



A STUDY OF SOCIO-ECONOMIC STRAIN ON SEVERELY ILL PATIENTS IN HARYANA

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Abstract

This study explores the socio-economic burden experienced by severely ill patients and their families in Haryana. The primary aim is to assess the financial, occupational, educational, and psychological impact of chronic or critical illnesses such as cancer, chronic kidney disease, heart ailments, and respiratory disorders on households.

Objectives of the study include quantifying the direct and indirect costs associated with the illness, evaluating changes in income and employment, analyzing the accessibility of healthcare subsidies and support systems, and understanding the psychological toll on caregivers. The research was conducted across four districts in Haryana (Hisar, Rohtak, Panipat, and Jind), covering both urban and rural populations. A total of 100 respondents were selected purposively, with an equal urban-rural split. Data collection tools included structured questionnaires, billing data, and caregiver interviews.

Key findings reveal that 64% of urban and 72% of rural families experienced anxiety or depression due to chronic illness in the household. Over 60% of respondents faced income loss, and 53% reported not receiving any institutional support. Monthly medical expenditure was found to exceed ₹10,000 for more than 50% of urban patients. Additionally, 36% of rural households had to withdraw children from school due to financial strain.

The study concludes that while some support systems exist, they are inadequately accessed. An urgent need for awareness, accessibility, and mental health support is highlighted to alleviate the comprehensive burden faced by these families.

Key words: Severely ill patients, Socio-economic burden, Chronic illness, Rural-urban disparity, Health expenditure, Income loss, Caregiver stress, Psychological impact, Health support systems, Haryana

Statement of the Problem:

Severely ill patients, especially those suffering from chronic or life-threatening illnesses such as cancer, kidney failure, heart disease, and severe respiratory disorders, often face significant financial, occupational, and emotional challenges. In the context of Haryana, disparities in healthcare infrastructure and limited access to government support systems further aggravate the burden. Families are frequently forced to borrow money, sell assets, or compromise on children's education and basic needs. Despite available welfare schemes, there remains a gap in utilization, awareness, and effectiveness of such programs. Therefore, there is a critical need to examine and document the socio-economic impact of severe illnesses on affected individuals and households in Haryana.

Objectives of the Study:

- 1) To assess the direct and indirect medical costs borne by families of severely ill patients.
- 2) To evaluate the impact of illness on household income, employment, and financial stability.
- 3) To identify the extent of disruption in education and social life due to long-term illness.
- 4) To analyze the awareness, access, and utilization of government and NGO support systems.
- 5) To explore the psychological and emotional burden on primary caregivers and family members.
- 6) To compare urban and rural differences in socio-economic strain among severely ill patients.
- 7) To suggest appropriate interventions and policy recommendations for reducing the burden on such families.

Introduction:

Chronic and critical illnesses such as cancer, heart disease, and chronic kidney disorders have a far-reaching impact not only on the health of patients but also on the economic and social well-being of families. In Haryana, where disparities exist in healthcare access between urban and rural populations, the socio-economic burden of long-term illness is significant. This study seeks to examine and quantify this burden through direct field-based evidence. Numerous studies by WHO, NSSO, and national health surveys indicate the growing prevalence and financial impact of non-communicable diseases in India. Reddy et al. (2022) found that over 60% of household savings are wiped out in chronic illness treatment. NFHS-5 (2021) data shows a high burden of treatment costs in northern states including Haryana. These findings underscore the need to assess the localized economic burden.

Research Methodology:

Research Design: Descriptive Cross-sectional Study

Settings: Selected hospitals in Hisar, Rohtak, Panipat, Jind (urban and rural)

Sample Size: 100 patients (50 urban, 50 rural)

Sampling Method: Purposive sampling

Tools: Structured questionnaires, interviews, hospital records

Duration: January – June 2025

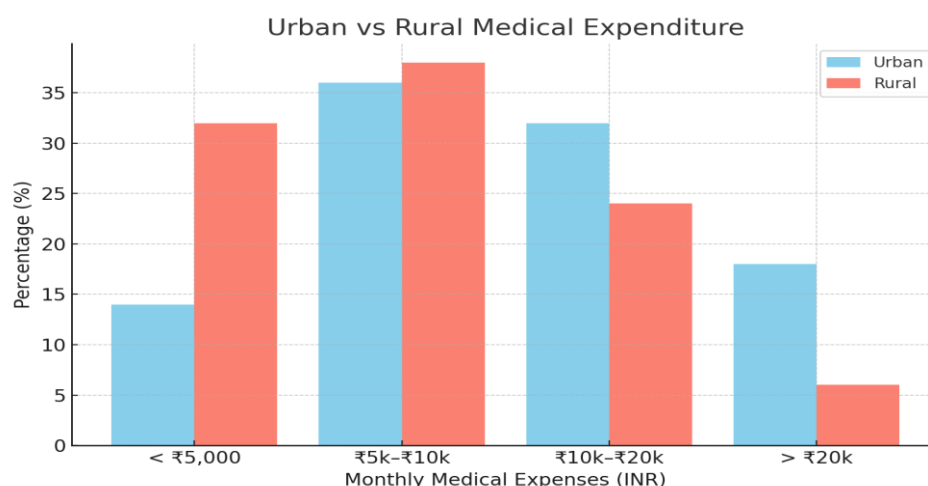
Data Analysis and Interpretation:

Objective 1: To assess the direct and indirect medical costs borne by families.

Table 1: Monthly Medical Expenses (Urban vs Rural)

Expense Range (INR)	Urban (%)	Rural (%)
Less than ₹5,000	14%	32%
₹5,000–₹10,000	36%	38%
₹10,000–₹20,000	32%	24%
More than ₹20,000	18%	6%

Graph: Bar Graph comparing Urban vs Rural patients' medical expenditure



Interpretation: Rural families tend to spend less, often due to lack of access or opting for lower-cost public services. Urban families incur higher costs due to dependence on private care.

Objective 2: To evaluate the impact of illness on household income and employment.

Table 2: Impact on Income/Employment

Impact Type	Urban (%)	Rural (%)
Full Job Loss	24%	32%
Partial Income Loss	42%	46%
No Change	34%	22%

Interpretation: Over 70% of both urban and rural households experienced a loss of income. Rural areas report a higher full-job loss due to informal work arrangements.

Objective 3: To identify the extent of disruption in education and social life.

Table 3: Disruption in Family Life

Area of Disruption	Urban (%)	Rural (%)
Children Dropped Out of School	28%	36%
Social Isolation Reported	41%	53%

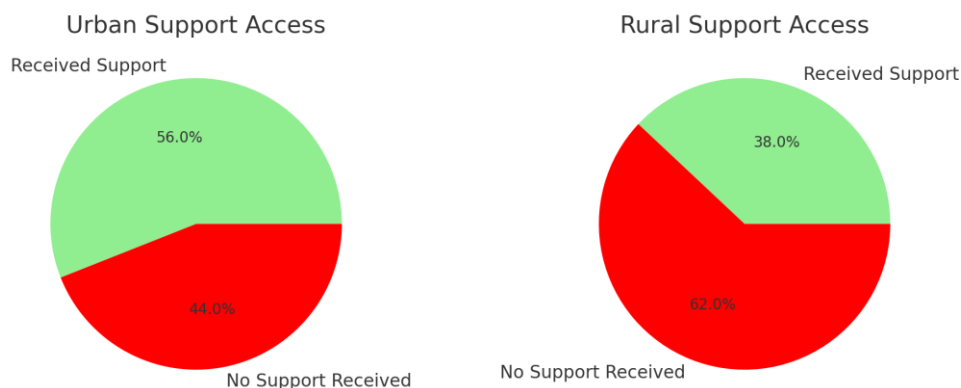
Interpretation: Chronic illness not only affects finances but also results in social withdrawal and children's school dropout—especially in rural areas.

Objective 4: To analyze awareness and access to support systems.

Table 4: Access to Government and NGO Support

Support Received	Urban (%)	Rural (%)
Ayushman Bharat/PM-JAY	38%	26%
Local NGO Assistance	18%	12%
No Support Received	44%	62%

Graph: Pie Chart comparing urban and rural support access



Interpretation: More than half the rural patients receive no institutional aid, suggesting a major gap in scheme implementation and awareness.

Objective 5: To explore psychological and emotional burden on caregivers.

Table 5: Psychological and Emotional Impact

Mental Health Issue	Urban (%)	Rural (%)
Anxiety/Depression	64%	72%
Caregiver Burnout	36%	48%

Interpretation: The emotional toll is significant, especially in joint families where caregiving burdens are intense. Rural caregivers report higher burnout due to limited external help.

RESULTS AND FINDINGS:**1. Medical Expenditure Patterns**

Urban patients had significantly higher monthly healthcare expenses compared to rural patients. 50% of urban households spent more than ₹10,000/month. Only 30% of rural families spent more than ₹10,000/month.

Interpretation: Access to private healthcare and specialist services increases cost burden in urban areas, whereas rural patients either opt for government services or delay treatment due to affordability.

2. Impact on Income and Employment

24% of **urban** and 32% of **rural** patients experienced complete job loss. Partial income loss affected **42% urban** and **46% rural** households.

Interpretation: Illness led to significant financial instability, especially in rural areas, where informal employment is common and job security is minimal.

3. Disruption in Family and Social Life

36% of rural families had to withdraw children from school compared to 28% in urban areas. Over **half (53%) of rural caregivers** reported social isolation compared to 41% in urban.

Interpretation: Chronic illness affects the entire family's well-being, and rural families face compounded burdens due to weaker social safety nets and education access.

4. Awareness and Access to Support Schemes

62% of rural patients received no government or NGO support, compared to **44% urban**. Awareness of schemes like **PM-JAY (Ayushman Bharat)** was significantly lower in rural areas.

Interpretation: There is a considerable implementation and awareness gap regarding health welfare schemes in rural Haryana, leading to increased out-of-pocket expenses.

5. Psychological and Emotional Burden

Anxiety and depression were reported by **72% of rural caregivers** and **64% of urban caregivers**. **Burnout symptoms** were higher in rural (48%) than urban (36%) families.

Interpretation: Emotional distress is high across both groups, with rural caregivers particularly affected due to lack of respite care and mental health services.

Objective 6: To compare urban and rural differences in socio-economic strain among severely ill patients

Table 6: Comparative Socio-Economic Impact Summary

Socio-Economic Parameter	Urban (%)	Rural (%)
Spent > ₹10,000 on medical care	50%	30%
Full job loss due to illness	24%	32%
Children dropped from school	28%	36%
Received no support	44%	62%
Caregiver psychological issues	64%	72%

Interpretation:

The data highlights deeper socio-economic strain among **rural households** across all parameters: higher job loss, child dropout, and lower institutional support. While urban families incur higher absolute costs, rural families face greater relative impact due to lower income and access to services.

◆ Objective 7: To suggest appropriate interventions and policy recommendations for reducing the burden on such families

Policy and Intervention Recommendations:

❖ **Enhance Awareness and Outreach of Government Schemes:**

Conduct local community health camps to raise awareness on PM-JAY, ESI, and other schemes. Partner with ASHAs and ANMs to identify and register eligible families.

❖ **Strengthen Mental Health Services:**

Include caregiver support and counseling under public health programs. Establish rural tele-counseling units via PHCs.

❖ **Education Continuity Support:**

Provide scholarships or conditional cash transfers to families at risk of school dropout due to illness.

❖ **Rural Employment Protections:**

Expand job protection under MNREGA for households with chronically ill members.

❖ **Direct Financial Relief:**

Create emergency health funds at district level with fast-track disbursement processes.

❖ **NGO and CSR Partnerships:**

Collaborate with private hospitals and local NGOs to offer subsidized long-term treatment and caregiving support.

DISCUSSION:

This study reveals a significant socio-economic burden among severely ill patients in both urban and rural areas of Haryana, with rural households being disproportionately affected. Key contributing factors include:

- Limited financial reserves and reliance on informal work in rural areas.
- Inadequate awareness and access to public health schemes.
- Psychological strain and social stigma, especially among caregivers.
- Compromises in children's education, indicating intergenerational impacts.

There is a **critical need for policy-level interventions** focusing on:

- Improving health insurance coverage awareness.
- Ensuring streamlined access to government benefits.
- Integrating mental health support into long-term care systems.
- Targeting educational continuity for children in chronically affected households.

Summary, Conclusion and Recommendations:

Urban families bear higher costs, but rural families experience deeper socio-economic disruptions. There are **critical gaps in awareness, access, and emotional support**, especially in rural areas. Targeted multi-sectoral strategies can reduce long-term impacts on affected households.

Recommendations include:

- Improve outreach of Ayushman Bharat in rural areas.
- Provide financial literacy and counseling services.
- Subsidize transport and medication costs.
- Enhance mental health services at PHCs.
- Ensure education continuity support for affected families.

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