

# Innovation and Exclusions in Health Sector: A Study of Old Age Persons in Uttar Pradesh

**ABSTRACT  
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## **Abstract**

### **Introduction**

Due to low mortality and increasing life expectancy, the aging population in India is increasing day by day. As the aging population is increasing, health care challenges are also increasing due to age-specific diseases. Elderly people are not able to get health and other services according to their needs, as they are weaker sections of the society. Furthermore, due to health expenditure on the elderly, families face greater burden. Sometimes people have to sell their properties or borrow from other people due to health expenditure on elderly. They are not able to take full advantage of the facilities provided by the government for their betterment, or they are not aware of the facilities so that they are excluded to take advantage. The study therefore focuses on health issues that are major crises for older individuals. The main objectives of the study are to focus health expenditure on elderly individuals and to identify the problem of inclusion and subsequent exclusion in implementing health innovations. Why are elderly people not able to adopt these innovations? This means that when any innovation or technology is adopted by the society, it reduces their problems because the main purpose of any innovation is to reduce the problems of human being. Many people are not aware of these innovations due to lack of knowledge, education and money, and sometimes these innovations are expensive, so people cannot afford it.

The proposed research study has following objectives to fulfil.

- To examine the ageing scenario of Uttar Pradesh.
- To examine the health status of elderly population.

- To examine the problem of exclusion in health sector which affect health of elderly
- To examine the health expenditure on elderly

The study may test the following hypothesis:

- There is increasing scenario in ageing population and inadequate health facilities for elderly persons in Uttar Pradesh.
- There is problem of exclusions in health sector which negatively affected the health of elderly.
- There is problem of out of pocket expenditure among households due to health expenditure on elderly.

### **Research Methodology**

#### **The Secondary Data**

Secondary has been collected from various sources. Secondary data would mainly comprise of articles from leading journals related to elderly people such as Indian Journal of Gerontology, magazines and newspaper articles, government sites of the countries, report books, monographs, data of various round of National Sample Survey, data from United Nation Population Fund (UNFPA), Sample Registration System (SRS) Data, Annual Health Survey (AHS), Census data of 2001 and 2011, Union and State budget, Ministry of Statistics. The data has been analysed by using various tables and charts etc. Variables has been identified and properly explained.

#### **Primary Data**

Primary data has been collected through structured questionnaire. A sum of 240 households has been collected from Lucknow district of Uttar Pradesh. We select

Lucknow purposefully. We are taking only urban area of Lucknow because of requirement of data. Lucknow district is the capital city of Uttar Pradesh, so this is assumed that all health facilities and programmes implemented from here. So, to check the health status of old persons of capital city Lucknow is selected purposefully. We select two tehsils on the basis of availability of allopathic hospitals on per population. Thus we found that Lucknow and Bakshi ka Talab tehsils have highest burden of population according to hospital availability. Further we follow same method to select towns, we select total four towns which have highest burden namely Kakori Lucknow M.Corp and Lucknow from Lucknow Sub districts and Bakshi ka Talab NP from Bakshi ka Talab sub-districts. Further we select the two wards from each town on the basis of highest number of population.

Health is not only the absence of illnesses, it is also the capability of persons to improve their potential during their entire lives. In that sense, health is an asset for individuals, which has essential significance that being healthy is a very important source of well-being as well as contributory worth. World Health Organisation is defined that state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity. Health is an active state resulting from a human's body continuous modification and edition in response to pressures and variations in the environment for maintaining an inner equilibrium called homeostasis. The specious fullness of this definition carries a prevailing natural appeal, a complete definition of health should include all aspects of life, it would seem. Nevertheless, the definition of WHO has been the target of blame in the medical literature since its first presence in that organization's constitution in 1948 (Winterhalter B., 2017).

- **Chapter 1- Introduction:** The chapter highlights the overview of ageing scenario in world and India. It focuses on the health problem of elderly persons and health programmes for elderly persons implemented by Government. It includes the objectives, hypothesis and research methodology.
- **Chapter 2- Conceptual issues: Theories and Economic Relevance:** This chapter highlights the theoretical part of health and ageing, it focuses on question how health and ageing are linked with economic development. It also highlights the theories of ageing.
- **Chapter 3- Ageing Scenario of Uttar Pradesh:** This chapter highlights the ageing profile and health infrastructure of Uttar Pradesh. It focuses on the growth rate of aged population and state wise life expectancy.
- **Chapter 4- Socio Economic Profile of Study Area of Lucknow District:** This chapter highlights the socio economic status of total elderly person of study area which includes demographic profile, gender profile, religion, caste, income and working status and living arrangement etc.
- **Chapter 5- Health Status and Innovation Adoption:** the chapter attempt to cover the health status of elderly person of Lucknow districts and focuses on the health problems faced by elderly persons, type of diseases and type of hospitals. It also highlights the of innovations adoption in by elderly like insurance and awareness about generic medicine.
- **Chapter 6- Health Expenditure Details of Elderly Persons in Study Area:** on elderly: this chapter analyses the health expenditure details of elderly persons of study area and covers the doctor's fees, test cost, medicine cost and total health cost spend by old persons on their health.

- **Chapter 7- Conclusion and Findings:** this chapter includes the major findings and policy recommendations. It also covers the limitation of the study and further scope of the study

The data reveals that the ageing population has been increased in Uttar Pradesh during 2001 to 2011. In 2001 and 2011 census, the data reveals that the percentage of elderly females is more than elderly males in both rural and urban area while in age group 0-59 percentage of male population is higher than female population in both rural and urban areas and shows that the percent change or growth of elderly person in 2001 to 2011 is highest in urban area which is about 3 times higher than others.

The number of old age population is more than availability of hospitals and other health care facility. So the dependency of old person towards hospitals is more. As ageing population is increasing, the health facilities are not increasing in same ratio. This gap creates more difficulties to the ageing population as they are not able to access health facilities because of physical weakness. Government should provide more health facilities to old persons in terms of good health infrastructure, geriatric wards, and separate que in hospitals. There are poor health infrastructure in Uttar Pradesh. Central and State Governments is answerable in providing Health care, the major importance in this case is on Rural Health care. This is because of more ageing population living in rural areas. Health care's at urban and city level it is cared by private and trust owned hospitals. Nevertheless, the management is also trying to play some role by setting up and working with District Level head quarter's hospitals, Community Health Centres and Area Hospitals. It is considered that the Health care at the rural areas has turned out to be the sole obligation of the governments as the private agencies do not undertake even at a least. Besides all of this as India being a

rural oriented economy the task of Health care in rural areas is being carried out by the governments as their chief task. Government should increase finance for health care services and also implemented health program for old person. Nevertheless, the management is also trying to play some role by setting up and working with District Level head quarter's hospitals, Community Health Centres and Area Hospitals. It is considered that the Health care at the rural areas has turned out to be the sole obligation of the governments as the private agencies do not undertake even at a least. Besides all this as India being a rural oriented economy the task of Health care in rural areas is being carried out by the governments as their chief task.

Old people face many problems like physical weakness, immobility, loneliness along with poor financial condition. Hence, most of the elderly in India are not able to access health facilities properly like insurance, medical camps, health support tools and also unaware about the new schemes launched in health sector. This shows the problem of exclusion in health sector which urgently need to inclusion at lower level of the society. As per the observation, the study found that in the remote areas like Kakori NP and Bakshi ka Talab NP due to the absence of government hospitals, the old people residing in these areas resort to taking treatment from the nearest private hospitals or clinics. In some cases of Kakori they are also taking medicine from 'Jhola chhap' doctors or quacks. Old persons are not even aware about their health problems. For example, many old people do not consider dental problems, vision problems, hearing problem, memory loss, skin diseases to be ailments. They are not aware about health insurance policies as they believe that in old age what is the need of insurance. Results show that the elderly, at times, do not even visit the overcrowded government hospitals finding the services inadequate for their care.

Society, the government and NGOs need to invest in renewed efforts to ensure that the elderly in our country get the most basic of their dues which is a healthy life.

To face the challenges of ageing population, the country needs to be well prepared. Appropriate social and economic policies need to be made to mitigate its ill effects. Social policy development for the elderly needs to be critically examined for society to adapt to ageing as well as for older population to adapt to a changing society. Suitable redistributive policies are required. New priorities must be added to the scarce resources for social programs for elderly, while still having to deal with the problems of the younger populations. Women issues also are of paramount importance in considering social policies for elderly population. Due to better life expectancy women live longer than men. Exacerbated risks for women across the life course make them more vulnerable in old age. Appropriate care and support for them is a priority.

## **Conclusion**

There is a significant gap between household and public health spending throughout the period. This may need simultaneous future growth of health spending as the higher prevalence of morbidity among elderly causes elevated health expenditure, which turns into more requirement of money under the assumption that the elderly will seek treatment equally to younger. Health care expenditure in a country can be determined by the health status, socioeconomic factors and demographic factors, cost of treatment, pharmaceutical, medical technology, health insurance and public policy. Health spending as percentage of GDP is quite low in India, however, showing the increasing trends over the past. Age profile clearly shows relatively higher health expenditure in older ages unveiling positive association of age and poor health status.

Since India's population is large in younger ages therefore, total health expenditure is higher among young ages and slightly lowers down with the age advancement. Our analysis shows that the presence of elderly in a household increases health expenditure, mostly through the impact of chronic disease, though there remains much to be explored. The impact of using private care is much less obvious given the wide range of private services available in Lucknow district. Population ageing is likely to influence pattern of health care spending in both developed and developing countries in the decades to come. In developed countries, where acute care and institutional long-term care services are widely available, the use of medical care services by adults rises with age, and per capita expenditures on health care are relatively high among older age groups. Accordingly, the rising proportion of older people is placing upward pressure on overall health care spending in the developed world, although other factors such as income growth and advances in the technological capabilities of medicine generally play a much larger role. A large proportion of health care costs associated with advancing age are incurred in the year or so before death. As more people survive to increasingly older ages, the high cost of prolonging life is shifted to ever-older ages. In many societies, the nature and extent of medical treatment at very old ages is a contentious issue.