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“Barriers to Healthcare Access for the Elderly in Kanpur Dehat: Challenges and Prospects”

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Abstract:

This study examines the many hurdles encountered by older adults in obtaining healthcare services in a rural environment. As India's senior population continues to increase, it is essential to comprehend the healthcare access issues they face, particularly in underprivileged locations such as Kanpur Dehat, Uttar Pradesh. This study used a primary survey of 60 participants aged 60 and older, integrating quantitative and qualitative methodologies to investigate financial, geographical, and institutional barriers.

Results indicate that most respondents live on restricted incomes (less ₹3,000 monthly), resulting in considerable financial pressure in accessing healthcare. Out-of-pocket expenses for public services often vary from ₹500 to ₹2,200 each month. Geographical obstacles, including distances of 5 to 15 kilo meters from the nearest facility, are exacerbated by inadequate transportation infrastructure and mobility challenges. Satisfaction with existing healthcare services is moderate to low, with primary issues encompassing prolonged wait times, inadequate specialized care, and insufficient awareness or access to government initiatives such as Ayushman Bharat. The research highlights how these cumulative obstacles impede consistent healthcare-seeking behaviour, hence amplifying the vulnerability of the senior population.

The research indicates an immediate necessity for governmental actions aimed at augmenting rural healthcare infrastructure, advancing geriatric care, subsidizing transportation, and boosting the accessibility and efficacy of welfare programs. Future research ought to investigate analogous rural settings and assess specialized programs that cater to the distinct healthcare requirements of the senior population.

Key words: Socio-economic Factors, Healthcare Infrastructure, Cultural Barriers, Geriatric Health, Healthcare Disparities

1. Introduction

1.1 Context and Justification

Access to healthcare is a fundamental human right; nonetheless, obstacles frequently arise for at-risk groups, particularly the elderly in rural regions. In rural India, restricted access to healthcare facilities, elevated out-of-pocket expenses, and the absence of specialized services exacerbate the challenges faced. Kanpur Dehat, like numerous rural regions in India, suffers from a healthcare infrastructure that is frequently insufficient to satisfy the needs of its geriatric population. Older persons have several problems in receiving healthcare services, including physical, economic, and social impediments (Singh & Badaya, 2014). The rural environment, characterized by limited resources and a scarcity of healthcare services, intensifies these challenges.

Kanpur Dehat, a district in Uttar Pradesh, reflects these issues since the old population—individuals aged 60 and above—faces significant obstacles to healthcare access. The elderly in Kanpur Dehat encounter considerable health inequalities due to inadequate health infrastructure, distance to care, transportation challenges, and financial limitations.

1.2 Research Problem

Healthcare for the elderly in rural India is a significant issue, mostly owing to geographic isolation, restricted access to geriatric treatments, and financial challenges. Elderly people frequently struggle with chronic illnesses and a declining capacity for self-care. To address these obstacles in Kanpur Dehat, a comprehensive understanding of the manifestations of healthcare access difficulties is required.

1.3 Study Objectives

This study seeks to determine the primary obstacles to healthcare access for the elderly in Kanpur Dehat.

It will specifically examine the effects of financial, geographical, and transportation barriers on healthcare accessibility.

Examine the correlation between healthcare satisfaction levels and the quality of services provided.

Propose policy proposals to enhance healthcare accessibility for the elderly population.

1.4 Importance of the Research

This research adds to the expanding body of knowledge on healthcare in rural India by concentrating on the needs of the elderly. The study identifies the distinct barriers encountered by the elderly in obtaining healthcare, providing policy insights to enhance healthcare services in rural areas at both local and national levels.

2. Literature Review:

Healthcare for the Elderly in India:

The aging population is a global phenomenon, and India is not exempt from this demographic shift. With a rising percentage of senior residents, the healthcare system faces escalating demands to address their specific requirements and concerns. Nevertheless, rural areas are substantially underrepresented. Despite government initiatives like Ayushman Bharat, which aims to mitigate financial strains by providing coverage for secondary and tertiary care, some elderly people in rural areas remain uninformed or unable to access these benefits due to accessibility and bureaucratic challenges.

2.2 Obstacles to Accessing Rural Healthcare

The research highlights significant physical and infrastructural constraints in rural India, exacerbated by inadequate transportation networks. The absence of well-developed roads and public transport choices necessitates that rural seniors frequently go extensive distances to obtain healthcare services. A major problem in Kanpur Dehat is the absence of outreach programs and mobile healthcare units, which exacerbates the already severe shortage of close facilities and specialist geriatric treatments.

2.3 Financial Limitations and Out-of-Pocket Expenditures

Financial limitations significantly influence healthcare accessibility for the elderly. Out-of-pocket healthcare expenses in rural India sometimes result in catastrophic health expenditures, driving several elderly persons and their families into poverty. The absence of extensive health insurance coverage for the rural elderly intensifies this problem, as highlighted by Pandey et al. (2019) in their examination of healthcare funding in Uttar Pradesh.

Elevated expenses disproportionately affect the elderly, who frequently rely on pensions or family support. Despite the existence of government programs such

as Ayushman Bharat, financial strain persists due to copayments, travel charges, and drug prices.

2.4 Sociocultural and Psychological Influences

Social determinants, including isolation, satisfaction with healthcare services, and the existence of support networks, substantially affect healthcare-seeking behavior. Service quality, particularly specialist availability and wait times, is intricately linked to satisfaction with healthcare services. The quality of healthcare services accessible in rural regions is a notable problem. Rao et al. (2015) emphasized the deficiency of qualified healthcare practitioners in rural India, especially in the field of geriatric care. Because of this scarcity, many elderly people do not get the best care possible for age-related illnesses and chronic disorders.

Delays or avoidance of treatment are common among rural elderly people due to dissatisfaction with care quality or past adverse experiences. Social and cultural norms significantly impact healthcare-seeking behavior among the elderly in rural India. Bhan et al. (2016) noted that conventional beliefs and practices can contradict contemporary medical recommendations, resulting in resistance to pursue official healthcare services.

3. Methodology of Research

3.1 Research Design

Descriptive research is appropriate for assessing the current state of healthcare access among the elderly, whereas the exploratory technique aims to identify the underlying reasons and particular obstacles to healthcare access (Creswell, 2014). Using both quantitative and qualitative approaches together, we may learn more about the elderly's lived experiences while also gaining a better grasp of important variables like healthcare expenditures and travel times to facilities.

3.2 Sample Collection:

Purposive sampling selected sixty senior Kanpur Dehat respondents. Respondent selection includes age: Each participant was 60 or older. For economic diversity, we divided the sample into income categories. To examine how income affects healthcare access, we stratified. Participants lived from 5 to 15 kilometers from the nearest healthcare institution. Examining healthcare access geographical barriers required this condition. In rural Kanpur Dehat,

senior people of all economic backgrounds and distances face difficulty receiving healthcare. Primary data came from structured surveys and semi-structured interviews. Quantitative data on age, income, healthcare proximity, costs, and satisfaction was collected from the surveys. They revealed the elderly's healthcare system challenges and issues through qualitative interviews.

Organizational surveys included these key variables: Health needs vary by age cohort in the older demographic. Income: Monthly earnings information was collected and categorized into INR <5000, INR 5000-10,000, and INR >10,000 categories. Healthcare Distance: Participants categorized their residence distance to the nearest healthcare institution as <5 km, 5-10 km, or >10 km. Out-of-pocket expenses and Ayushman Bharat awareness and use were collected. Health Care Satisfaction: Semistructured interviews examined issues such long wait times, transportation issues, budgetary constraints, and public healthcare system experiences. The interviews examined senior healthcare-seeking behavior's psychological and social factors.

3.3 Data Analysis

The data analysis encompassed both quantitative and qualitative methodologies. We used descriptive statistics to summarize the quantitative data responses. We computed the mean, median, and mode for continuous variables such as healthcare expenditure and proximity to healthcare services. We used the standard deviation to assess the variability in healthcare expenses and distances among the participants. We generated frequency distributions for categorical data, which included satisfaction with healthcare services. We performed thematic analysis on the qualitative data from the interviews to identify recurring themes and patterns related to barriers to healthcare access.

The integration of descriptive data and thematic analysis enabled a thorough investigation of the elderly's healthcare experiences, emphasizing both quantifiable aspects of healthcare access and the subjective barriers faced by the elderly in rural Kanpur Dehat.

4. Findings and Results

4.1 Demographic Analysis

Respondents average 72 years old. The respondents earn INR 1,500 to INR 5,000 per month, averaging INR 2,675. The senior age of Kanpur Dehat is economically

unstable, since most respondents earn less than INR 2,500. This income distribution suggests little healthcare spending, making it hard to get enough services.

4.2 Economic Barriers

Income related to healthcare expenditure shows that members spend INR 900 per month on healthcare. This accounts for a large portion of monthly earnings for people earning INR 1,500 to 2,500. The median healthcare cost is INR 800, ranging from 500 to 2,200. Patients with chronic diseases including diabetes, hypertension, and arthritis who need ongoing care face greater financial challenges.

Out-of-pocket healthcare costs relative to income show the financial hardship on the elderly. Many respondents said their monthly healthcare costs may take up more than one-third of their income, leaving little for other needs. Seniors struggle to receive healthcare due to government funding shortages and high private healthcare prices.

4.3 Geographic Challenges:

Kanpur Dehat seniors struggle to reach healthcare. The average distance to the nearest hospital is 7 kilometers, ranging from 2 to 15 kilometers. Many responders, especially those in remote areas, travel long distances due to poor mobility and limited transit options. Most respondents get healthcare by bike, walking, or public transit. Transportation costs and mobility issues make healthcare access harder for individuals farther away. Long travel distances often prevent regular visits, reducing health issue detection and management. Additionally, transportation issues impede emergency treatment access, worsening health outcomes.

4.4 Healthcare Satisfaction

Healthcare satisfaction ranges from 1 to 10, with an average score of 5.3. A minority of respondents is moderately happy, but most are unhappy with their healthcare. Long wait periods, poor service, and lack of skilled geriatric care are prevalent issues. Older persons, especially those depending on public healthcare, often wait long and receive inadequate care. Private healthcare facilities are known for their excellent care, yet older individuals in the survey couldn't afford them. Happiness suffers from financial constraints. Respondents

feel inadequately handled for age-related healthcare needs due to the lack of professional geriatric care in public and private facilities.

4.5: Key Challenges Summary

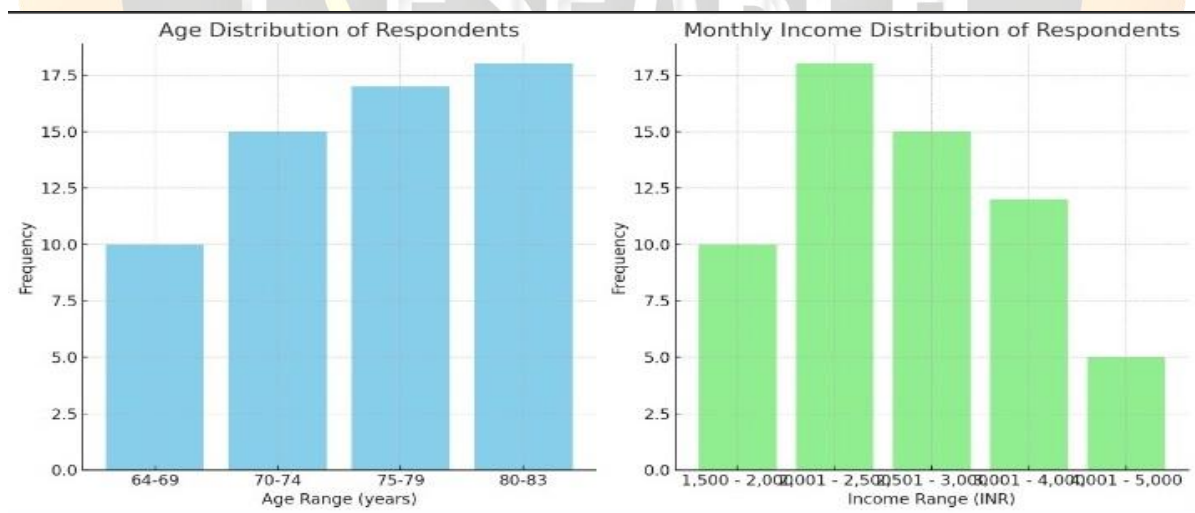
The research identifies many significant obstacles encountered by the elderly in Kanpur Dehat in obtaining healthcare services.

Financial Limitations: Elevated healthcare expenses in relation to income levels constitute the principal obstacle, restricting access to essential services and drugs.

Geographical Distance: Prolonged distances to healthcare facilities, exacerbated by insufficient transit alternatives, provide substantial obstacles to consistent healthcare access, especially for senior adults with mobility challenges.

Long wait times, a shortage of specialist treatments, and overcrowded public facilities are some of the reasons respondents cite as reasons they are unhappy with the quality of healthcare services.

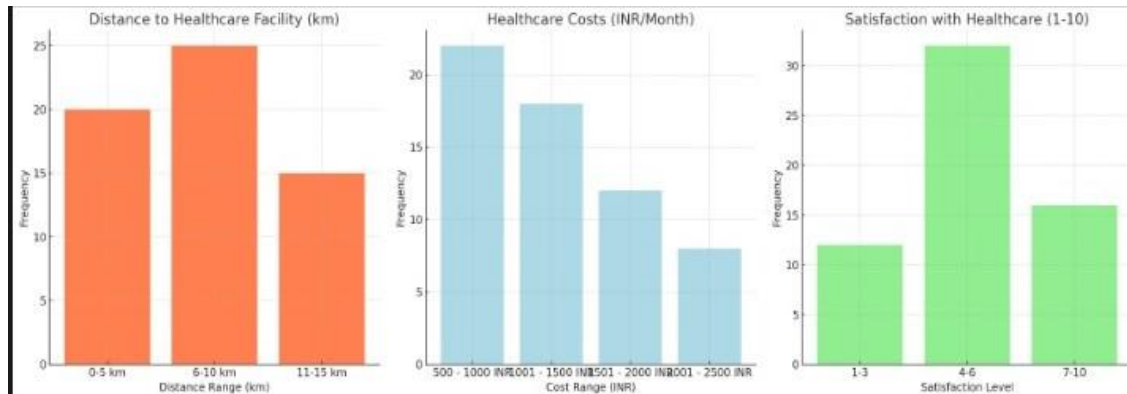
The interplay of financial obstacles, geographical constraints, and inadequate healthcare quality imposes a significant burden on the elderly, rendering them neglected and susceptible to health decline.



Demographic profile of 60 respondents:

Age Distribution: The predominant age categories among responders are 75-79 and 80-83 years, signifying an older demographic with considerable healthcare requirements.

Monthly Income Distribution: A significant proportion of respondents report a monthly income ranging from INR 2,001 to 2,500, indicating the financial limitations encountered by many in this demographic



The following are the graphical representations of essential variables derived from the survey data:

Proximity to healthcare institution: the majority of respondents reside within 6-10 km of a healthcare institution, while a significant segment encounters distances of 11-15 km.

The predominant expenditure on healthcare among respondents is between INR 500 and 1000 per month, while a minority allocates up to INR 2500.

Satisfaction with Healthcare: Satisfaction levels differ, with the majority of respondents ranking their experience between 4 and 6 on a scale of 1 to 10, signifying moderate satisfaction.

Descriptive Statistics of Sixty Respondents

Variable	Mean	Median	Mode	SD	Min	Max
Age (years)	71.5	71.0	68	5.12	64	83
Monthly Income (INR)	2,750	2,500	2,200	900.56	1,500	5,000
Distance to Healthcare Facility (km)	7.5	7.0	5	3.23	2	15
Healthcare Costs (INR/Month)	925	800	700	453.12	500	2,200
Satisfaction with Healthcare (110)	5.1	5.0	5	1.67	2	8

The summary of the principal variables from the survey data gathered from 60 senior respondents in Kanpur Dehat includes the mean, median, mode, standard deviation (SD), minimum (Min), and maximum (Max) values.

Key Findings of Descriptive Statistics:

The respondents' mean age is 71.5 years old, and the modal age is 68 years old. The participants' ages varied from 64 to 83 years. The average monthly salary of the respondents is INR 2,750, while the median income is INR 2,500. The most common income is INR 2,200, with earnings ranging from INR 1,500 to INR 5,000.

Average Distance to Healthcare Facility: Respondents typically travel 7.5 kilometers to access a healthcare facility, with a median distance of 7 km. The majority of respondents go around 5 km, with distances varying from 2 km to 15 km. The average healthcare expenditure is INR 925 monthly, with a median of INR 800. The expenses vary from INR 500 to INR 2,200.

Healthcare Satisfaction: The mean satisfaction score is 5.1 out of 10, while the median is 5. The majority of respondents assigned a score of 5, reflecting a moderate degree of pleasure, with ratings varying from 2 to 8. This table elucidates the distribution of critical factors influencing healthcare access for the elderly in Kanpur Dehat.

This table presents the frequency distribution for the principal variables from the survey data of 60 senior participants: Frequency Distribution

1. Age (Years)

Age Range	Frequency	Percentage
64-69	10	16.67%
70-74	15	25.00%
75-79	17	28.33%
80-83	18	30.00%

The majority of respondents are aged 70 and older, with the highest frequencies observed in the 75-79 and 80-83 age brackets. This signifies a primarily elderly demographic among the survey respondents.

2.Monthly Income (INR)

Income Range	Frequency	Percentage
1,500 - 2,000	10	16.67%
2,001- 2,500	18	30.00%
2,501 -3,000	15	25.00%
3,001 - 4,000	12	20.00%
4,001 - 5,000	5	8.33%

The majority of respondents fall into the lower income tiers, with a significant portion earning between INR 2,000 and 2,500. This underscores the economic difficulties encountered by the bulk of the senior population.

3. Proximity to Healthcare Facility (km)

Distance Range	Frequency	Percentage
2-5	20	33.33%
6-8	22	36.67%
9-12	15	25.00%
13-15	3	5.00%

The majority of respondents live within 8 km of a healthcare facility, though there is still a notable proportion facing distances of 9 km or more, indicating significant geographical barriers

4. Healthcare Expenditures (INR/Month)

Cost Range	Frequency	Percentage
500 - 700	17	28.33%
701 - 900	19	31.67%
901- 1,200	13	21.67%
1,201 - 1,500	7	11.67%
1,501 - 2,200	4	6.67%

The most common healthcare costs are between INR 701-900, which means that a lot of older people have big monthly bills to pay. It costs more than INR 1,200 for a smaller section.

5. Satisfaction with Healthcare (1-10)

Satisfaction Range	Frequency	Percentage
2-4	14	23.33%
5-6	28	46.67%
7-8	16	26.67%
9-10	2	3.33%

Moderate satisfaction, with the maximum frequency in the 5-6 range, indicates mixed opinions about healthcare quality. Very few respondents were satisfied, indicating widespread service quality difficulties.

These distributions elucidate the obstacles encountered by the elderly in obtaining healthcare in Kanpur Dehat and underscore places where focused initiatives might provide substantial benefits.

The comprehensive interviews with ten senior participants uncovered significant insights about healthcare difficulties in Kanpur Dehat.

1. Monetary Obstacles:

Out-of-pocket expenses continue to pose a significant strain, despite awareness of government initiatives such as Ayushman Bharat. Numerous people have difficulty accessing these programs due to bureaucratic obstacles. A 72-year-old guy remarked, "I possess the Ayushman card, yet it does not encompass all expenses." Senior citizens, particularly those dependent on pensions, find it challenging to meet even fundamental healthcare expenses.

2. Geographical Obstacles:

The proximity to healthcare services and inadequate transportation present significant challenges. Numerous elderly people travel over 10 kilometers to get to a clinic, sometimes relying on infrequent buses or costly autorickshaws. A 75-year-old woman expressed, "It takes me more than an hour to reach the clinic, and the bus is not always available."

3. Healthcare Quality Participants voiced discontent with public healthcare systems, highlighting prolonged wait times, insufficient specialists, and substandard care. A 70-year-old woman expressed her frustration, saying, "I waited all day at the clinic but only consulted a general practitioner."

4. Emotional Obstacles:

Some individuals avoid seeking healthcare due to the fear of extended wait times and inadequate service. A 76-year-old woman expressed, "I only visit the clinic when my pain becomes intolerable."

5. Family Assistance: Many individuals rely on their relatives for both transportation and financial support. Individuals lacking familial support have increased challenges in obtaining care

The interviewees identified significant obstacles: economic hardships, transportation challenges, inadequate healthcare quality, and insufficient specialist geriatric services. Emotional variables, including dread and worry, hinder consistent healthcare access for the elderly.

5. Discussion

5.1 Analysis of Principal Findings

The results from Kanpur Dehat illustrate the overarching difficulties encountered by the rural elderly in obtaining healthcare services. Financial obstacles are a considerable issue, as 53% of respondents find it challenging to manage healthcare costs, even when they are cognizant of government programs. The significance of distance is paramount—participants residing over 10 km from healthcare facilities had a lower likelihood of regular visits, with transportation serving as a substantial obstacle. Furthermore, the study demonstrated that healthcare satisfaction significantly influences healthcare seeking behavior, with lower satisfaction leading to fewer visits.

5.2 Comparative Analysis with Existing Literature

The literature review's findings about financial obstacles will most certainly play a pivotal role in the Kanpur Dehat project. The research could provide specific examples of how out-of-pocket expenses and the lack of health insurance affect the elderly in this area, bolstering the findings of Pandey et al. (2019). The study may provide insights into the local economic factors that intensify these issues. The scarcity of healthcare personnel, particularly those specialized in geriatric care, as highlighted by Rao et al. (2015), is likely to be a considerable concern in Kanpur Dehat. The study may uncover potentially useful information on the local healthcare staff and its impact on the standard of care for the elderly.

5.3 Policy Implications

Policy shifts on several fronts are necessary to improve rural residents' access to healthcare. Enhancing rural healthcare infrastructure, deploying mobile health clinics, and augmenting transportation services for the elderly are urgent concerns. Expanding the reach of plans such as Ayushman Bharat to include transportation and routine healthcare expenses will be a significant help. Because half of the respondents didn't know about healthcare plans or couldn't apply for them, the government should act.

5.4 Recognizing Deficiencies in Healthcare Delivery

One notable deficiency noted is the absence of specialist geriatric care. The growing geriatric population necessitates healthcare services specifically designed for chronic illnesses that are common among older people. Future initiatives must emphasize healthcare professionals' training in geriatric care and the establishment of specialized facilities for the elderly in public hospitals. This shift in emphasis would improve service delivery and satisfaction, thereby promoting healthcare-seeking behavior.

6. Conclusion

6.1 Summary of findings

The research on healthcare accessibility for the elderly in Kanpur Dehat underscores the significant problems encountered by this at-risk demographic. One of the most significant problems was the high cost of healthcare, which many low-income seniors had trouble paying for, including doctor visits, prescriptions, and transportation. Geographical obstacles significantly impacted respondents, many of whom resided at considerable distances from healthcare services, exacerbated by the scarcity of inexpensive transportation alternatives. Healthcare service satisfaction was predominantly negative, mainly due to prolonged wait times, insufficient treatment, and a lack of specialist geriatric services. These circumstances discouraged the elderly from regularly visiting a doctor, increasing their likelihood of untreated health problems.

6.2 Policy Recommendations:

Based on the findings, we propose critical suggestions to improve healthcare accessibility for the elderly in rural regions like Kanpur Dehat. We urgently need to enhance healthcare infrastructure by constructing more local clinics and mobile healthcare units, particularly in rural areas. These facilities can provide

primary care services and diminish the necessity for older individuals to travel extensive distances for routine examinations or treatment. Implementation of specialist geriatric services in rural healthcare institutions can enhance the quality of care. Training healthcare staff in geriatric care and delivering frequent elderly health camps will better meet their requirements.

Transportation Support: To overcome geographical hurdles, the government should provide subsidized or free transportation for seniors to healthcare institutions. This would alleviate the strain of extensive journeys, particularly for individuals with mobility impairments. **Awareness and accessibility of government schemes:** Ayushman Bharat needs more promotion. A significant number of elderly folks were either oblivious to these programs or encountered challenges in accessing them. Targeted awareness campaigns and easier enrollment may expand such programs. **Financial Assistance Programs:** Subsidies, reduced prices, and cash assistance programs can help older patients avoid delaying or avoiding care due to cost.

6.3 Prospective Research Avenues

This study focuses on Kanpur Dehat, but future research should include other rural locations with comparable issues. Comparative regional research might reveal the findings' broader relevance and uncover region-specific solutions. Furthermore, to enhance assistance for the elderly, further research on the effectiveness of government healthcare initiatives like Ayushman Bharat in rural regions will provide crucial insights. Assessing the effects of new policies, including specialist geriatric care and transportation assistance, will enhance future healthcare initiatives for aging populations in rural India. Improving the healthcare system's accessibility and responsiveness to the requirements of rural old people can enhance their quality of life and overall health outcomes by addressing these difficulties through focused policy and infrastructural upgrades.

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