

**Original Article**

# HOME CARE SERVICES AND ACCEPTABILITY OF HOME CARE SERVICES IN METRO CITIES OF INDIA

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## ABSTRACT

**Objective:** To find out the perception of people in terms of merits and acceptability of home care services.

**Methods:** A sample of 400 households and 400 experts was covered in four metropolitan (Metro) cities viz. Mumbai, Delhi, Kolkata and Chennai. It involved the study of perceptions and acceptability of Home Care Services. The data was collected using a self-administered questionnaire given to both the experts and the households. The sampling for the study on home care services was done through Convenience Sampling Method. The basic statistical calculations were worked out performed using SPSS version 15.

**Results:** The households who had filled the questionnaire were of an average age 40-49 years (66 %) and 34 % of them were above the age of 60 years. 59% of the households were females. About 87 % of the households had health insurance. 94.50 % of households opined that doctors don't spend sufficient time with them to explain the progress and condition of the patient. Almost all (99.75%) households said that home care services were more comfortable and provided a particularly familiar environment. About 98.50 % of experts viewed that home care services could provide better and emotional support to patients which helps them to recover faster.

**Conclusion:** Home Care Services are advantageous and beneficial to people in urban parts since it brings sizeable beneficial impact over hospital care. However, Home Care Service cannot be a complete alternative to hospital care.

**Keywords:** Home care services, perception, acceptability

## INTRODUCTION

India is moving to become old and young - old, because of their fast declining mortality and added life span, and young owing to the past

fertility and its momentum. By implications, older adults would need income and health security, while the working age young would look for opportunities in high productivity

formal economy. Normally, we always think India as a 'young' country, but a reality check proves that India has an equal number of elderly citizens. The elderly population has increased from 12.06 million in 1901 to 60 million in 1990's. According to another estimate made by the technical group on Population Projections, the likely number of the elderly by the year 2016 will be around 113 million that is approximately 10-12 % of entire population.<sup>1</sup> In India, the population is projected to age further and the policy makers need to look for ways to deal with this major issue. Projected Changes in Indian Demography (in millions) of the dependent population (aged more than or equal to 60 years by 2050) are that they are growing from 7.5 % in year 2000 to 20 % by the year 2050 which is 77 million in 2001 and 308 million in 2050.<sup>2</sup>

Stuck AE.et al. 1995)<sup>3</sup> and Rich MW (1995)<sup>4</sup> viewed that comprehensive geriatric healthcare comprises of physical, psychiatric, social, family, economic, nutritional and rehabilitation aspects which can be given by Acute Hospitals, Hospice, Rehabilitation teams and Home Care. Safety considerations for elderly (institutional as well as home care) are very important. Safety is the concern both of the elderly person and of those responsible for the elder's healthcare. Persons aged sixty and above account for approximately 20 % of all accidental death and 13 % of all hospitalized accident victims. Therefore constant vigilance is needed to safeguard the elderly both at home and in patient care facilities. Geriatric consultation at home for elderly patients reduced hospital readmissions.

The old aged can be treated both in the institution (hospital) and at home. Today in most developed countries, the share of the population age 65 and older taking institutional care varies between 5 % and 7 %. This study attempted to assess the perception of people in terms of advantages and acceptability of home care services.

## MATERIALS AND METHODS

**Study Design:** Cross sectional study

**Sample Size:** Selection of all trust and corporate hospitals with 100 bed capacity in Mumbai, Delhi, Kolkata and Chennai each was done on the basis of convenience sampling. The households included general public, nucleus families, chronically ill patients, old age people,

stroke patients, and patients needing rehabilitation totaling 400. Selection of experts was completed by 100 doctors from Mumbai, Delhi, Kolkata and Chennai each (400 doctors) on the basis of Convenience sampling.

**Data Collection methods:** The information was collected from the experts as well as households using a self-administered questionnaire. For acceptability part of the study, a qualitative methodology was used that included a questionnaire which favoured the selection of options (with a scale of not acceptable, acceptable with apprehension and acceptable), and allowed participants to select the range of choices towards different aspects of the home care services. The experts were also asked whether home care services were an alternative to hospital based services.

**Data Management and Analysis:** After the completion of data collection, data entry was done into Excel data file. The basic statistical calculations were worked out performed using SPSS version 15.

## RESULTS

Half of the households (52%) had 4-7 members in their family whereas 20% of the households had below 3 persons and 28% of the households had more than 8 members in their family. All (100%) households were literate. Among the experts, 56% of them were below 60 years of age and 44% of them were above 60 years of age. More than half (54%) of experts were with post-graduate degree and 25% with super specialization and the rest 21% with MBBS qualification. Among the experts, the average experience is 6-10 years (65 %) and rest of 35 % had more than ten years of experience.

**Table 1: Experts Acceptance of Home Care Services in different Cities of India**

Region	Not acceptable	Acceptable with apprehension	Acceptable
Mumbai (n=100)	2	21	77
Delhi(n=100)	2	20	78
Kolkata(n=100)	7	25	68
Chennai(n=100)	0	14	86
<b>Total(n=400)</b>	<b>11 (2.7)</b>	<b>80 (20.0)</b>	<b>309(77.3)</b>

More than three-fourth (77.25%) of experts accept home care services whereas only a negligible 2.75% of the experts do not accept HCS. One-fifth(20%) of experts accepted HCS

with apprehensions such as increase in expense of HCS, anxiety about being treated away from hospital, added burden on family, lack of timely service or care for patient, no access to immediate emergency care and lastly separate space needed for patient at home. Experts in

Kolkata had more apprehensions (25%) towards HCS whereas Chennai had the least (14%). It was also observed that the highest acceptability was in Chennai (86%) and, the least in Kolkata (68%).

**Table 2: Views of Experts on Acceptability of HCS as an alternative to Hospital Care**

HCS is an Alternative to Hospital Care	Not acceptable	Acceptable with Apprehension	Acceptable	Total
Agree	7 (1.75)	64 (16.0)	246 (61.5)	317 (79.25)
Neutral	2 (0.5)	8 (2.0)	36 (9.0)	46 (11.5)
Disagree	2 (0.5)	8 (2.0)	27 (6.75)	37 (9.25)
Total (%)	11 (2.75)	80 (20.0)	309 (77.25)	400 (100.0)

More than three-fifth (61.50%) of experts accepted HCS since it is an alternative to hospital care whereas 16.0% accepted HCS with apprehension. Only 1.75% experts opined that HCS are not acceptable but agreed that HCS being an alternative to hospital care. In total 79.25% of the experts agreed that HCS is an alternative to hospital care.

**Table 3: Households Acceptance of Home Care Services in different Cities of India**

Region	Not acceptable	Acceptable with apprehension	Acceptable
Mumbai (n=100)	2	28	70
Delhi(n=100)	2	23	75
Kolkata(n=100)	8	35	57
Chennai(n=100)	0	31	69
Total(n=400)	12 (3.0)	117 (29.2)	271 (67.7)

More than two-third (67.75%) of households accept the home care services and would like to avail the services if offered but only 3.0% of the respondents say that home care services are not acceptable to them. Out of 400 households, 117 (29.25%) of them opined that they accept home care services but have certain apprehensions about home care services. Compared to all urban cities, Delhi showed the highest acceptability (75%) and Chennai has a significant per cent (69%) of households accepting home care services with apprehension. Delhi shows the least percentage (23%) of apprehensions compared to other cities.

In conclusion it was found that experts(77.25%) accept HCS more than the households (67.75%) since they are more aware of HCS than the

households. The households (29.25%) had more apprehensions as compared to the experts (20%).

## CONCLUSION

Most of the advanced countries in the world have developed the concept of HCS to relieve the burden on healthcare as well as to provide customized care to the patients. In Indian scenario, there is a need to develop the awareness of HCS among the households in the metropolitan cities. The apprehensions on cost factor can be addressed through covering HCS under health insurance. Well equipped HCS units can provide customer comfort and satisfaction which enables the quality enhancement of people in the urban parts of India. Government agencies, insurance departments, NGO's can play a meaningful role to nurture the HCS from the point of view of improving quality service and also to strengthen the quality of human capital in the country.

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