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DEMOGRAPHIC, SOCIAL AND ECONOMIC CHARACTERISTIC OF SAMPLED URBAN HOUSEHOLDS: IMPLICATION OF USE OF HEALTH CARE SERVICES IN PUNJAB

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Demographic, Health Seeking Behaviour, Treatment Cost, Diseases/ Ailments.

ABSTRACT

It is generally expected that the demographic characteristics like sex, age, marital status, and household size would vary from one category of households to another. These factors are important factor in explaining differential pattern in health seeking behaviour, actual use pattern and treatment cost of seeking health services. The demographic variables like age, gender, marital status, etc. determine family's health status and seeking treatment to get rid of diseases/ailments.

INTRODUCTION

A perusal of economic literature shows that demographic, social and economic characteristics of households are the most important factor in determining health outcomes of the relevant population. Although the ultimate decision-making process is rested with the head of household/family, yet other member/s also influences the decision-making process, particularly with regard to the education, health promotion and health seeking behaviour. This paper analyzes the demographic (age, gender, marital status, religious affiliation, etc.), social and economic characteristics (education, occupation, caste status, activity status, income level, type of dwelling units in which the household members reside, etc.) of the sampled urban households that are likely to influence the health status and health seeking behaviour of the households.

The paper is divided into four sections. Section I deals with objectives, data sources and methodology of study. Section II provides the information regarding demographic features and economic characteristics of households. Section III provides the information regarding differences in the housing and civic amenities enjoyed by these households. Section IV presents the summary and main conclusions of the study.

SECTION-I

1.1 Objectives of Study

The main aim of present study is to explore a relationship among the ageing, occurrence of diseases and care of elderly in the urban Punjab. It took into account the extent of occurrence of diseases, utilization pattern, preferences and financial cost of treating elderly patients. The specific objectives of the study are:

(a) To analyze the pattern of diseases among the elderly people in urban Punjab;
(b) To depict the incidence of sickness and relationship between ageing and various diseases;
(c) To determine the influence of gender, household income, education level, treatment quality, distance travel, etc. on the household preferences regarding "use intensity" of health care services among the elderly people in urban Punjab;
(d) To examine the cost of treatment or expenditure among the elderly people; and
(e) To suggest public policy changes.

1.1.2 Data Sources and Methodology of Study

This study is largely based upon the primary data. The primary data have been generated through a comprehensive sample survey of 300 urban households of nine cities, namely, Patiala, Nabha and Rajpura (Patiala district), Ludhiana, Doraha and Payal (Ludhiana district) and Bathinda, Rampura-Phul and Bhucho Mandi (Bathinda district) selected through stratified random sampling method and through a well-structured questionnaire (Kaur, 2018). The study has taken household rather than individual as the basic unit of analysis. All these households were classified into three categories of households, i.e., high status households (84), medium status households (113) and low status households (103) by assigned the quantitative scores as per the standard methodology developed by Kuppuswamy (Gururaj and Maheshwaran, 2014) for the educational level of household head and occupational status of household and for per month per capita consumption expenditure of the household by Raveendran (2008). The analysis has been carried out these three categories of households.

SECTION-II

It is generally expected that the demographic characteristics like sex, age, marital status, and household

size would vary from one category of households to another. These factors are important factor in explaining differential pattern in health seeking behaviour, actual use pattern and treatment cost of seeking health services. The demographic variables like age, gender, marital status, etc. determine family's health status and seeking treatment to get rid of diseases/ailments (IIPS, 2007). Of 300 sampled households, 103 households (34.33 percent) belonged to the low status category, 113 households (37.67 percent) belonged to the medium status category and 84 households (28.00 percent) in the high status category.

1.2.1 Age and Sex-Wise Distribution of Population

Health care needs of males and females are not the same. As per the medical jurisprudence, females health care needs are more compared to males because of reproductive health problems. Thus the proportion of females suffering from NCDs in a particular category can alter the use pattern and treatment cost of seeking health services. It is, therefore, interesting to examine gender division of the sampled population. An analysis of data highlights (Table 1.1) that there were 1460 persons among all the households covered in the study, out of which 695 were females (47.60 percent) and 765 males (52.40 percent).

Table 1.1: Gender wise Distribution of Population by Household Status

Household Status	Gender			Sex Ratio
	Male	Female	Total	
Low	248	227	475	
%	52.21	47.79	100.00	915
Medium	324	283	607	
%	53.38	46.62	100.00	874
High	193	185	378	
%	51.06	48.94	100.00	959
Total	765	695	1460	
%	52.40	47.60	100.00	908

Source: Primary Survey.

Age is another important factor affecting the bodily processes of human beings. It is observed that the health needs of an age group may not be the same as is the case of other age group/s and this would influence utilization as well as treatment cost of seeking health services. The data reveal that, the majority of the population (55.55 percent) was in the working age group of 15-59 years and 28.70 percent in the old age group of 60 years and more (Table 1.2)

Table 1.2: Age and Sex Distribution of Population by Household Status

Age in years	Household Status									Total
	Low			Medium			High			
	M	F	T	M	F	T	M	F	T	
>5	15	7	22	12	7	19	8	6	14	52
%	6.05	3.08	4.63	3.70	2.47	3.13	4.15	3.24	3.70	3.56
6-14	36	30	66	42	35	77	20	18	38	178
%	14.52	13.22	13.89	12.96	12.37	12.69	10.36	9.73	10.05	12.19
15-29	61	49	110	78	64	142	45	44	89	335
%	24.60	21.59	23.16	24.07	22.61	23.39	23.32	23.78	23.54	22.95
30-49	63	60	123	86	75	161	44	41	85	373
%	25.40	26.43	25.89	26.54	26.50	26.52	22.80	22.16	22.49	25.55
50-59	14	13	27	26	22	48	12	10	22	103
%	5.65	5.73	5.68	8.02	7.77	7.91	6.22	5.41	5.82	7.05
60-69	39	44	83	58	57	115	47	47	94	292
%	15.73	19.38	17.47	17.90	20.14	18.95	24.35	25.41	24.87	20.00
70+	20	24	44	22	23	45	17	19	36	127
%	8.06	10.57	9.26	6.79	8.13	7.41	8.81	10.27	9.52	8.70
Total	248	227	475	324	283	607	193	185	378	1460
%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source: Primary Survey.

1.2.2 Marital Status of Population

Marital status too affects the health needs and utilization of health services. It is believed that the health needs of the married and unmarried population differ to some extent. The young married females need more of the maternal as well as child health services (prenatal, natal and post natal health). Older segments of population – men and women – are more pruning to suffer from age related diseases including high incidence of NCDs. The data in Table 1.3 portrays that there was a higher proportion of married than that of the unmarried.

Table 1.3: Distribution of Population by Marital Status				
	Household Status			
Marital level	Low	Medium	High	Total
Unmarried	177	212	141	530
%	37.26	34.93	37.30	36.30
Married	248	336	200	784
%	52.21	55.35	52.91	53.70
Any other*	50	59	37	146
%	10.53	9.72	9.79	10.00
Total	475	607	378	1460
%	100.00	100.00	100.00	100.00

*it includes divorced, widow/widowers.

Source: Primary Survey.

1.2.3 Education Level of Population

A perusal of the economic literature highlights that the education, after the income, is the most significant factor in determining the utilization of health services. An educated person/s is/are likely to have a more awareness about the need for utilizing preventive measures like periodic medical checkups and exercise (Panikar, 1999). Moreover, it is presumed that the members of household with good educational level will follow hygienic and scientific health practices and will have a rather satisfactory knowledge of health, disease and availability of health services. The data on educational level of population (Table 1.4) explains that, the population in the high and middle income household had better education level than that of the population of low category households.

Table 1.4: Distribution of Population by Education Level Household Status									
	Household Status								
	Low		Medium		High		Total		Total
Education Level	M	F	M	F	M	F	M	F	
No Education	42	59	21	33	5	17	68	109	177
%	16.94	25.99	6.48	11.66	2.59	9.19	8.89	15.68	12.12
Pre-Primary	12	9	5	4	3	5	20	18	38
%	4.84	3.96	1.54	1.41	1.55	2.70	2.61	2.59	2.60
Primary	51	48	33	26	21	25	105	99	204
%	20.56	21.15	10.19	9.19	10.88	13.51	13.73	14.24	13.97
Middle	67	55	40	36	11	12	118	103	221
%	27.02	24.23	12.35	12.72	5.70	6.49	15.42	14.82	15.14
High	48	42	75	64	36	23	159	129	288
%	19.35	18.50	23.15	22.61	18.65	12.43	20.78	18.56	19.73
Higher Secondary	17	9	44	36	20	22	81	67	148
%	6.85	3.96	13.58	12.72	10.36	11.89	10.59	9.64	10.14
B.A./B.Sc./B.Com.	6	3	51	47	42	35	99	85	184
%	2.42	1.32	15.74	16.61	21.76	18.92	12.94	12.23	12.60
M.A./M.Sc.	2	1	26	19	24	23	52	43	95
%	0.81	0.44	8.02	6.71	12.44	12.43	6.80	6.19	6.51
Any Other*	3	1	29	18	31	23	63	42	105
%	1.21	0.44	8.95	6.36	16.06	12.43	8.24	6.04	7.19
Total	248	227	324	283	193	185	765	695	1460
%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

*it includes professional degrees.

Source: Primary Survey

1.2.4 Activity Status of Population

Activity status of population influences the utilization pattern as well as the cost of treatment of non-communicable and communicable diseases in several ways. First, the person suffering from NCDs, if working, gets priority over the non-working persons. Gender also plays role in determining health care needs of the non-communicable and communicable disease patients. Second, some workers are employed in certain occupations where the probability of becoming sick is more than the others. For instance, textile workers tend to face a disproportionately high risk of pulmonary tuberculosis; stone-crushers' workers suffer from restricted lung capacity, and persons handling toxic chemicals can among cancer, dermatitis and miscarriage among women (VHAI, 1997). The data in Table 1.5 reflect that the working population found to be more in the high status households (54.76 percent) compared to the other categories of households (42.01 percent and 37.89 percent). The proportion of students was also less in the low status households (20.63 percent) compared to the medium status (28.01 percent) and high status (24.07 percent) households.

Table 1.5: Distribution of Population by Main Activity Status				
	Household Status			
Status of Employment	Low	Medium	High	Total
Employed	180	255	207	642
%	37.89	42.01	54.76	43.97
Unemployed	20	10	5	35
%	4.21	1.65	1.32	2.40
Housekeeping	122	103	55	280
%	25.68	16.97	14.55	19.18
Student	98	170	91	359
%	20.63	28.01	24.07	24.59
Unable to work	55	69	20	144
%	11.58	11.37	5.29	9.86
Total	475	607	378	1460
%	100.00	100.00	100.00	100.00

Source: Primary Survey

1.2.5 Distribution of Workers

Among all the sampled households; there were 642 workers (Table 1.6). The number of workers per household worked out to be 2.14 persons. Low status households had 1.75 workers per household, followed by the medium status households (2.26 workers) and high status households (2.46 workers).

Table 1.6: Distribution of Workers by Type of Household Status			
Household Status	No. of Workers	No. of HH	Workers Per HH
Low	180	103	1.75
Medium	255	113	2.26
High	207	84	2.46
Total	642	300	2.14

Source: Primary Survey

1.2.6 Distribution of Households by Main Occupation

Regarding the occupation of Households, the data in Table 1.7 demonstrate how the households are earning their livelihood. The analysis shows that two most important main occupations of households were the shop/business and the service. The data pointed out that the low status households engaged mainly in the labour and industrial activities as workers, and the medium and high status households engaged into the salaried jobs, business and farming.

Table 1.7: Distribution of Households by Main Occupation								
Household Status	Farming	Salary	Shop/ Business	Industrial worker	Artisans	Labour	Unemployed	Total
Low	10	0	5	4	0	75	9	103
%	9.71	0.00	4.85	3.88	0.00	72.82	8.74	100.00
Medium	15	25	50	10	10	1	2	113
%	13.27	22.12	44.25	8.85	8.85	0.88	1.77	100.00
High	22	30	32	0	0	0	0	84
%	26.19	35.71	38.10	0.00	0.00	0.00	0.00	100.00
Total	47	55	87	14	10	76	11	300
%	15.67	18.33	29.00	4.67	3.33	25.33	3.67	100.00

Source: Primary Survey

1.2.7 Age and Sex Distribution of Workers

The age distribution of workers shows that an overwhelming majority of workers was in the working age group of 15-59 years. The proportion of child labour among sampled households increases as the status of household declines.

Table 1.8: Age and Sex Distribution of Workers

Age	Household Status								Total
	Low		Medium		High		Total		
	M	F	M	F	M	F	M	F	
Upto 14	5	1	5	0	0	0	10	1	11
%	3.14	0.88	2.73	0.00	0.00	0.00	2.16	0.47	1.62
15-29	34	8	50	20	31	19	115	47	162
%	21.38	7.08	27.32	29.85	25.83	54.29	24.89	21.86	23.93
30-49	63	21	86	31	44	24	193	76	269
%	39.62	18.58	46.99	46.27	36.67	68.57	41.77	35.35	39.73
50-59	14	3	27	8	37	11	78	22	100
%	8.81	2.65	14.75	11.94	30.83	31.43	16.88	10.23	14.77
60-69	12	9	20	7	19	2	51	18	69
%	7.55	7.96	10.93	10.45	15.83	5.71	11.04	8.37	10.19
70+	7	3	1	0	0	0	8	3	11
%	4.40	2.65	0.55	0.00	0.00	0.00	1.73	1.40	1.62
Total	135	45	189	66	131	56	455	167	622
%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source: Primary Survey

Interestingly, women workers found to be existed in all the categories of households. The number of female workers was larger in the medium status compare to the high status and low status households.

1.2.8 Education Level of Workers

The results showed that the level of education of the workers decreased sharply with the fall in the status of households.

Table 1.9: Distribution of Workers by Education Level

Education level	Household Status			
	Low	Medium	High	Total
No Education	60	12	2	74
%	22.06	4.80	1.29	10.93
Primary	102	22	19	143
%	37.50	8.80	12.26	21.12
Middle	72	45	20	137
%	26.47	18.00	12.90	20.24
High	30	73	35	138
%	11.03	29.20	22.58	20.38
Higher Secondary	6	60	22	88
%	2.21	24.00	14.19	13.00
B.A./B.Sc./B.Com	2	18	26	46
%	0.74	7.20	16.77	6.79
M.A./M.Sc.	0	12	15	27
%	0.00	4.80	9.68	3.99
Professional	0	8	16	24
%	0.00	3.20	10.32	3.55
Total	272	250	155	677
%	100.00	100.00	100.00	100.00

Source: Primary Survey

SECTION – III

Theoretically, the economic, social and cultural factors have influenced the standard of living of the households. The standard of living, as an indicator of development, can be measured in terms of level of consumption pattern, housing conditions and facilities enjoyed by the sampled households. Housing conditions and facilities available in the household, to some extent, are the most significant factors in the transmission of diseases as they reflect the living conditions of the people. This section examines the extent to which the urban households have access to the housing, water, electricity and other amenities on the premises.

1.3.1 Dwellings Status of Household

Table 1.10 presents the data on the dwelling status of households by status of household. The data lead to the conclusion that an overwhelming proportion of households (93.67 percent) have owned houses and 6.33 percent households lived in rented houses. The data also explains the monthly rent was 500, 5000 and 10000 in low, medium and high status respectively. It means as the household status raises the monthly rent of household also increases.

Table 1.10: Distribution of Household by Owned/Rented Houses				
Household Status	**Owned**	**Rented**	**Total**	**Monthly Rent**
Low	99	4	103	
%	96.12	3.88	100.00	500
Medium	103	10	113	
%	91.15	8.85	100.00	5000
High	79	5	84	
%	94.05	5.95	100.00	10000
Total	281	19	300	
%	93.67	6.33	100.00	15500

Source: Primary Survey

1.3.2 Type of Dwelling Units

With regard to the type of house occupied, the data reveal that, on the whole, majority of households living in pucca houses, semi-pucca houses (Table 1.11).

Table 1.11: Distribution of Households by Type of Households				
	Type of House			
Household Status	**Pucca**	**Semi-Pucca**	**Katcha**	**Total**
Low	23	51	29	103
%	22.33	39.81	37.86	100.00
Medium	108	5	0	113
%	95.58	4.42	0.00	100.00
High	70	14	0	84
%	100.00	0.00	0.00	100.00
Total	201	70	29	300
%	67.00	23.33	9.67	100.00

Source: Primary Survey

1.3.3 Other Facilities in Dwelling Units

Other facilities enjoyed by the sampled households are the drinking water, electricity and kitchen/ bathroom facilities. Table 1.12 shows that an overwhelming majority of households of all categories had the drinking water facility at the premises.

Table 1.12: Distribution of Households by Drinking Water Facility			
	Drinking Water Facility		
Household Status	**Yes**	**No**	**Total**
Low	94	9	103
%	91.26	8.74	100.00
Medium	112	1	113
%	99.12	0.88	100.00
High	84	0	84
%	100.00	0.00	100.00
Total	290	10	300
%	96.67	3.33	100.00

Source: Primary Survey

Table 1.13 highlights the type of kitchen fuels used by the sampled households. The analysis reveals that 67.67 percent of households used the LPG as the kitchen fuel, 9.33 percent used the kerosene oil and 23 percent used other fuels. In the low status households preferred to use the dung cakes, woods, etc. as the kitchen fuels.

Table 1.13: Distribution of Households by Kitchen Fuels				
	Households Status			
Fuels	**Low**	**Medium**	**High**	**Total**
LPG	35	87	81	203
%	33.98	76.99	96.43	67.67
Kerosene	23	5	0	28
%	22.33	4.42	0.00	9.33
Others	45	21	3	69
%	43.69	18.58	3.57	23.00
Total	103	113	84	300
%	100.00	100.00	100.00	100.00

Source: Primary Survey

SECTION IV

1.4 Summary and Main Conclusions

The demographic and social and economic factors play very significant role to examine family's health status and health seeking behaviour to get rid of diseases. Disease profiles are generally linked to the socio-economic status of the individual in an economy like India. Both education and occupation were found to be inversely related to the incidence of disease among the elderly. Regarding demographic variables, it can be concluded that the number of children/infants and aged persons was more in the case of low status households. Regarding education level of population, it was found that education level was comparatively higher in the high status households, whereas, it was very low in the low status households and education level was much higher among the males than that of the females. It concludes that the low status households have low education level and have less knowledge about diseases, their treatment and need for seeking health care. High status households enjoyed better facilities that determine the better living standards.

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