

HEALTH EXPENDITURE PATTERN OF RURAL PEOPLE: EVIDENCE FROM MAHENDERGARH DISTRICT

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Abstract:

The connection between the health status of the individual and expenditure of medical services builds the link between economies of health and economies of health care. Health care refers to any type of services provided by professionals with an impact on health status. So, the study is an attempt to know the health expenditure pattern 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 52.89 percent male respondents are in age group of 60 to 70 years. About 47.11 percent female respondents belong to 60 to 70 years. With this, 22.5 percent respondent is farmer in nature of work and 14.5 percent of people are rural artisan. 7.5 percent respondents are labour. About 12.5 percent respondents are doing government job and the rest of respondents are doing nothing in rural area of Mahendergarh district. Expenditure 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

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 economies of health and economies 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/ her 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. Thus, health economists are interested in some very important questions. How is health produced? What role does health care play in its production? What is the value of health? How do we go about measuring health status? What influences demand for health and health care? What influences the supply of health care? How can equilibrium between demand and

supply be achieved? The discipline of health economics is the study of these questions and the answers to them that individuals and societies have put forward.

Mostly aged people are not happy with their health and life in rural area and don't want to live more and further it is to be studied by conducting the research sample survey. Persons with sound financial background but aged one is not sound and almost all are living under mentally and physically pressure due to matter related on their children specially, relatives and government helps. Many aged persons are living separate from their children and they are suffering from physical as well as mental as well as financial problems. Old people have not source of income especially many of them are illiterate uneducated and worked as farmer, labour in village and in the old age time they have no source of income and no bank balance and living in poor conditions, they are neglected by family as well as by the society also. Many of them have to work in this age especially physical work which is also against their health and future life and if once they get ill they have not much money to get good medical treatment and most of them died to due to poor medical facility and lack of money. They are not supposed to leave the working hours. Depending upon the pressure of work, they may have to come early in the morning and stay late in the evening. The work is characterized by fluctuations and uncertainties. In the rural area work is specially unorganized and seasonal and they do not enjoy good environmental condition for work. Government also provided many health beneficial schemes for poor and aged people for rural area but due to lack of education or illiteracy or proper knowledge and sincere efforts by the government authorities they can't get benefits of these schemes.

During the three decades, the Indian economy has undergone structural change in favour of nuclear families and the process of re-structuring is still on. There has been a very fast expansion of urban sector. The problems of health of aged people particularly below the poverty line are comparatively very high. The rural urban migration rate has increased which resulted in the rise of several health problems for aged people in both rural and urban areas especially for those whose children migrated. The health problems of aged people are also one of the by-products of this kind of development process in the society. This is a fact that rapid urbanization has made the problem of aged people more visible. In India, aged people mostly face health problems in rural as well as urban area. Similarly, technological innovations in the urban sector often forces aged people rural of both and urban area leading to various health diseases. Further, migration of poor and deprived rural families to urban areas is the also leading to health problems of old aged people whose children are migrated to urban area. The nature of the rural aged people health problems is very complex. So far, many researchers and social scientists and activists have worked on the health problems and socio-economic conditions of aged people. But a few of them have studied the health economics and health problems of aged person in rural area. Hence, it was decided to study the health economics and problems of rural aged people. It is painful to note that millions of aged people are living in under the umbrella of serious disease and unhygienic conditions. Their heartless children do not give them proper care when they need it very much. The athletic condition of the aged people live in the rural area has inspired the researcher to study the living conditions, health problems and future of the helpless aged. The aged people are a global phenomenon. It is everywhere, every home and every family of country. In broader sense it can be said that disrespecting the aged people is geographically rampant. In such circumstances, the researcher, with the limited means, found it difficult to cover all the aged people in the world and therefore, has decided to restrict him a particular activity and a particular geographical area.

2. 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 Expenditure pattern by aged people in Mahendergarh district.

3. 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, Mahendegarh, 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.

4. 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 Age wise Profile of Respondents

| Gender/Age Group | 60 – 70 | 71 – 80 | Above 80 | Total |
|-------------------------|----------------|----------------|-----------------|--------------|
| Male | 64(52.8) | 34(54.8) | 14(82.3) | 112 (56) |
| Female | 57(47.1) | 28(45.1) | 3(17.6) | 88(44) |
| Total | 121 (60.5) | 62 (31) | 17(8.5) | 200 |

Survey: Field of the Study

In view of the increasing need for intervention in area of old age welfare, Ministry of Social Justice and Empowerment, Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy provides broad guidelines to State Governments for taking action for welfare of older persons in a proactive manner by devising their own policies and plans of action. The policy defines 'senior citizen' as a person who is 60 years old or above. It strives to ensure well-being of senior citizens and improve quality of their lives through providing specific facilities, concessions, relief, services etc. and helping them cope with problems associated with old age. It also proposes affirmative. Table 1 shows age wise profile of respondents. Age of respondents is

classified in three groups like 60 to 70 years, 71 to 80 years, and above 80 years and respondents are classified in male and female category. As per table 52.89 percent male respondents are in age group of 60 to 70 years. About 47.11 percent female respondents belong to 60 to 70 years.

Table 2: Showing Block wise Distribution of Respondents According to Nature of Work

| Nature of work/ Blocks | N/C | Nizampur | M/Garh | Kanina | NNL | Total |
|------------------------|--------|----------|----------|----------|---------|----------|
| Farmer | 12(30) | 8(20) | 14(5) | 7(17.5) | 5(12.5) | 45(22.5) |
| Artisan | 1(2.5) | 16(40) | 0(0) | 6(15) | 6(15) | 29(14.5) |
| Labour | 3(7.5) | 2(5) | 3(7.5) | 3(7.5) | 4(10) | 15(7.5) |
| Govt. Job | 6(15) | 2(5) | 8(20) | 5(12.5) | 3(7.5) | 25(12.5) |
| House Wife | 18(45) | 12(30) | 15(37.5) | 19(47.5) | 22(55) | 86(43) |
| Total | 40 | 40 | 40 | 40 | 40 | 200 |

Survey: Field of the Study

NC – NangalChoudhary

MG – Mohindergarh

NNL – Narnaul

India will have another kind of a problem as despite of rapid and consistent economic growth, it will have a huge ageing population who may be far poorer than their counterpart in the West. In India, most of those who have worked in organized sector get pension and other retirement benefits after attaining the age of superannuation varying between 60 to 65 years. Table 2 depicts the block wise distribution of respondents according to nature of work of respondents. The nature of work is classified in five categories such as farmer, rural artisan, labour, government job, No work etc. Table revealed that 22.5 percent respondent is farmer in nature of work and 14.5 percent of people are rural artisan. 7.5 percent respondents are labour. About 12.5 percent respondents are doing government job and the rest of respondents are doing nothing in rural area of Mahendergarh district.

Table 3: 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

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NNL - Narnaul

Table 3 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 4: 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 4 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 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.

Table 5: Expenditure 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 5 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 6: Expenditure 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 6 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.

6. Conclusions

The present paper concludes that 52.89 percent male respondents are in age group of 60 to 70 years. About 47.11 percent female respondents belong to 60 to 70 years. With this, 22.5 percent respondent is farmer in nature of work and 14.5 percent of people are rural artisan. 7.5 percent respondents are labour. About 12.5 percent respondents are doing government job and the rest of respondents are doing nothing in rural area of Mahendergarh district. According the analysis, highest number of aged people suffers health problems; they are from Nangal Chaudhary block and 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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