

## **AN ECONOMIC ANALYSIS OF HEALTH PROBLEMS OF RURAL AGED PEOPLE IN MAHENDERGARH DISTRICT**

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### **Abstract:**

Health economics is concerned with the alternative uses of resources in the health services sector and with the efficient utilization of economic resources such as Human resource, material and financial resources. So, the study is an attempt to analysis of health problems of rural aged people in Mahendergarh district of Haryana. For this purpose, five villages from five blocks of district are selected randomly. The finding of the study shows that most of the aged people (43.9) suffer health problem due to their nature of work. Another fact is that aged people are taking proper diet for their good health. Spending on health care is classified in four categories such as Nil, Up to Rs. 500, Rs. 501 to Rs. 1000, and above Rs. 1000. According to analysis of the survey, mostly people are not position to spend money on health care. There are only 2 percent aged people who spend money more than Rs. 1000 monthly on health care.

**Keywords:** *Health Economics; Rural Economics; Rural Development; Growth; Economy.*

### **1. Introduction**

Health is multifaceted concept which posits as the absence of diseases. In other term, health does not rest merely on the absence of diseased but the fulfillment of a whole range of personal, physiological, mental, social and even moral goals. According to World Health Organization (WHO) is defined health as "a state of complete physical, mental and social well being and not merely the absence of disease. Elderly or old age consists of people nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. Also old people have limited regenerative abilities and are more prone to disease, syndromes, and sickness as compared to other adults. The medical study of the ageing process is called gerontology and the study of diseases that afflict the elderly is geriatrics. The United Nations World Assembly on Ageing, held at Vienna in 1982, formulated a package of recommendations which gives high priority to research related to developmental and humanitarian aspects of ageing (United Nations, 1987). The plan of action specifically recommended that "International exchange and research cooperation as well as data collection should be promoted in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action. Special emphasis should be placed on comparative and cross- cultural studies in ageing". The phenomenon of population ageing is becoming a major concern for the policy makers all over the world, for both developed and developing. Countries, during last two decades. But the problems arising out of it will have varied implications for underdeveloped, developing and developed countries.

Rural development in general is used to denote the actions and initiatives taken to improve the standard of living in non-urban neighborhoods, countryside, and remote villages. These communities can be exemplified with a low ratio of inhabitants to open space. Agricultural activities may be prominent in this case whereas economic activities would relate to the primary sector, production of foodstuffs and raw materials. By 2026, North India population would be younger compared to the South. In India another paradoxical problem will arise in due course of time – by the year 2026 Kerala will have highest educated working people with average age hovering above (median age) 35 years whereas Uttar Pradesh will have uneducated and less educated working

population with average age below 30 years. Although projections indicate that India's population above 60 years will be double in size between 2001 and 2026, the elders will account for 12.17 percent of overall population in 2026, and being a vast country India may face the problems differently at rural and urban part. Thus in India, though percentage wise graying is not very rapid, but due to its mammoth size planning for the elderly is a huge challenge for the policy makers. The problems faced by the females are more critical compared to that of men due to low literacy rate, customary ownership of property by men and majority of women being not in labour force during their prime age with only very few in the organized sector. Therefore, the policy for elderly may also keep a realistic achievable gender component. It is to be remembered that sensitizing the issue and deliberate public action can dilute some of the adverse consequences of ageing. Educating the mass with high investment in human resource development can overcome these problems up to a great extent. To develop requisite policy programmers for the elderly population, there is a need for a study of elderly persons on various aspects and initiate social, economic and health policy debate about ageing in India. But there is a serious dearth of data and analyses to Health Economics.

Economics is the study of how people and society end up choosing, with or without the use of money to employ scarce productive resources that could have alternative uses, to produce various commodities and distribute them for consumption, among various persons and groups in the society, analysis the costs and benefits of improving pattern of allocation of resources. In the context of Health, all modern micro economic theory in health care/medical care Demand for health care that depends on the income of individual. Public and private supply of health care is a subject matter in positive health economics. The connection between the health status of the individual and consumption of medical services builds the link between economics of health and economics of health care. Health care refers to any type of services provided by professionals with an impact on health status. Health care system is a formal structure for a defined population, whose finance, management, scope and content is defined by laws and regulations. Health economics is concerned with the alternative uses of resources in the health services sector and with the efficient utilization of economic resources such as Human resource, material and financial resources. Every health worker needs to acquaint him/ herself with the basic concepts of economics and its application to the health sector in order to manage health institutions and health delivery system efficiently. "Health economics" as a course is meant to give medical, health officer and other paramedical students basic principles regarding economics and its application to the health sector. Therefore, this material should be regarded as an introduction to health economics rather than to economics

## **2. Review of Literature**

Sharma, R. K. (1986) conducted the research study in two villages of Hisar district (Haryana) to determine the nature and extent of health problems of rural women. The data were collected from one hundred randomly selected rural ladies by interviewing them with the help of an interview schedule developed for the purpose. The identified health problems were classified. The findings of the study indicated the prevalence of a number of health problems among rural women and a need was felt for their education on health aspects. A sizeable number of them were found to have suffered from bronchitis, coryza, indigestion, constipation, diarrhea, conjunctivitis, dandruff, tartar deposits on teeth, skin diseases, gynecological diseases and some other diseases like rheumatism, arthritis, etc.

Nair (1998), a study on "The Aged in Rural India : A study of the Socio-Economic and Health Profile" , revealed that the incidence and prevalence of chronic as well as non-chronic disease are more in rural elderly that is 1) respiratory diseases, 2) loco-motor illnesses and 3) blood pressure. The majority of the aged comparatively longer among males.

Vasanth (1998), in the paper "Nutrition and Health Problems" found that the rural aged suffered from nutritional, psychological and other problems, when compared to urban aged. The aged employed privately and those self employed had more of health problems than not gainfully

employed person. In general, the male members were found to be literate, economically independent and had less physiological and nutritional problem when compare to the female counter parts, when literacy level, income level and employment status improve, they seem to have been health.

Dzuvichu, Ketshukietuo (2005), in the paper "Health problems of aged among the Angaminagas" mentioned that health is not only a biological or medical concern but also a significant personal and social concern. In general with declining health, individuals can lose their independence, lose social roles, become isolated, experience economic hardship, be labeled or stigmatized, change their self perception and some of them may even be institutionalized.

Biswas, Priti (2006) in this study concluded that old age and ill health are inseparable entities. For this study a sample of more than Co-aged people are taken. Researcher conducted 30 depth interviews finding shows that when age growing ill health are also more. Due to high cost seeking health care is avoided. A family pay important role in caring aged people in this study, qualitative data is used to check health problems. Data from the present study indicates that health problem affects the ability to work. Financial factor play a crucial role in seeking health care.

Shankar (2012) disclosed that income inequality is main problem of poor health. Due to high cost spent on health people are becoming poor. Researcher used National Sample Survey 60th Random Morbidity. Concentration Index (CI) and equity ratio in connection with Concentration Curve were competed to measure inequality Haryana have 57% and Punjab have 60% poor households medicines constituted 19 to 47 percent of hospitalization expenditure and 59 to 86%. Public health services should be improved greater availability of medicine will help to reduced public sector op expenditure.

Gupta, Priti (2014), the objective of the following study was to estimate the prevalence of functional disability and study its association with socio-demographic variables and self-reported chronic conditions among elderly persons in a rural area of Haryana. All persons aged 60 years and above in the randomly selected six clusters were included in this community-based cross-sectional study. Information was collected on socio-demographic variables and self-reported chronic conditions. Functional disability was defined as having disability in activities of daily living, or blindness or hearing impairment, or a combination of these. In multivariate analysis, backward stepwise logistic regression was carried out to study the association between the independent and dependent variables, after adjusting for confounding variables. Among the 836 participants studied, the prevalence of functional disability was estimated to be 37.4% (95% confidence interval: 34.2, 40.7). The prevalence was less among men (35.9%) than women (38.8%). The prevalence increased with age, was more common among persons who were not currently married, had diabetes and chronic obstructive pulmonary disease. Functional disability is common among elderly persons in the rural area. Community-based interventions are needed to address them. Management of chronic conditions should include prevention and control of associated disability.

### **3. Objectives**

After reviewing the previous research studies conducting by eminent scholars, the following objective of the study have been decided to conduct a research paper:

- ✓ To know the health problems faced by aged people in Mahendergarh district.

### **4. Research Methodology**

The nature of present study is exploratory and descriptive where researcher may find out the health problems of aged people in rural area of Mahendergarh on the basis of primary data. The result of study may be quantitative as well as qualitative. A structured plan for sample area, sample size for data collection, methods of data collection, methods of data interpretation, techniques of analysis etc. are designed for the analysis of study. Sample survey is conducted in order to achieve the objectives of the study. Sampling is selected of some part of an aggregate or totality made to

contact the aged people at their residences, even the investigator had to make more than one attempts. The study is based on primary data in order to get most reliable, original, correct prompt information and explore questions in depth personally on the health economics and health problems, living conditions, and terms of work and level of exploitation. In the present study, five villages have been selected randomly from every block of Mahendergarh district. Mahendergarh district has wide rural area that is why; it is not possible to conduct a research survey of every aged person of every village of district. In order to simplify the survey of study, researcher used the lottery system in order to select the villages from each block. By using this random method of sampling, five villages Mahrampur, Malra Bass, Baival, Talot and MeghotHalla are selected from five blocks Narnaul, Mahendergarh, Kanina, Nizampur and Nangal Chaudhary respectively. The sample area of study is selected on basis of multi stage sampling. Researcher filled 40 interview schedules from respondents from each village of every block of Mahendergarh district. These 40 respondents include the male and female who are of 60 years and above 60 years. Therefore, the total size of sample is 200.

### 5. Results and Discussion

The analysis has been made items wise. Therefore, the results have been explained under the different heads, according to the Structured Schedule (appendix) used for the purpose of information collected.

**Table 1: Showing Block wise Type of Problems Aged Respondents in Rural Area**

Type of Problem	N/C	Nizampur	M/Garh	Kanina	NNL	Total
Skin Diseases	4 (3.1)	2 (1.7)	3 (3.3)	4 (4.3)	3 (3.6)	16 (3.1)
Joints Pain	31(24.1)	31 (27.1)	22 (24.7)	21 (23.1)	20 (24.1)	125 (24.7)
Hyper Tension	15(11.6)	10 (8.7)	8 (8.9)	15 (16.4)	8 (9.6)	56 (11.1)
Visual Impairment	37(28.6)	29 (25.4)	32 (35.9)	30 (32.9)	28 (33.7)	156 (30.8)
Diabetes	1(0.77)	1 (.87)	2 (2.2)	4 (4.3)	0 (0)	8(1.5)
weakness	25(19.3)	19 (16.6)	8 (8.9)	10 (10.9)	11 (13.2)	73 (14.4)
Asthma	8 (6.2)	8 (7.1)	7 (7.8)	2 (2.1)	6 (7.2)	31 (6.1)
Urinary Problems	8 (6.2)	14 (12.2)	7 (7.8)	5 (5.4)	7 (8.4)	41 (8.1)
Total	129 (25.4)	114 (22.5)	89 (17.5)	91 (17.9)	83 (16.4)	506

*Survey: Field of the Study*

*NC – NangalChoudhary*

*MG – Mohindergarh*

*NNL - Narnaul*

Although elderly persons may have chronic diseases that may not be amenable to cure, their functional disabilities, if recognized at an early stage, can often be improved greatly. Planning and delivery of health care services in this area would require information on the magnitude of the problem in the community. Hence, it would be useful to estimate the burden of functional disability among the elderly persons in a rural area. Table 1 depicts the type of health problems which have been suffered by aged people in rural area of Mahendergarh district. Health problems have been classified basically in eight categories such as skin diseases, joint pain, hyper tension, visual impairment, diabetes, weakness, asthma, and urinary problem. According to sample survey table, 3.1 percent of total respondents suffer skin disease, 24.7 percent aged people suffer joint pain health problem, 30.8 percent people suffer problem of visual impairment, 1.5 percent person suffer diabetes, 6.1 percent aged people suffer asthma problem and 8.1 percent of sample respondents suffer urinary problem. According the analysis, highest number of aged people suffers health problems; they are from Nangal Chaudhary block of Mahendergarh district.

**Table 2: Reason behind the Problems Aged Respondents in Rural Area**

Reasons	N/C	Nizampur	M/Garh	Kanina	NNL	Total
Due to Nature of work	30(38.4)	20(30.30)	24(48)	32(60)	20(50)	126(43.9)
Diet	23(29.4)	14(21.21)	4(8)	10(18.8)	7(17.5)	58(20.2)
Awareness	2(2.5)	0(0)	0(0)	1(1.8)	0(0)	3(1.04)
Any other	23(29.4)	32(48.48)	22(44)	10(18.8)	13(32.5)	100(34.8)
Total	78(27.2)	66(22.9)	50(17.4)	53(18.4)	40(13.9)	287(100)

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*MG – Mohindergarh*

*NNL - Narnaul*

Another important aspect is to find out the proportion of elderly population working. For this in case of Population Censuses both main workers and marginal workers are considered while in case of NSSO Employment-Unemployment surveys, both the principal and subsidiary activity status are to be taken into consideration and there was not much variation between the proportion of elderly persons working as obtained from these two sources for almost all the population categories. Table no 2 depicts the reason of health problem which have been suffered by aged people in rural area of Mahendergarh district. The reasons behind health problem may be nature of work, diet of aged people, awareness and any other. The analysis of study inferences that most of the aged people (43.9) suffer health problem due to their nature of work. Another fact is that aged people are taking proper diet for their good health.

**Table 3: Spending of Respondents on Health Care**

Income	N/C	Nizampur	M/Garh	Kanina	NNL	Total
Nil	16(40)	23(57.5)	21(52.5)	19(47.5)	28(70)	107(53.5)
Up to 500	16(40)	14(35)	19(47.5)	20(50)	9(22.5)	78(39)
501 – 1000	4(10)	3(7.5)	0	1(2.5)	3(7.5)	11(5.5)
Above 1000	4(10)	0	0	0	0	4(2)
Total	40	40	40	40	40	200

*Survey: Field of the Study*

*NC – NangalChoudhary*

*MG – Mohindergarh*

*NNL - Narnaul*

Mostly source of income of aged people are there pension and savings of past days. In aged people income sources are less but expenses of medical treatment are very huge. Another important dimension to the subject of economic conditions of the elderly persons is the monthly per capita consumption expenditure (MPCE) of the aged population in rural and urban India. For this one may examine the percent distribution of elderly population across the MPCE classes separately obtained for rural and urban part of the country in the NSSO surveys. Moreover in urban areas higher concentration of elderly males than females in the higher expenditure classes was quite evident from the graph. This may be due to the fact that their medical expenditure is included in total consumption expenditure which may often be on higher side. Table 3 depicts the spending on health care of aged people in rural area of Mahendergarh district. Spending on health care is classified in four categories such as Nil, Up to Rs. 500, Rs. 501 to Rs. 1000, and above Rs. 1000. According to analysis of the survey, mostly people are not position to spend money on health care. There are only 2 percent aged people who spend money more than Rs. 1000 monthly on health care. About 53.5 percent people do not spend on health care.

**Table 4: Spending of Respondents on Medical treatment**

Income	N/C	Nizampur	M/Garh	Kanina	NNL	Total
Up to 500	16 (40)	18(45)	26 (65)	26(65)	24(60)	110(55)
501– 1000	23(57.5)	18(45)	13(32.5)	14(35)	16(40)	84(42)
Above 1000	1 (2.5)	4 (10)	1(2.5)	0	0	6(3)
Total	40	40	40	40	40	200

*Survey: Field of the Study*

*NC – NangalChoudhary*

*MG – Mohindergarh*

*NNL - Narnaul*

Mostly source of income of aged people are there pension and savings of past days. In aged people income sources are less but expenses of medical treatment are very huge. Another important dimension to the subject of economic conditions of the elderly persons is the monthly per capita consumption expenditure (MPCE) of the aged population in rural and urban India. For this one may examine the percent distribution of elderly population across the MPCE classes separately obtained for rural and urban part of the country in the NSSO surveys. Moreover in urban areas higher concentration of elderly males than females in the higher expenditure classes was quite evident from the graph. This may be due to the fact that their medical expenditure is included in total consumption expenditure which may often be on higher side. Table 4 shows the spending pattern of aged people on medical treatment. Spending on medical treatment is classified in three categories such as up to Rs. 500, Rs. 501 to Rs. 1000, and above Rs. 1000. About 55 percent respondents spend up to Rs. 500 on medical treatment. It is very small amount on medical treatment because mostly people take medical treatment in government hospital. There are only 3 percent aged people who spend more than Rs. 1000 monthly on medical treatment.

**Table 5: Income wise Distribution of Respondents in blocks of Mahendergarh district**

Income/Blocks (in Rupee)	N/C	Nizampur	M/Garh	Kanina	NNL	Total
Up to 5000	11(27.5)	9(22.5)	0	4(10)	6(15)	30(15)
5001 to 10000	4(10)	7(17.5)	3(7.5)	8(20)	17(42.5)	39(19.5)
10001 to 20000	9(22.5)	10(25)	15(37.5)	16(40)	10(25)	60(30)
Above 20000	16(40)	14(35)	22(55)	12(30)	7(17.5)	71(35.5)
Total	40	40	40	40	40	200

*Survey: Field of the Study*

*NC – NangalChoudhary*

*MG – Mohindergarh*

*NNL - Narnaul*

Table 5 depicts the block wise income level of aged people's family in rural area of Mahendergarh district. This table highlights the economic condition of aged people's family in rural area of Mahendergarh district. Table shows that 15 percent of respondents' family earn up to Rs. 5000, 19.5 percent respondents' family earn between Rs. 5001 to Rs. 10000, 30 percent family earn between Rs. 10001 to 20000, and 35.5 percent respondents' family earn more than Rs. 20000.

## 6. Conclusions

This paper concludes that Health problems have been classified basically in eight categories such as skin diseases, joint pain, hyper tension, visual impairment, diabetes, weakness, asthma, and urinary problem. According to sample survey, 3.1 percent of total respondents suffer skin disease, 24.7 percent aged people suffer joint pain health problem, 30.8 percent people suffer problem of visual impairment, 1.5 percent person suffer diabetes, 6.1 percent aged people suffer asthma problem and 8.1 percent of sample respondents suffer urinary problem. According the analysis,

highest number of aged people is suffering health problems; they are from Nangal Chaudhary block of Mahendergarh district. The analysis of study inferences that most of the aged people (43.9) suffer health problem due to their nature of work. Another fact is that aged people are taking proper diet for their good health. Spending on health care is classified in four categories such as Nil, Up to Rs. 500, Rs. 501 to Rs. 1000, and above Rs. 1000. According to analysis of the survey, mostly people are not position to spend money on health care. There are only 2 percent aged people who spend money more than Rs. 1000 monthly on health care.

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