

# Understanding Healthcare Avoidance among Elderly in India: Perceptions of Medical Expenditure as a Barrier to Hospital Treatment

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## Abstract

Healthcare avoidance among the elderly is a significant issue globally, with perceptions of medical expenditure often serving as a barrier to hospital treatment. This review explores the phenomenon of healthcare avoidance among the elderly in India, focusing on the perceptions of medical expenditure and its implications for healthcare access and outcomes. The review examines factors contributing to healthcare avoidance, including financial constraints, access barriers, cultural beliefs, and negative experiences. It highlights the impact of healthcare avoidance on health outcomes, emphasizing the need for timely diagnosis and treatment. Additionally, the review provides an overview of the demographic profile of the elderly population in India, challenges in healthcare infrastructure, and existing policy initiatives. Empirical evidence from studies examining perceptions of medical expenditure among the elderly in India is synthesized to understand the complexities of healthcare avoidance. Sociocultural and economic factors influencing healthcare avoidance are analysed, emphasizing the role of cultural beliefs, socioeconomic status, and family dynamics. Policy implications and interventions to address barriers related to medical expenditure are discussed, alongside the importance of community engagement and education initiatives. The review concludes by underscoring the need for collaborative efforts from policymakers, healthcare providers, and community stakeholders to mitigate barriers to healthcare access among the elderly in India and improve health outcomes for this demographic.

**Keywords:** Elderly, Healthcare, Avoidance ,Perceptions ,Access.

## Introduction:-

Healthcare access for the elderly is crucial for maintaining their health, well-being, and quality of life. Globally, as the population ages, the demand for healthcare services among the elderly increases significantly. According to the World Health Organization (WHO), older adults often experience higher rates of chronic diseases, disabilities, and healthcare needs compared to younger age groups (WHO, 2021). Access to timely and appropriate healthcare services is essential for managing chronic

conditions, preventing complications, and improving overall health outcomes among the elderly. In South Asian countries like India, where the proportion of elderly individuals is growing rapidly, ensuring healthcare access for this demographic is paramount. The elderly population in India faces unique healthcare challenges, including higher prevalence rates of non-communicable diseases, limited access to healthcare facilities, and financial constraints. As a result, addressing healthcare access issues among the elderly is critical to promoting healthy aging and addressing the healthcare needs of this population segment.

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**Healthcare avoidance among the elderly in India &**

**Global:** Healthcare avoidance among the elderly in India refers to the phenomenon where older adults refrain from seeking necessary medical care or delay healthcare-seeking behaviour due to various barriers and factors. These barriers may include financial constraints, lack of access to healthcare facilities, cultural beliefs, and perceptions about healthcare services. Research indicates that healthcare avoidance among the elderly is a multifaceted issue influenced by socio-economic, cultural, and structural factors.

Globally, healthcare avoidance among the elderly is observed across various contexts and countries. Studies from countries like the United States, the United Kingdom, and Australia have highlighted similar challenges faced by older adults in accessing healthcare services, including barriers related to cost, transportation, and healthcare system complexities (Galenkamp et al., 2016; Koenig et al., 2020; Heisler et al., 2003).

The prevalence of healthcare avoidance among the elderly varies across regions and populations. According to a study by Poulson et al. (2019), approximately 25% of older adults reported avoiding medical care due to concerns about the cost of treatment and medical bills in the United States. Similarly, research in low- and middle-income countries has shown significant rates of healthcare avoidance among older adults, particularly in rural and underserved areas where access to healthcare services is limited (Trivedi et al., 2019).

**Statement of the problem: Perceptions of medical expenditure as a barrier to hospital treatment:** In India, perceptions of medical expenditure as a barrier to hospital treatment are prevalent among the elderly population. Many older adults perceive healthcare costs, including hospitalization expenses, medication costs, and diagnostic fees, as prohibitive and unaffordable. The fear of incurring high medical expenses often deters older adults from seeking timely and appropriate healthcare services, leading to healthcare avoidance and delayed treatment-seeking behaviour.

Globally, the issue of medical expenditure as a barrier to

healthcare access is not unique to India but is observed in various countries with different healthcare systems. Studies from low-income, middle-income, and high-income countries have consistently identified financial constraints as a significant barrier to healthcare access among older adults, highlighting the universal nature of this challenge (Kruk et al., 2018; Zhang et al., 2020; Allin et al., 2010).

**Purpose of the review and its significance:** The aim of this review is to analyse how elderly individuals in India perceive medical costs as a hindrance to seeking hospital treatment. By delving into the factors that influence healthcare avoidance among older adults and comparing these factors globally and within the South Asian region, the review seeks to accomplish several objectives: Firstly, it aims to pinpoint the socio-economic, cultural, and structural factors that contribute to healthcare avoidance among the elderly in India. Secondly, it aims to assess how perceptions of medical costs impact the healthcare-seeking behaviour and health outcomes of older adults. Lastly, the review aims to offer recommendations to policymakers, healthcare providers, and community stakeholders to tackle barriers related to medical expenses and enhance healthcare accessibility for the elderly in India. This review holds significance as it highlights a pressing issue affecting the elderly population in India and offers insights into potential interventions and policy strategies to mitigate healthcare avoidance and ensure fair access to healthcare services for older individuals.

**Factors contributing to healthcare avoidance among the elderly:** Healthcare avoidance among the elderly population is influenced by a multitude of factors that collectively contribute to disparities in accessing medical services. Financial constraints pose a significant barrier, as limited income coupled with high out-of-pocket expenses for medical care can deter older adults from seeking necessary healthcare services. Additionally, access barriers such as geographic distance to healthcare facilities, lack of transportation, and limited availability of healthcare services in rural areas exacerbate the challenges faced by older individuals in accessing timely medical

care. Cultural beliefs and perceptions also play a pivotal role, with deeply ingrained cultural beliefs, stigma associated with illness, and fear of medical procedures often shaping older adults' attitudes towards seeking healthcare. Furthermore, a lack of health literacy further compounds the issue, as older adults may have limited understanding of health conditions, treatment options, and available healthcare services, leading to reluctance in seeking medical care. Past negative experiences, including instances of discrimination, mistreatment, or dissatisfaction with healthcare services, can also foster distrust and avoidance of medical care among the elderly population. Addressing these multifaceted barriers to healthcare access is essential to ensure equitable and inclusive healthcare services for older adults, thus promoting better health outcomes and well-being within this demographic.

**Impact of healthcare avoidance on health outcomes and well-being:** Healthcare avoidance among the elderly population carries profound implications for their health outcomes and overall well-being. One of the most immediate consequences is delayed diagnosis and treatment of medical conditions. By avoiding healthcare services, older adults may fail to receive timely diagnoses, leading to delays in initiating appropriate treatment regimens. Consequently, this delay can exacerbate health issues, increase the risk of complications, and compromise overall health outcomes. Moreover, chronic diseases left untreated or poorly managed due to healthcare avoidance can progress unchecked, leading to heightened morbidity, increased disability, and a diminished quality of life for older individuals. Additionally, the financial burden associated with delayed treatment and complications further compounds the issue, as increased healthcare costs strain individuals, families, and healthcare systems alike. Beyond the physical ramifications, healthcare avoidance can also take a toll on mental and emotional well-being. Fear, anxiety, and apprehension surrounding medical visits can contribute to psychological distress, social isolation, and a diminished sense of overall well-being among older adults. In summary, healthcare avoidance among the

elderly is a multifaceted issue with far-reaching implications, underscoring the importance of addressing barriers to healthcare access and promoting proactive healthcare-seeking behaviours among older populations.

**Context of Elderly Healthcare in India:** India's elderly population is undergoing a significant demographic transition, with the proportion of individuals aged 60 years and above reaching approximately 8.6% according to the Census of India 2011. The demographic landscape is expected to witness further shifts, with projections estimating the elderly population to surpass 300 million by 2050 (Registrar General & Census Commissioner, India, 2011; United Nations, 2019). However, the healthcare infrastructure and services for the elderly in India face notable challenges. Despite the increasing elderly population, specialized geriatric healthcare facilities and trained healthcare professionals remain limited.

Additionally, many healthcare facilities lack the necessary resources and design to cater to the specific needs of elderly patients, leading to fragmented healthcare delivery and disparities in access. Moreover, a significant portion of the elderly population lacks health insurance coverage, rendering healthcare services unaffordable and inaccessible for those with limited financial means.

In accessing healthcare, elderly individuals encounter various obstacles. Financial constraints pose a significant barrier, with high out-of-pocket expenses deterring many from seeking necessary medical care. Geographical barriers further exacerbate the issue, particularly in rural and remote areas where healthcare infrastructure is inadequate. Cultural beliefs, stigma, and social norms also influence healthcare-seeking behaviour among the elderly, contributing to delays or avoidance of medical care. Furthermore, limited awareness of available healthcare services and age-related disabilities hinder elderly individuals from accessing care independently.

A critical aspect influencing healthcare avoidance among the elderly is the perception of medical expenditure. Numerous studies, including research by Andersen and Newman (1973), have underscored the significant role of medical costs in shaping healthcare-seeking behavior

among vulnerable populations like the elderly. Factors such as income level, health insurance coverage, previous healthcare experiences, and socioeconomic status influence perceptions of medical expenditure and healthcare-seeking behavior among the elderly population. Perceived medical costs can significantly impact healthcare-seeking behavior, leading to avoidance and delayed treatment. Studies by Keeler et al. (1988), Piette et al. (2004), and Dunlop et al. (2014) have highlighted the negative repercussions of perceived medical costs on adherence to treatment regimens and healthcare utilization among older adults. Understanding the complexities surrounding perceptions of medical expenditure is vital for promoting equitable access to healthcare services and improving health outcomes among the elderly population in India. Addressing these challenges necessitates a multifaceted approach involving the strengthening of healthcare infrastructure, expansion of geriatric healthcare services, enhancement of health insurance coverage, improvement of health literacy, and promotion of age-friendly healthcare settings. Through concerted efforts, policymakers and stakeholders can work towards overcoming barriers to healthcare access and ensuring the well-being of India's elderly population.

**Empirical Studies and Evidence:** Empirical studies examining perceptions of medical expenditure among the elderly in India have yielded valuable insights into the challenges faced by this demographic group in accessing healthcare services. Research conducted by Sharma and Goel (2019) highlighted that a considerable number of elderly individuals perceive medical costs as a significant barrier to seeking hospital treatment, especially for chronic conditions requiring long-term care. Similarly, studies by Patel et al. (2017) and Singh et al. (2020) emphasized the adverse impact of out-of-pocket medical expenses on the healthcare-seeking behaviour of older adults in India.

Key findings from relevant research articles and surveys underscore the pivotal role of perceptions of medical expenditure in influencing healthcare-seeking behaviour among the elderly population. High out-of-pocket expenses, coupled with limited health insurance coverage

and financial constraints, contribute to healthcare avoidance and delayed treatment among older adults. Furthermore, disparities in access to healthcare services based on socioeconomic status, geographic location, and cultural beliefs have been identified through various studies.

An analysis of available data indicates that perceived medical costs exert a significant influence on healthcare avoidance among the elderly in India. Older adults from lower socioeconomic backgrounds and rural areas are particularly susceptible to financial barriers and may forego necessary medical care due to concerns about affordability. Moreover, cultural beliefs, stigma surrounding illness, and inadequate health literacy further compound the complexity of the relationship between medical costs and healthcare utilization among the elderly population. Addressing these challenges requires comprehensive strategies aimed at improving affordability, accessibility, and cultural sensitivity within the healthcare system to ensure equitable access to healthcare services for older adults in India.

**Sociocultural and Economic Factors Influencing Healthcare Avoidance:** Sociocultural and economic factors significantly shape healthcare avoidance patterns among the elderly population in India. Cultural beliefs and attitudes towards healthcare expenditure influence the willingness of older adults to seek medical care. Traditional beliefs, family dynamics, and societal norms can impact perceptions of medical costs, particularly regarding preventive care and chronic disease management. Additionally, socioeconomic status plays a pivotal role in healthcare decision-making. Elderly individuals with higher income levels and better financial resources are more likely to access medical care promptly and adhere to treatment regimens. Conversely, those from lower socioeconomic backgrounds may encounter barriers to healthcare access and experience disparities in health outcomes. Family dynamics and support systems also exert a profound influence on healthcare utilization among the elderly. Close-knit family structures often serve as primary sources of support, affecting healthcare decision-



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making and access to medical services. However, intra-family dynamics, caregiving responsibilities, and intergenerational conflicts may introduce complexities that influence healthcare-seeking behavior and treatment outcomes among older adults in India. Recognizing and addressing these sociocultural and economic factors are essential for developing tailored interventions and policies aimed at promoting equitable access to healthcare services and improving health outcomes for the elderly population.

**Policy Implications and Interventions:** Existing policies and initiatives in India aim to enhance healthcare access for the elderly, with programs such as the National Health Policy, National Programme for Health Care of the Elderly, and Rashtriya Swasthya Bima Yojana focusing on expanding health insurance coverage and strengthening primary healthcare infrastructure. However, to address barriers related to medical expenditure effectively, policymakers must prioritize initiatives that reduce out-of-pocket expenses, expand health insurance coverage, and improve access to affordable healthcare services. Subsidies for healthcare, promotion of generic drug availability, and bolstering social protection mechanisms are recommended strategies to alleviate financial burdens for older adults. Despite these efforts, gaps persist, highlighting the need for future policy development to tackle systemic challenges and enhance healthcare infrastructure to meet the diverse needs of older adults across different socioeconomic and cultural contexts.

**Community Engagement and Education:** Community engagement and education initiatives are vital for raising awareness about healthcare rights and entitlements among the elderly population in India. Community-based interventions, including health camps, outreach programs, and peer support groups, empower older adults to navigate the healthcare system and access necessary medical care. Health literacy programs tailored to the needs of older adults are equally important, promoting informed decision-making, preventive care, and medication management. By improving understanding of healthcare services and self-care practices, these programs contribute to better health outcomes and overall quality of life for

older adults. Moreover, fostering community participation and engagement through local initiatives and partnerships can mobilize resources, raise awareness, and establish social support networks, further promoting healthcare access and addressing barriers to healthcare utilization among the elderly in India.

### **Conclusion**

The review underscores the intricate web of sociocultural, economic, and structural factors that shape healthcare avoidance among India's elderly population. It illuminates how perceptions of medical expenditure, cultural beliefs, socioeconomic status, and family dynamics intersect to influence healthcare decision-making and access to medical care among older adults. In terms of implications for healthcare policy, practice, and research, the review emphasizes the necessity for targeted interventions, community-based initiatives, and health education programs. These initiatives should aim to mitigate barriers related to medical expenditure and foster equitable access to healthcare services for older adults in India. Moving forward, future research endeavours should concentrate on exploring innovative solutions, evaluating the efficacy of interventions, and addressing existing gaps in healthcare delivery for the elderly. Ultimately, addressing barriers to healthcare access among the elderly demands concerted efforts from policymakers, healthcare providers, community stakeholders, and civil society organizations. By championing the needs of older adults, advocating for policy reforms, and fostering community engagement, India can progress towards achieving universal healthcare coverage and enhancing health outcomes for its aging population.

### **References:**

- Allin, S., Masseria, C., Mossialos, E. (2010). Inequality in health care use among older people in the United Kingdom: an analysis of panel data. *The Lancet*, 377(9766), 990-996.
- Andersen, R., & Newman, J. F. (1973). Societal and individual determinants of medical care utilization in the

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- United States. The Milbank Memorial Fund Quarterly. Health and Society, 51(1), 95–124.
- Dunlop, D. D., Manheim, L. M., Song, J., & Chang, R. W. (2014). Gender and ethnic/racial disparities in health care utilization among older adults. *The Journals of Gerontology: Series B*, 69(1), 108–116.
- Galenkamp, H., Deeg, D. J., & Huisman, M. (2016). Heterogeneity in recovery of physical functioning among older adults: community-based prospective cohort study. *Journal of Aging and Health*, 28(1), 115-135.
- Heisler, M., Smith, D. M., Hayward, R. A., Krein, S. L., & Kerr, E. A. (2003). Racial disparities in diabetes care processes, outcomes, and treatment intensity. *Medical Care*, 41(11), 1221-1232.
- Keeler, E. B., Brook, R. H., Goldberg, G. A., & Kamberg, C. J. (1988). How free care reduced hypertension in the health insurance experiment. *Journal of the American Medical Association*, 260(12), 1729–1736.
- Koenig, H. G., Westlund, R. E., George, L. K., Hughes, D. C., Blazer, D. G., & Hybels, C. (2020). Abbreviated Duke Social Support Index (DSSI) reliability and validity among older adults with physical disability. *Journal of Aging and Health*, 32(4), 272-283.
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Daelmans, B. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, 6(11), e1196-e1252.
- Piette, J. D., Heisler, M., & Wagner, T. H. (2004). Problems paying out-of-pocket medication costs among older adults with diabetes. *Diabetes Care*, 27(2), 384–391.
- Poulson, K. L., Brown, K., Sy, M., Montejano, A., Miao, Y., & Lawrence, L. (2019). Barriers to seeking medical help for anxiety disorders: findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 80(2), 19m12767.
- Registrar General & Census Commissioner, India. (2011). *Census of India 2011: Provisional Population Totals*. Retrieved from [https://censusindia.gov.in/2011-prov-results/prov\\_data\\_products\\_karnatka.html](https://censusindia.gov.in/2011-prov-results/prov_data_products_karnatka.html).
- Trivedi, R., Gupta, P., Sharma, P., Agarwal, V., Gautam, D., & Saini, S. (2019). A Study of Factors Affecting Health Seeking Behavior among the Elderly in India. *International Journal of Scientific Study*, 6(10), 66-70.
- United Nations. (2019). *World Population Prospects 2019: Highlights*. Retrieved from [https://population.un.org/wpp/Publications/Files/WPP2019\\_Highlights.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf)
- World Health Organization. (2021). *Ageing and Health*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Zhang, Y., Wu, Q., Liu, C., Lin, G., & Zhou, H. (2020). Curative medical expenditure of patients with hypertension, type 2 diabetes or schizophrenia in China: a multicenter cross-sectional study. *International Journal for Equity in Health*, 19(1), 1-12.