

Determinants of Health Care Utilization among the Elderly in India: An Evidence-Based Review

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Abstract

Health services for the elderly include preventive, curative, rehabilitative, and palliative care, addressing age-related needs such as screenings, chronic disease management, and mobility support. With India's elderly population expected to exceed 300 million by 2050, understanding healthcare access barriers is crucial for effective policy. This paper reviews empirical evidence from national surveys (LASI, NSSO) and studies (2008–2024) to examine how income, gender, education, residence, and policy coverage influence healthcare utilization. Findings show lower utilization among women, rural residents, and the poor due to cost, low awareness, infrastructure gaps, and systemic neglect. Recommendations include strengthening geriatric care at the primary level, expanding insurance to cover outpatient services, improving elderly health literacy, and adopting gender- and region-sensitive policies.

Keywords

Healthcare Utilization, Elderly Care, Socio-Economic Determinants, Gender Disparities and Health Policy

Introduction

India is experiencing a significant demographic shift, with the elderly population (aged 60 and above) expected to grow from 10.1% in 2021 to nearly 20% by 2050 (UNFPA, 2023). This transition brings increased demand for healthcare services, as elderly individuals are more prone to chronic conditions, multimorbidity, and disability (Alam & Karan, 2011; Arokiasamy et al., 2015). However, studies indicate that a significant proportion of the elderly underutilize healthcare services or delay seeking care due to factors such as affordability, awareness, and access (Yadav & Arokiasamy, 2014; Kumar & Pradhan, 2019). According to the Longitudinal Ageing Study in India (LASI, 2020), 27% of elderly individuals reported chronic conditions, yet many did not access regular care. Disparities in healthcare utilization are further compounded by gender, rural-urban divides, income, and education, with women, rural residents, and low-income groups facing greater challenges in accessing care (Rajan & Mishra, 2020; Bhan et al., 2017; Purohit et al., 2021).

Despite efforts such as Ayushman Bharat, which aims to expand insurance coverage, many elderly individuals, especially those in the informal sector, remain unaware or excluded from these schemes (Kumar et al., 2020). High out-of-pocket expenses (OOPE) and caste-based discrimination at healthcare facilities further hinder access (Borooah, 2012; Kanjirath & Gautham, 2019). Additionally, research by Gupta et al. (2018) highlights those elderly individuals from disadvantaged socio-economic backgrounds face difficulties navigating the healthcare system. The National Programme for Health Care of the Elderly (NPHCE) strives to address these issues, but gaps in implementation and infrastructure persist, especially at the primary care level, where trained geriatric personnel and appropriate equipment are often lacking (Prasad, 2022; Selvaraj & Karan, 2009). This paper seeks to critically review the various determinants influencing healthcare utilization among India's elderly and offer insights to improve the healthcare system's response to their needs.

Objectives

1. **Identify key determinants** influencing healthcare utilization among India's elderly, including socio-economic status, gender, education, income, and healthcare access.
2. **Assess the impact** of health system factors such as affordability, accessibility, and insurance coverage on elderly healthcare-seeking behavior.
3. **Examine gender and socio-cultural factors** affecting healthcare utilization, focusing on vulnerable groups like women and low-income populations.

4. **Provide evidence-based recommendations** to improve healthcare access and equity for the elderly in India.

Methodology

This review follows a systematic approach, including:

1. **Literature Review:** A comprehensive search of peer-reviewed articles, reports, and governmental documents focusing on elderly healthcare utilization in India (2010–2023).
2. **Selection Criteria:** Studies addressing healthcare utilization among the elderly, considering factors like income, education, and health status, was included.
3. **Data Extraction:** Key determinants of healthcare utilization were extracted from relevant studies.
4. **Synthesis and Analysis:** Thematic synthesis was used to group similar determinants, and statistical analysis was applied where available.
5. **Qualitative Assessment:** Thematic analysis of qualitative data was used to identify barriers and facilitators.
6. **Recommendations:** Based on findings, policy recommendations were made to improve elderly healthcare access and equity.

Results and Discussion

India's rapidly aging population presents significant challenges for healthcare utilization, particularly for the elderly. The objectives of this review were to understand the key determinants influencing healthcare access, the impact of systemic factors like affordability and accessibility, socio-cultural influences, and to provide evidence-based recommendations to improve healthcare systems for the elderly. Based on these objectives and the methodology outlined above, several critical issues emerge.

1. Key Determinants of Healthcare Utilization

A major finding from empirical studies is the impact of socio-economic status on healthcare utilization. Research shows that elderly individuals from lower income groups are significantly less likely to access healthcare services (Yadav & Arokiasamy, 2014). The Longitudinal Ageing Study in India (LASI, 2020) highlighted that individuals with lower incomes or no formal education have significantly lower rates of regular healthcare utilization. Income and education are strong predictors of health-seeking behavior. Bhan et al. (2017) observed that elderly individuals with secondary education or higher were more likely to seek preventive healthcare, and those in higher income brackets tended to prefer private providers. These disparities underscore the systemic challenges faced by the elderly in accessing healthcare in India.

Moreover, gender and cultural factors play a pivotal role. Elderly women, particularly widows, tend to underutilize healthcare services due to social norms, lack of financial autonomy, and cultural constraints (Rajan & Mishra, 2020). In rural areas, the lack of healthcare infrastructure, compounded by cultural factors and caregiving responsibilities, prevents many elderly women from seeking timely care (Selvaraj & Karan, 2009). Additionally, elderly populations in rural areas face greater barriers to healthcare due to geographical isolation and limited transport options (Kumar & Pradhan, 2019). Studies by Mishra (2021) and Rajan & Mishra (2020) also reveal that elderly women, especially in rural settings, are less likely to visit health centers for preventive care due to these constraints.

2. Systemic Factors: Accessibility, Affordability, and Awareness

One of the most significant barriers to healthcare utilization is affordability. The NSSO 75th Round (2019) found that over 55% of elderly individuals only sought treatment in cases of severe illness, largely due to high costs. Out-of-pocket expenditures (OOPE) remain a substantial deterrent, especially for chronic conditions that require long-term management (Kumar et al., 2020). The absence of widespread health insurance coverage exacerbates this issue. While schemes like Ayushman Bharat have aimed to improve access to insurance, many elderly individuals, particularly in rural areas or the informal sector, are unaware of or excluded from such programs (Prasad, 2022). Insurance coverage remains limited, leaving many elderly individuals to bear the financial burden of healthcare costs themselves (Kumar et al., 2020).

In addition to financial constraints, awareness of available healthcare services and insurance schemes is another significant issue. The elderly, particularly in rural areas, often lack awareness of preventive care and government health schemes like Ayushman Bharat (Kanjirath & Gautham, 2019). This lack of awareness is compounded by low literacy rates in older populations, particularly among women and lower socio-economic groups (Rajan & Mishra, 2020). Without proper education or knowledge, elderly individuals often fail to take advantage of preventive services, resulting in higher rates of untreated chronic conditions.

3. The Role of Caste and Social Identity

In India, caste and social identity significantly influence healthcare access. The elderly from marginalized communities such as Dalits and Adivasis often report discrimination at healthcare facilities, which either discourages them from seeking care or leads them to opt for informal healthcare providers (Borooah, 2012). Social exclusion and stigma in healthcare settings further exacerbate these disparities, leading to unequal treatment of elderly individuals based on their caste or social status. These barriers have led to lower healthcare utilization rates among Dalit and Adivasi elderly populations compared to other social groups (Borooah, 2012). The National Programme for Health Care of the Elderly (NPHCE) aims to address such disparities by promoting age-appropriate services, but implementation remains uneven, especially in remote or underserved areas (Prasad, 2022).

4. Gender Disparities and Healthcare Utilization

The gender gap in healthcare utilization is particularly pronounced among elderly women. Studies have shown that elderly women, especially widows, are more likely to underutilize healthcare services due to lower financial autonomy, cultural expectations, and caregiving responsibilities (Rajan & Mishra, 2020). Elderly women often prioritize family care over their own health needs, which delays medical attention until conditions become severe (Kumar & Pradhan, 2019). In rural areas, women are often responsible for household chores, which limit their ability to travel for medical consultations (Bhan et al., 2017).

5. Policy and Program Implementation Challenges

While the Indian government has implemented several initiatives such as the NPHCE and Ayushman Bharat, these programs face significant challenges in terms of implementation and reach. Many primary healthcare centers lack trained personnel and adequate equipment for geriatric care, particularly in rural areas (Prasad, 2022). This highlights the need for better infrastructure and training at the grassroots level. Additionally, coordination between health and social welfare departments remains weak, impeding the delivery of comprehensive care for the elderly (Selvaraj & Karan, 2009).

6. Recommendations

Based on the evidence reviewed, several recommendations can be made to improve healthcare utilization among the elderly:

- Expand insurance coverage for the elderly, especially in the informal sector, and enhance awareness of existing health schemes.
- Improve rural healthcare by deploying trained geriatric specialists and upgrading primary health centers.
- Tackle gender disparities by promoting financial autonomy and reducing caregiving burdens among elderly women.
- Conduct awareness campaigns to educate the elderly on preventive care, services, and entitlements.
- Ensure equitable healthcare access by addressing systemic and social barriers.
- Overall, the discussion integrates key objectives, methods, and findings to clarify the factors influencing elderly healthcare use and guide policy reforms.

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