensure that the elderly not merely live longer, but are able to lead a healthy life. While health status is determined by various economic, social, physiological psychological factors, the utilization of health care services is equally important, which is govern by many factors including knowledge, affordability, availability and accessibility of the services.

With the lack of any credible health insurance scheme, the increased health expenditure during older ages have to be borne by the elderly from out of pocket in case they are not able to access public health care system. With substantial number of elderly suffering from multiple chronic morbidities, the out of pocket expenditure often push them to poverty given that elderly do not have dependable social security system in the country which can cover the income deficit. According to a study by UNFPA, it was found that 65% of the elderly suffer from chronic morbidities (UNFPA 2012[3]). With the increase in number of elderly, the demand of health care system is going to be one of the important aspect in coming decades. Therefore, the utilisation of public health system is critical for ensuring better living standard of elderly in India. The public health care system in India, however, is plagued by several deficiencies and do not have the capacity to treat several complicated diseases affecting elderly at least at lower levels.

A recent study based on 75th round of National Sample Survey 2017-18, indicated that only one-third of the elderly in India utilized health care from public system (Ranjan and Muraleedharan, 2020[4]). The Government is implementing National Programme for the Health Care of the Elderly (NPHCE)

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[3] UNFPA, (2012), 'Report on the Status of Elderly in Select States of India, 2011' Building a Knowledge Base of Population Ageing in India, New Delhi

[4] Ranjan, A and Muraleedharan, V. R (2020) 'Equity and elderly health in India: reflections from 75th round National Sample Survey, 2017–18, amidst the COVID-19 pandemic', Globalization and Health (2020) 16:93 https://doi.org/10.1186/s12992-020-00619-7

with the aim to provide preventive, curative, promotional medical care and rehabilitation for the elderly through primary healthcare institutions. The utilization of the health care by the elderly is not just limited to the availability of health service providers, either form public or private sector, but is also influenced by various social, economic, cultural, and other factors like distance, cost and quality of care (Sahoo et. al, 2021[5]).

The elderly people belong to various strata based on caste, class and place of residence. The health seeking behaviour is found to vary by the background characteristics of the population including elderly persons. The health care utilization not only vary by the socio-economic status, but also has implications of accessing services from government or private sectors. Generally, the cost of services are relatively much higher in private sector, be it for outpatient or inpatient treatment, it is assumed that those who can afford may like to avail services from private providers. There are several studies on the utilization of health care by the elderly; however, it is important to investigate what factors contribute utilization of services from a public health facility vis-à-vis from the private facility. Considering the ever-growing demand of health services, the present study provides insight about the segment of the elderly, which are more likely to avail public health facility, that will be useful for evidence based policy and programmatic response.

The focus of this paper is to investigate determining factors, which distinguishes availing services from public Vs private sectors among those who have utilized health services in the recent past in India. Such study provides a good understanding of the burden of health care utilisation of elderly and provides an indication on their economic well-being.

Data and Methodology

The paper analyses data from Longitudinal Ageing Survey in India (LASI, Wave 1, 2017-18), which is a nationally and state representative longitudinal study of ageing and health in India. The study covered as sample of 42,949 households, 72,250 individuals (aged 45 years and above) and 31,464 elderly persons aged 60 years and above from 35 states and Union Territories of India. Depending upon the nature of this study, the analysis is based on the responses of 17,518 elderly, who had availed outpatient services from any type of health facility in the last 12 months prior to the survey.

The analysis was carried out using the unit level data, which was obtained from the International Institute for Population Sciences, which has conducted the survey. The survey weights were applied while obtaining the results using SPSS, version 22. Binomial logistic regression analysis was carried out to study the log odds of availing outpatient services by the elderly from public facility. Around 14% of the elderly had sought health services from facility run by NGO or Trust, which are mainly free of cost, this category was merged with government facility and the dependent variable thus has dichotomous category with availing services from the Government / NGO / Trust coded as 1 and 0 for private facility. The predictors included in the model are:

- Place of residence (rural / urban);
- Age category of the elderly (50-69, 70-79 and 80+);
- Sex (Male / Female);
- Living Arrangement (living alone Vs others);
- Marital status (currently married Vs other);
- Religion (Hindu, Muslims and other);
- Caste (SCST Vs others);
- MPCE quintile (Poorest, poorer, middle, richer, richest);

[5] H Sahoo, D Govil, KS James, RD Prasad (2021), 'Health Issues, Health Care Utilization and Health Care Expenditure among Elderly in India: Thematic Review of Literature', Aging and Health Research, 2021

- Currently working or receiving pension from previous job (Yes / No)
- Receiving benefits from any social security schemes (Yes / No);
- Distance from the health facility (< 2 km, 2-5 km and 6+ km); and
- Covered with insurance scheme (Yes / No).

Major Findings

More than half of the elderly in India (59%) had utilized outpatient services during last 12 month prior to survey in India. Among these, nearly two-thirds (63%) had sought the services from a private facility or provider, while 37% had availed public health system. Differentials in utilization of health service from private facility is found, where elderly living in urban areas, those currently married and living with spouse and children, belonging to other than Hindu or Muslims religion and other than SC/ST caste category and possessing a health insurance scheme. In order to assess the net association of the background characteristics of the elderly after controlling for the other variables in the model, Table 1 brings out the results of logistic regression analysis and the odds ratios. The value of odds ratio greater than 1 shows more likely that an elderly will utilize the health services from public health system and odds ratio of less than 1 shows more likelihood of utilizing private facility for outpatient care. The analysis suggest that the odds of an elderly person belonging to younger age category, living alone, not currently married, belonging to Muslims religion and SC/ST caste category are more likely to avail outpatient care from public health system. Those elderly holding any insurance policy and living in urban areas are more likely to utilize private facility. Even the health facilities are at a far distance places from the elderly house, they would prefer to go to private facilities. In other words, probably due to better quality of care, they prefer to travel to a long distance as compared to visiting public health facility, which might be in closer proximity.

As expected, the economic factor has a negative association with availing health services from government system and elderly belonging to higher Monthly Per Capita Expenditure (MPCE) quintiles are more likely to utilize private facilities or providers for outpatient care.

The findings brings out the vulnerable segments of the elderly, those who are more likely to be dependent on the public health system. The public health system should also prioritize these segments for the elderly e.g. belonging to lower economic status and marginalized in terms of caste and religion. Government of India's flagship programme under 'Aayushman Bharat' scheme is an attempts to this direction, however, it is only for the hospitalization and specialised care, while the need of the hour is to design and implement programme for easy access of the public health care systems for the vulnerable segments of the elderly.

Table 1: Odds Ratios from Logistic Regression of Elderly (60+ years) availing outpatient services from Government health facility for Selected Background Characteristics, India, LASI (2017-18)

			95% C.I for Exp(B)	
Variables	**Odd Ratio**	**Sig**	**Lower**	**Upper**
Age Ref Cat: 60-69				
70-74	.893	***	.860	.927
80+	.916	**	.865	.970
Sex Ref Cat: Male				
Female	.752	***	.724	.780
Living arrangement Ref Cat: Living alone				
Otherwise	.818	***	.787	.850
Marital status Ref cat: Currently married				
Otherwise	1.226	***	1.180	1.274
Religion Ref Cat: Hindu				
Muslims	1.190	***	1.131	1.253
Others	0.998	***	0.933	1.067
Caste Ref Cat: SC / ST				
Others	.688	***	.662	.716
Currently working or receiving pension Ref Cat: Yes				
No	.985		.949	1.023
Enrolled in any social protection scheme Ref Cat: Yes				
No	1.443	***	1.392	1.496
Having insurance policy Ref Cat: Yes				
No	.774	***	.742	.806
Distance to the health facility Ref Cat: < 2 km				
2-5 kms	.865	***	.830	.902
6+ kms	.548	***	.526	.571
Place of residence Ref Cat: Rural				
Urban	.642	***	.618	.668
MPCE quintile Ref Cat: Poorest				
Poorer	.701	***	.667	.737
Middle	.669	***	.636	.704
Richer	.588	***	.558	.619
Richest	.466	***	.440	.493

**** p value <.000; ** p value <0.05*