Purpose of the study:

Improving the health of the elderly (7.5% of total Indian population, Census 2001), particularly of those in the rural areas of India, requires a systematic and integrated approach. In order to improve the health conditions, Government framed the National Health Policy and the strategies are being developed for both urban and rural areas under NRHM (2005) and NUHM (2010). There are two major hindrances firstly, the number of poor people living under $1.25 a day has increased from 421 million in 1981 to 456 million in 2005, and secondly, only 3% to 5% of Indians are covered under any form of Health Insurance.

The paper attempts to study the gaps and identify the development opportunities considering the health behavior of the people. Although the Government hospitals provide treatment at a nominal rate to all and free services for poor and senior citizens, people still tend to bypass facilities and sometime tend to do nothing. Perhaps, the interventions should be based on the understanding of the health determinants, which are derivatives of social and physical attributes;
Approach:

The case of West Bengal, India was considered as the study area. The unit level survey of NSSO\(^1\) on “Morbidity and Health care” and “Domestic Tourism Survey” were selected for the study. The analysis was carried on with the travel behavior of the ill elderly to the appropriate health center; the travel behavior was subdivided as “same day” and “overnight” trips. Appropriate social and physical determinants were considered in the multi nominal logistic regression to examine the discrete choice behavior of the respondents.

Expected results:

It was found that number of health centers per hundred thousand population operated by the government is not a significant parameter, it was found that, “lack of faith”, “long waiting time”, etc. are some of the critical reasons which categorically explains the need for the up gradation and increase in the health personnel and just not numerical increase of health centers. The results pointed out that nearest health points might not be the choice of the sick, as it is often a joint decision among the Household members, friends and other well wishers. Perhaps, the self assessment of “well being” of the person and availability of escorts influences the health seeking behavior and the motivation to go out to avail the services. The issue of bypassing is also based on previous experiences; as in many cases, the referral system to the other hospital being the key factors.

Conclusion:

In the event of falling ill, it has been found that the elderly population reacts in six different ways. The decisions are like going to a government health centre, private health centre, medicine shop, other tradition medication, self and family consultation and finally to do nothing. It becomes prudent for the policy makers to consider the health seeking behavior of the elderly and their choices of whether to seek for health services considering the available options.

Topic Code: H. Rural access and mobility

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\(^1\) NSSO – National Sample Survey Organisation, Government of India