

Assessment of accessibility and utilization of public health services by elderly slum dwellers in Jaipur city

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ABSTRACT: *Background:* Access to public health care may be restricted for old slum dwellers due to many reasons pertaining to health care system itself and socio economic conditions in slums objective. This study of elderly slum dwellers attempts to find out these factors affecting accessibility of public health services with an aim to propose measures for better service delivery to the poor elderly population in the slum. *Methodology:* 125 elderly aged 60 and above were randomly selected from Jawahar Nagar Urban slum of Jaipur, Rajasthan. Structured interview schedules were developed, field tested and used to interview elderly slum dwellers. *Result:* Out of 125 elderly people, 73.6% respondents were in the age group of 60-70, with 56.8% women and 43.2 % men. 78.4% elderly people were illiterate and just 0.8% had studied up to 12th standard. 56% elderly population was dependent on others as they did not have any source of income. 12.8% were living alone and 44% were living with their children. 33.3 % think overall public health services are affordable to them, whereas despite highly subsidized cost of care 40% found it not affordable. The allopathic system of treatment is acceptable to the elderly slum dwellers. According to 40.8% elderly, the quality of services is better in private sector >for minor illnesses the facility of choice is nearby dispensary and reason is short distance. The facility of choice during serious illnesses and emergencies is a private hospital and reason is that there is no better care available nearby. 78.26 % elderly were aware about the free treatment facility available at Government health centres but unaware elderly have not accessed any public health facility. 77.6% elderly didn't have free health care card mostly due to unawareness. Other barriers were Behaviour of service providers (88.3%), Distance from Home (64.7%), Transport Facility (82.4%), Amenities at health facility (88.3%), and convenience for attendants (88.3%). *Conclusions:* Though the elderly people of the slum agreed the cost of care and effectiveness is better at public health care facilities but their accessibility to public health care is restricted mostly because of long waiting time and behaviour of health care providers. There is lack of sensitization among health care providers regarding needs of old persons.

KEYWORDS: elderly, slum dwellers, Public Health Facility, Private Health Facility.

INTRODUCTION

Being old in age is not merely increasing in age but also exposing to various difficulties in terms of social, economic and biological conditions which may put the elderly in to a vulnerable situation. Though the aged person is depleted in energy, mobility and earnings yet, he or she is rich in one valuable resource which, one can only possess with ageing that is experience. The elderly are often left neglected due to the decrease in their productivity which leads them to a life that is not comfortable and full of socio-psychological inconveniences. Probably this phenomenon has led the government to take cognizance of the situation of elderly and frame a policy for them. Thus NPOP (National Policy for Old People) came in to existence in 1999 which was a step taken in to the direction of improving lives of elderly.¹

The well-being of senior citizens (old age as defined by WHO is -Population aged 60 years² and above) is mandate in the constitution of India under Article 41-“ the state shall ,within the limits of its economic capacity and development ,make effective provision for securing the right to public assistance in cases of old age “. ³

India is in a phase of demographic transition. There has been a sharp increase in the number of elderly persons between 1991-2001. It has been projected that by the year 2015, the number of elderly people would rise to about 324 million. India has thus acquired the label of an aging nation. The elderly as per the 2001 census were 7,66,22,321 i.e. 7.5 % of total population; out of which males were 37,768,327 i.e. 7.1 % of total population and aged females were 38,853,994 i.e. 7.8% of total population.⁴ One of the main social effects of extension of life in later years is extended period of widowhood for women (Ingle GK, Nath A).⁵

Over the past decades, India's health program and policies have been focusing on issues like population stabilization, maternal and child health and disease control .However, the current statistics for the elderly in India gives a prelude to a new set of medical, social and economic problems that could arise if a timely initiative in this direction is not taken by the program managers and policy makers (Ingle GK, Nath A)⁵ A major proportion of the elderly were out of the work force, partially or totally dependent on others and suffered from range of health related problems. There is growing need for good quality geriatric health care services at the primary level and it should be based on the “felt Needs”. (Pandve, Harshal.T and Poonam Deshmukh)⁶

There are studies highlighting various medical problems of elderly population. However, there is a need to highlight the socio-economic problems faced by the elderly population in urban slums for planning a strategy to improve the health and meet the health needs of the elderly population for better quality of life. Thus it is imperative to study the accessibility as well as utilization of the health services by the elderly, so as to come out with appropriate recommendation to meet the health needs based on evidences.

Moreover, no such study was conducted in Rajasthan elaborating the health care needs of the elderly slum dwellers and in order to plan interventions to improve access of health services for elderly slum dwellers, we need to know factors that promote/hamper the accessibility of services.

METHODOLOGY

STUDY DESIGN

A Descriptive Cross Sectional study was conducted from 2011-12 in slum area of Jawahar Nagar, Jaipur Rajasthan.

STUDY AREA

Jawahar Nagar Urban slum (JNUs) Jaipur-city.

STUDY POPULATION

There were around 65000 slum dwellers in Jawahar Nagar Urban Slum of which 7.5% are in age group of 69 and above. So there should be around 4875 old people. However 80% families were nuclear thus the older population in JNUS is around 975 approximately.

SAMPLING SIZE AND TECHNIQUE

There are 7 sectors in Jawahar Nagar Urban slum. Out of these 7 sites approximately 15-16 elderly from each site were selected (total 125) using a method similar to snowball technique with help of local social worker.

DATA COLLECTION

Data collection was done through using a pre tested interview schedule and was done during April-May 2012.

TOOLS

Interview schedules.
Semi-structured interview schedules.

RESULTS

Majority of the respondents i.e. 73.6%, were in the age group of 60-70 followed by the age group of 71-80 with 20.8%. Only 1.6% of the respondents were in the age group of 91-100. Females outnumbered males with 56.8% as compared to males with only 43.2%. All respondents were married, however 28.8% of women were widow (51% of total women respondents).

It was found that 78.4% of the respondents were illiterate and 12.0% have done school education up to primary level whereas just 0.8% have done up to senior secondary level. So far as the occupation of the elderly slum population is concerned, it was found that majority of them, about 54.4%, were dependent on others as they have 'no work' for them followed by 21.6% daily labourers. Only 8.0% were retired government employees. Also 4.8% of respondents were found to be beggars.

ACCESSIBILITY OF HEALTH SERVICES

AVAILABILITY

Public health facilities were not very far from the slum area (Table-1). The dispensary and satellite hospital are 1.0 to 2.5 Km from different slum sectors. The medical college hospital (SMS hospital) is 3.5 Km from the slum. The time taken to reach at dispensary and satellite hospital varies from 10 to 20 minutes by foot and 3-6 minutes by vehicle. Similarly, time taken to reach SMS Hospital varies from 30-40 minutes by foot and 10-13 minutes by vehicle. Number of Doctors available in these facilities varies from 2 at dispensary to a maximum of 400 at SMS hospital. During peak season, patients attending monthly OPD also vary from 1800 at dispensary to 180000 at SMS hospital.

Table 1: Availability of Public Health Facilities Near Jawahar Nagar Slum

Facility type	Available quantity	Availability of doctors (Approx.)	Peak monthly OPD (Approx.)	Distance from slum (Approx.)	Time taken to reach (Approx.)
Dispensary	1	1 + 1 at MCWC	1800-2000	1.0 to 2.5 Km	10-20 mnts by foot 3-6 mnts by vehicle
Satellite hospital	1	20	20000-22000	1.0 to 2.5 Km	10-20 mnts by foot 3-6 mnts by vehicle
SMS Medical college hospital	1	400	120000-130000	3.5 Km	30-40 mnts by foot 10-13 mnts by vehicle

All the services at public health facilities are universally available for all without any discrimination on the basis of caste, class, religion, race, age or sex.

AFFORDABILITY

At all the public sector medical services are free of any costs for certain categories of people and for poor. The cost of OPD registration is Rs. 5, and Rs. 15 for Indoor registration, which is very high in private sector ranging from 20 to 200 for OPD registration and 200 to 2000 thousand per day for IPD facility. The cost of Diagnostic tests is also less in public sector facilities than that in private sector. There is almost no difference in costs of various services among public health facilities.

Figure 1 shows the data of elderly slum dwellers, who suffered major illnesses, that 33.3% think overall public health services are affordable for them, whereas despite highly subsidized cost of care, 40% found it not affordable. Similarly, only 17.6% elderly found private health care services affordable and 76.5% found them not affordable.

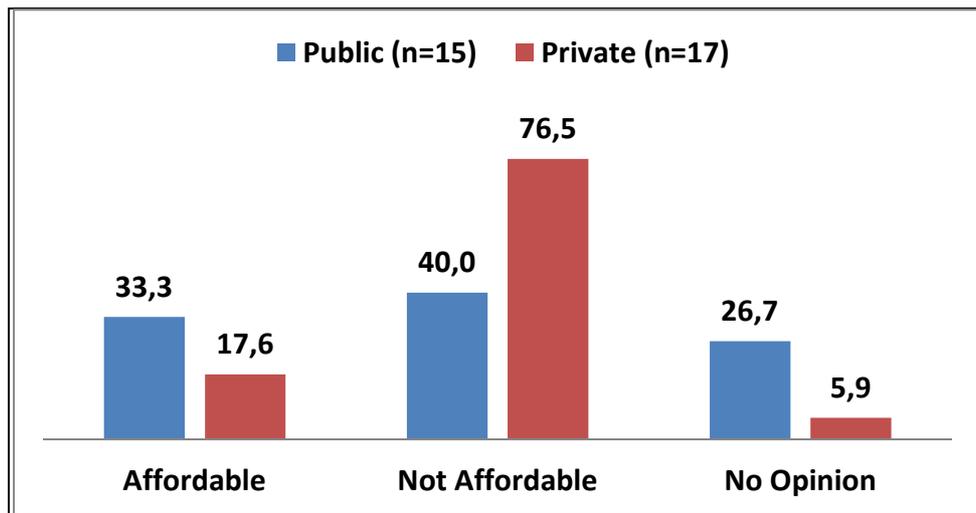


Fig. 1. Percent of Elderly Slum Dwellers According to Affordable Health Services

ACCEPTABILITY

Figure 2 shows multiple responses (hence total percentage is not equal to 100) given by the elderly slum dwellers. It was found that 97.39% elderly take allopathic treatment. This shows that the allopathic system of treatment is acceptable to the elderly slum dwellers which is the system followed at public health facilities.

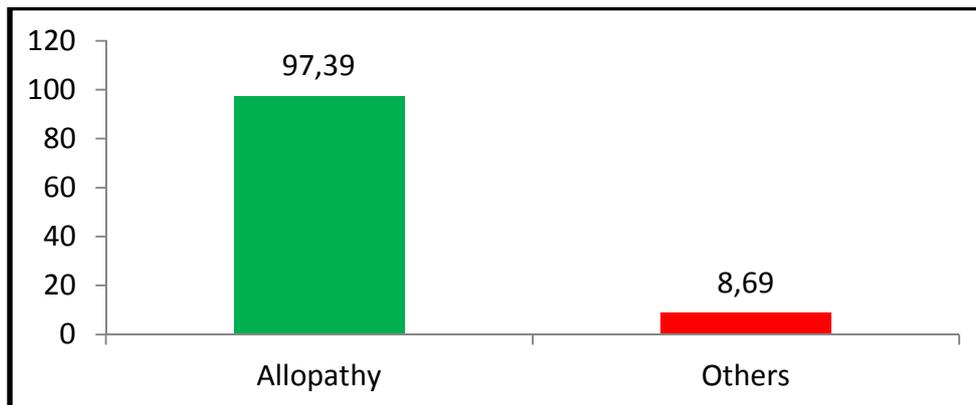


Fig. 2. Percentage of Elderly Slum Dwellers Accepting Allopathic System of Health Care (n=115)

QUALITY AND APPROPRIATENESS

The elderly have expressed their opinion about the quality and appropriateness (effectiveness) of health care services in public sector (Fig 3 and 4). According to 40.8% elderly, the quality of services is better in private sector whereas 36.8% rate the quality of public sector health care services as good. As far as the appropriateness of treatment is considered, 44.0% find the treatment appropriate in public sector hospitals and 22.4% say that private sector hospitals also provide effective treatment.

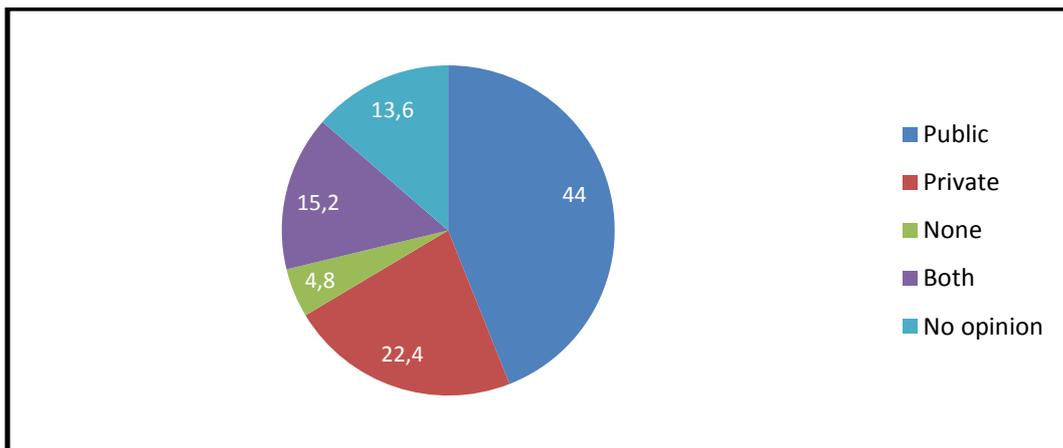


Fig. 3. Percent of Elderly Slum Dwellers According to Opinion about Appropriate Treatment (n=125)

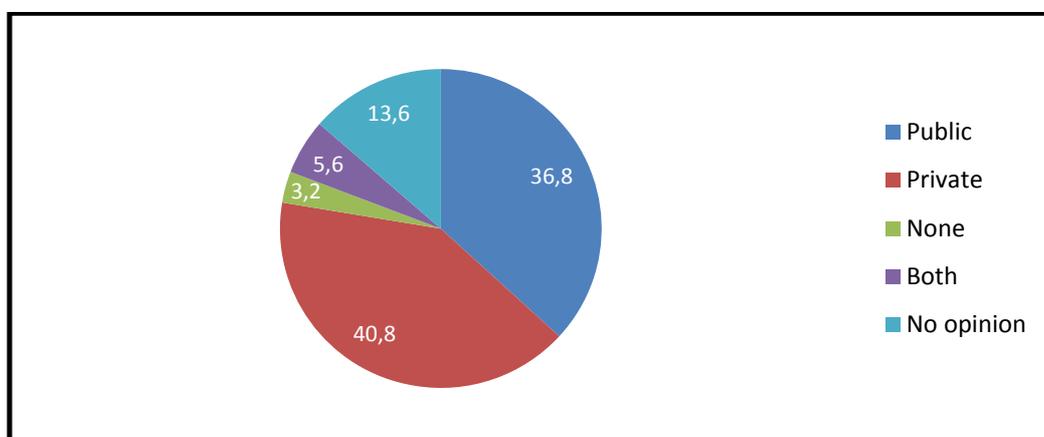


Fig. 4. Percent of Elderly Slum Dwellers According to Opinion about Quality of Services (n=125)

Table 2 shows that the reasons for choosing particular hospital by the elderly who have suffered serious illness in the last 12 months for treatment.

Table 3.12. Reasons for Choosing Particular Health Facility by Elderly Slum Dwellers for Serious Illness (n=32)

Reason for choosing health facility	Private (n=17)	Public (n=15)
Short distance	–	6.7
Referred by earlier doctor	11.8	20
Services are free/affordable	5.9	33.3
No better care available nearby	29.4	13.3
Was not cured at previous hospital	11.8	–
Good response of health care provider	5.9	–
Less waiting time	5.9	–
Suggested by friends/relatives	17.6	13.3
Empanelled for govt./other schemes	–	13.3
Convenient for family members	11.8	6.7
Total	100	100

It is obvious from table 2 that role of friends, relatives and family members is important in decisions of the elderly regarding visiting a particular health facility.

Below in the figure 3.21, given is the response of 17 private facility users for major illness that what barriers they see that they did not go to the public health facility.

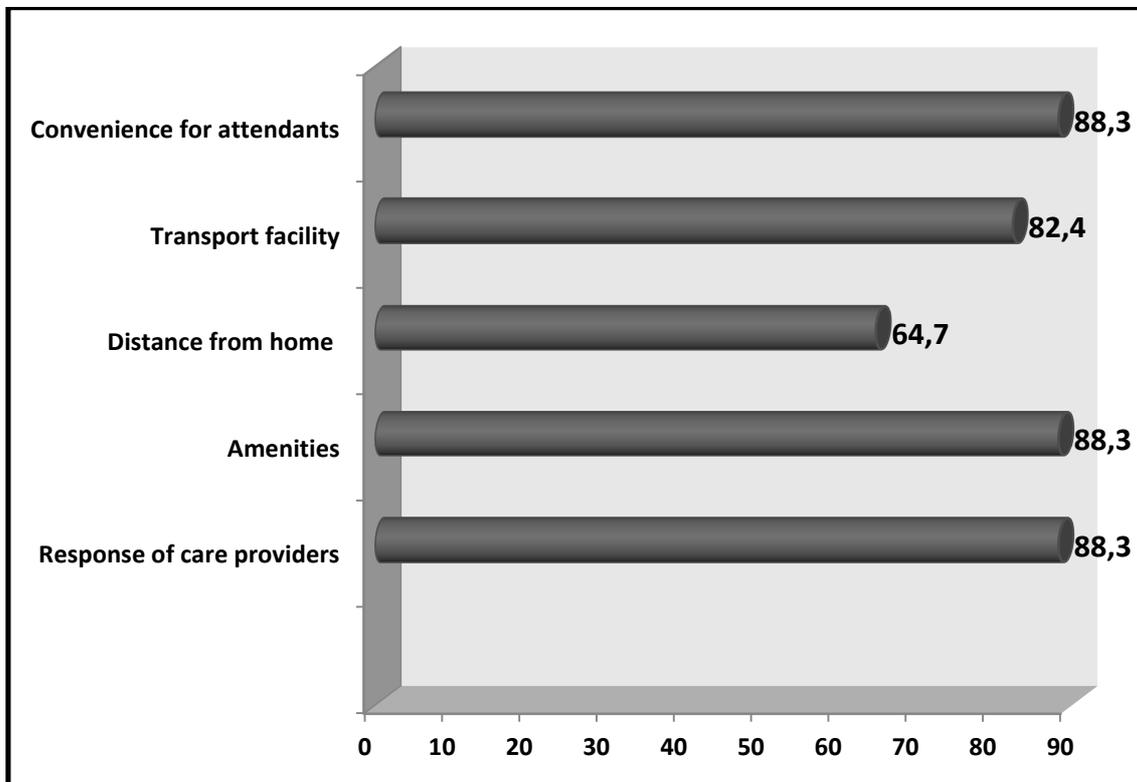


Fig. 5. Barriers of Public Health Care Accessibility

The barriers in accessibility of public health facility were assigned following weights by the elderly-

- a) Behavior of service providers88.3%
- b) Distance from home.....64.7%
- c) Transport facility.....82.4%
- d) Amenities at the health facility.....88.3%
- e) Convenience for attendants.....88.3%

DISCUSSIONS

Thus, from all above findings, it may be deduced that services at public health facilities are universally available for all without any discrimination on the basis of caste, class, religion, race, age or sex. The allopathic system of treatment is acceptable to the slum dwellers. 92% of the elderly seek treatment when they fall ill. Out of those who never took treatment, 20% could not take treatment due to financial constraint. About 10% did not know where to go for treatment. 10% hide illness so as not to bother others.

87% respondents out of 115 aware of the govt. health facilities, have utilized the government health services. Though the distance of public health facility is not a grave matter in the study area as they are all nearby and distance is fixed for them but it does matter when comparison is made with the private health facilities as they are many and some of them are almost at doorsteps so there is a choice of distance to be covered.

The facility of choice for individual elderly slum dweller in minor illness and in emergency is mostly a private health facility and for serious illness it is a public health facility. Majority of elderly who visited public and private health facility for serious illnesses, found them not affordable.

The elderly found quality of services better in private sector but more effective in public sector facilities. Majority of elderly are dependent on their family members for their accessibility to health care. The utilization of public health facilities is less than private facilities. Despite enough willingness to go to public health facility, there are certain barriers like Dependency of elderly on family members that hinder the accessibility of public health care facility by elderly slum dwellers. Poorest of the poor (No income groups) have restricted access to public health facilities.

CONCLUSION

Though people agreed that cost of care and effectiveness is better at public health care facilities but their accessibility to public health care is restricted mostly because of long waiting time and behavior of health care providers. There is lack of sensitization among health care providers regarding needs of the old persons as only 24 doctors have been trained in geriatric care and private practice by doctors is also a barrier due to which doctors do not distinguish between poor and rich.

The role of 'Significant Others' was identified as a confounding factor in influencing choice of a health care facility made by elderly slum dwellers.

Private facilities have been graded above the public facilities by the slum dwellers in many aspects yet despite many odds the cost of care and effectiveness of treatment is considered much better at public health facilities, in the opinion of the elderly slum dwellers.

Moreover, the accessibility is hampered on all the parameters viz.; availability, cost, timeliness, ease of access, behavior of service provider, and coverage through insurance or beneficiary schemes and it is also affected by the dependency of elderly on family members and influenced by their convenience.

RECOMMENDATIONS

It is neither non-availability nor non-affordability rather non-elderly friendliness is the hindrance in utilization of public health care services. Thus to make public health facilities more elderly friendly, following may be recommended - Exclusive geriatric care hospital, sensitization of health care providers, to and fro free transport facility, improve awareness about free drugs and other health care schemes and a 24 hour geriatric helpline are main recommendations at intervention level for department of health. Besides welfare interventions like BPL card, old age pension, widow pension for all eligible slum dwellers and some vocation for elderly are also recommended.

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