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Status of Health and Access to Healthcare by Senior Citizen Of Udaipur City

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1. Abstract

Ageing is accompanied by increased vulnerability to chronic illness, functional limitations, rising medical expenses, and dependence on family or formal care services. This study examines the health status and access to healthcare among senior citizens in Udaipur City, Rajasthan. The study used a descriptive research design and included 400 senior citizens selected through purposive sampling from 55 municipal wards. Primary data were collected through an interview schedule, observation, and focus group discussions. The findings reveal that most respondents perceived their health as average or poor, and 69% reported one or more chronic illnesses. Hypertension, arthritis/joint pain, and diabetes were the most commonly reported health conditions. Financial constraints, distance and transport difficulties, long waiting times, and inadequate support during medical visits were key barriers to healthcare access. The study recommends strengthening geriatric-friendly public health services, affordable treatment, transport support, regular screening, and family- and community-based care for older persons.

Keywords: Senior citizens, health status, healthcare access, chronic illness, elderly care, Udaipur City.

2. Introduction

Population ageing is an increasingly important public-health and social-welfare concern. With advancing age, many individuals experience chronic diseases, reduced physical mobility, dependence in activities of daily living, and increased medical expenditure. For senior citizens, health security depends not only on the presence of hospitals and health professionals but also on affordability, physical accessibility, transport, awareness, family support, and timely treatment. In urban areas such as Udaipur City, older persons may use both government and private facilities, but they can face financial hardship, long waiting times, lack of mobility, and a shortage of support persons during health visits. Understanding these barriers is important for improving elderly

welfare services and developing age-friendly healthcare systems. This study investigates the health condition, healthcare utilisation, healthcare barriers, medical affordability, family support, and functional independence of senior citizens in Udaipur City.

Objectives of the Study

- To assess the self-rated health status of senior citizens in Udaipur City.
- To identify the prevalence and types of chronic illnesses among respondents.
- To examine healthcare utilisation and preferred healthcare facilities.
- To analyse barriers to accessing healthcare services and affordability of medical expenses.
- To assess family support during illness and independence in activities of daily living.

3. Research Methodology

The study followed a descriptive research design. The universe of the study was Udaipur City, Rajasthan, covering its 55 municipal wards. A total of 400 senior citizens were selected through purposive sampling. Primary information was gathered through an interview schedule, observation, and focus group discussions. Secondary information was collected from government publications, census data, statistical reports, books, academic journals, online databases, and official web sources. The data were classified and analysed using frequencies and percentages.

4. Major Findings and results

Table 4.1: Self-rated Overall Health Status of Respondents

Sr. No.	Overall Health Status	Number of Respondents	Percentage (%)
1	Very Good	42	10.5
2	Good	108	27
3	Average	156	39
4	Poor	94	23.5
	Total	**400**	**100**

The above table shows that 39.0% of the respondents rated their overall health as average. 27.0% considered their health good, while 10.5% reported very good health status. Further, 23.5% of the respondents rated their health as poor.

The data indicates that the majority of senior citizens perceived their health as average or below average. Only a limited proportion reported very good health. This suggests that many elderly respondents were living with moderate health concerns and age-related health challenges.

Table 4.2: Presence of Chronic Illness among Respondents

Sr. No.	Response	Number of Respondents	Percentage (%)
1	Yes	276	69
2	No	124	31
	Total	**400**	**100**

The above table indicates that 69.0% of the respondents reported suffering from one or more chronic illnesses, whereas 31.0% stated that they were not suffering from any chronic illness.

The data reveals that a large majority of senior citizens were affected by chronic health conditions. This reflects the common health burden associated with ageing and highlights the increasing need for regular medical care, monitoring, and long-term treatment support among the elderly population.

Table 4.3: Types of Chronic Illness Reported by Respondents*

Sr. No.	Type of Chronic Illness	Number of Responses	Percentage (%)*
1	Diabetes	118	42.8
2	Hypertension	146	52.9
3	Heart Disease	54	19.6
4	Arthritis / Joint Pain	132	47.8
5	Respiratory Problems	61	22.1
6	Others	38	13.8

Multiple responses were recorded; therefore, percentages are calculated on the basis of 276 respondents who reported chronic illness.

The above table shows that Hypertension (52.9%) was the most commonly reported chronic illness among respondents suffering from health problems. It was followed by Arthritis / Joint Pain (47.8%) and Diabetes (42.8%). Further, Respiratory Problems (22.1%), Heart Disease (19.6%), and Other illnesses (13.8%) were also reported by the respondents.

The findings indicate that many respondents were affected by more than one chronic condition, particularly lifestyle-related and age-associated diseases.The data reveals that non-communicable diseases such as hypertension, diabetes, and arthritis were highly prevalent among senior citizens. These conditions generally require continuous medication, regular monitoring, and lifestyle management.

Table 4.4: Frequency of Visit to Doctor or Healthcare Facility

Sr. No.	Frequency of Visit	Number of Respondents	Percentage (%)
1	Regularly (Once a month or more)	124	31
2	Occasionally (Every 2–3 months)	146	36.5
3	Rarely (Only when serious)	98	24.5
4	Never	32	8
	Total	**400**	**100**

The above table shows that 36.5% of the respondents visited a doctor or healthcare facility occasionally, making it the most common response category. 31.0% reported regular visits at least once a month or more. Further, 24.5% visited healthcare facilities rarely and only when health problems became serious, while 8.0% reported never visiting a doctor or healthcare facility.

The data indicates that a majority of senior citizens accessed healthcare services either regularly or occasionally. However, a considerable proportion sought treatment only during serious illness or did not visit healthcare facilities at all. This may reflect barriers such as cost, neglect of preventive care, lack of mobility, or limited access to healthcare services among elderly respondents.

Table 4.5: Preferred Type of Healthcare Facility among Respondents

Sr. No.	Level of Difficulty	Number of Respondents	Percentage (%)
1	Government Hospital	172	43
2	Private Hospital / Clinic	138	34.5
3	Traditional / Alternative Medicine	52	13
4	Self-medication	38	9.5
	Total	**400**	**100**

The above table reveals that 43.0% of the respondents preferred government hospitals for treatment, making it the most preferred healthcare option. 34.5% reported preference for private hospitals or clinics. Further, 13.0% relied on traditional or alternative medicine, while 9.5% preferred self-medication.

The data indicates that government hospitals were the most commonly preferred healthcare facilities among senior citizens, possibly due to lower treatment costs and wider accessibility. A significant proportion also preferred private healthcare for better or quicker services. Dependence on traditional medicine and self-medication suggests that some elderly persons may rely on familiar practices or seek low-cost alternatives for treatment.

Table 4.6: Difficulty in Accessing Healthcare Services

Sr. No.	Level of Difficulty	Number of Respondents	Percentage (%)
1	No Difficulty	86	21.5
2	Some Difficulty	148	37
3	Moderate Difficulty	104	26
4	Severe Difficulty	62	15.5
	Total	**400**	**100**

The above table shows that 37.0% of the respondents experienced some difficulty in accessing healthcare services. 26.0% reported moderate difficulty, while 15.5% faced severe difficulty. Only 21.5% of the respondents stated that they did not face any difficulty in accessing healthcare services.

The data indicates that a majority of senior citizens faced varying levels of difficulty in obtaining healthcare services. Problems related to transportation, financial limitations, waiting time, physical mobility, and lack of assistance may contribute to such challenges. These findings highlight the need for more elderly-friendly and accessible healthcare systems.

Table 4.7: Major Barriers in Accessing Healthcare Services

Sr. No.	Major Barriers	Number of Responses	Percentage (%)*
1	Financial Constraints	162	40.5
2	Distance / Transport	128	32
3	Lack of Support Person	96	24
4	Long Waiting Time	118	29.5
5	Lack of Awareness	74	18.5
	Others	36	9

The table highlights that financial constraints (40.5%) emerged as the most significant barrier in accessing healthcare services. This was followed by distance or transport-related problems (32.0%) and long waiting time at healthcare facilities (29.5%). In addition, 24.0% of the respondents reported lack of a support person during medical visits, while 18.5% mentioned lack of awareness regarding available services. A smaller proportion (9.0%) identified other barriers.

The findings suggest that healthcare access among senior citizens is affected by multiple structural and personal challenges. Financial limitations appear to be the most serious obstacle, while transport issues and long waiting periods further discourage treatment-seeking behaviour. The need for assistance during hospital visits also reflects the dependency and mobility issues commonly associated with old age.

Table 4.8: Affordability of Medical Expenses among Respondents

Sr. No.	Level of Affordability	Number of Respondents	Percentage (%)
1	Easily Affordable	58	14.5
2	Manageable	146	36.5
3	Difficult	132	33
4	Not Affordable	64	16
	Total	**400**	**100**

The table indicates that 36.5% of the respondents considered their medical expenses manageable. A substantial proportion, 33.0%, reported that meeting medical expenses was difficult. Only 14.5% stated that treatment costs were easily affordable, whereas 16.0% found medical expenses completely unaffordable.

The findings reveal that although some respondents were able to manage healthcare expenses, a large section faced financial strain in obtaining treatment. The relatively low proportion reporting easy affordability suggests that medical expenditure remains a significant concern for many senior

citizens. Rising healthcare costs may adversely affect treatment continuity and overall health security in old age.

Table 4.9: Family Support Received During Illness

Sr. No.	Level of Family Support	Number of Respondents	Percentage (%)
1	Always	154	38.5
2	Sometimes	128	32
3	Rarely	72	18
4	Never	46	11.5
	Total	**400**	**100**

The above distribution shows that 38.5% of the respondents always received support from family members during illness. 32.0% stated that support was available sometimes. On the other hand, 18.0% reported receiving support rarely, while 11.5% mentioned that they never received family support during illness.

The findings indicate that family remained an important source of care for many senior citizens during periods of illness. However, a considerable proportion received irregular or no support, which may increase physical hardship, emotional stress, and dependency on external assistance. This reflects uneven family caregiving patterns among the respondents.

Table 4.10: Ability to Manage Daily Physical Activities (ADL) among Respondents

Sr. No.	Level of Independence	Number of Respondents	Percentage (%)
1	Fully Independent	148	37
2	Need Some Assistance	126	31.5
3	Mostly Dependent	78	19.5
4	Fully Dependent	48	12
	Total	**400**	**100**

The table shows that 37.0% of the respondents were fully independent in managing daily physical activities such as bathing, cooking, walking, climbing stairs, and mobility. 31.5% required some assistance in routine activities. Further, 19.5% were mostly dependent, while 12.0% were fully dependent on others for daily functioning.

The findings suggest that although a sizeable proportion of senior citizens maintained functional independence, many required partial or complete assistance in day-to-day activities.

5. Recommendation and Suggestion

- Establish geriatric-friendly service desks, priority registration, seating arrangements, and shorter queues in government health facilities.
- Conduct regular community-based screening for hypertension, diabetes, arthritis, respiratory illness, and other chronic conditions.

- Improve affordable access to medicines, diagnostic services, and health insurance coverage for economically vulnerable senior citizens.
- Provide community transport, mobile health services, and home-based care for older persons with restricted mobility.
- Strengthen awareness programmes on preventive healthcare, government welfare schemes, and available health services.
- Develop counselling and support programmes for family caregivers to improve regular assistance to older persons during illness.
- Involve social workers, urban local bodies, voluntary organisations, and health workers in identifying isolated, financially vulnerable, and dependent senior citizens.

6. Conclusion

The study concludes that senior citizens in Udaipur City face a considerable health burden and multiple barriers to timely healthcare. Most respondents assessed their health as average or poor, and more than two-thirds reported chronic illness. Hypertension, arthritis/joint pain, and diabetes were particularly common. Although many respondents used government hospitals and accessed health services occasionally or regularly, a substantial proportion delayed treatment or sought care only during serious illness.

Financial limitations, transportation barriers, long waiting periods, limited family support, and functional dependency negatively affected healthcare access. Improving elderly health requires an integrated approach that includes affordable treatment, preventive screening, geriatric-friendly service delivery, transport support, home-based assistance, and stronger family and community care systems. These measures can help senior citizens maintain health, dignity, independence, and improved quality of life.

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