RESULTS

DEMOGRAPHIC CHARACTERISTICS

Table 1 The sample size was calculated according slovin's formula and study was conducted. The analysis shows that the study population is predominantly 35-45 yrs. of age which shares the percentage of (36.88%) followed by the 45-55 yrs. of age which represents (27.66%).

Table 1: Descriptive analysis of age in the study population (N=141)

Age	Frequency	Percentages
18-26 years	15	10.64%
27-35 years	27	19.15%
35-45 years	52	36.88%
45-55 years	39	27.66%
55-65 years	7	4.96%
>65	1	0.71%

Figure 1: Bar plot of age distribution in the study population (N=141)

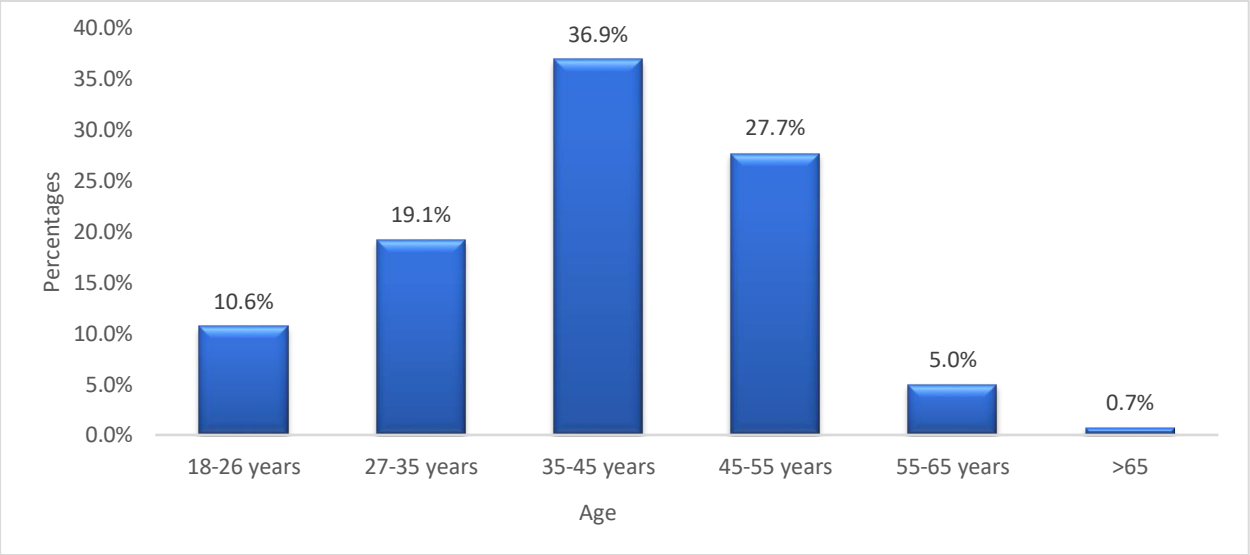


Table 2: Descriptive analysis of Socio-Economic Status in the study population (N=141)

The distribution as socio economic status was analyzed and plotted by considering Modified Kuppusamy Scale 2020 Modified version as reference.

From the table 2 there are significant lower middle-class category 53 in the study population with the percentage distribution of (37.59%) followed by upper middle-class category 41 in number with (29.08%) lower category shares to 4.26% of the study population

Socio Economic Status	Frequency	Percentages
Upper	5	3.55%
Upper Middle	41	29.08%
Lower Middle	53	37.59%
Upper Lower	36	25.53%
Lower	6	4.26%

Figure 2: Bar chart of socio-economic status in the study population (N=141)

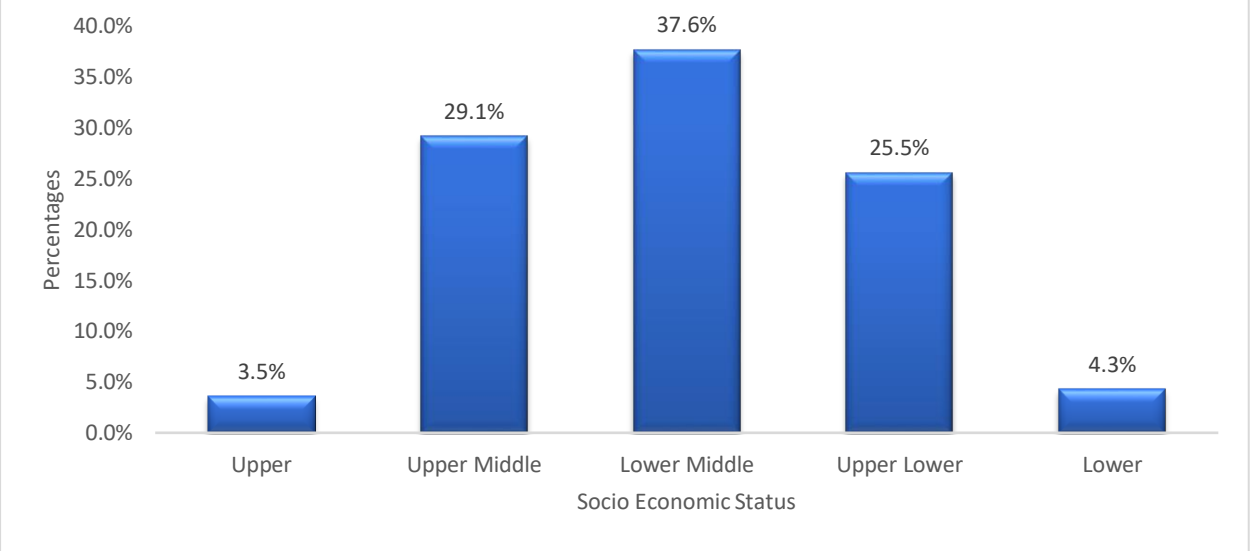


Table 3: Descriptive analysis of type of family in the study population (N=141)

From the table 3 there are significant nuclear family category 78 in the study population with the percentage distribution of (55.32%) followed by joint family category 48 in number with (34.04%) bachelor contributes to 6 which is (4.26%) respectively

Type of Family	Frequency	Percentages
Bachelor	6	4.26%
Nuclear	78	55.32%
Joint	48	34.04%
Stay away for work	9	6.38%

Figure 3: Bar chart of type of family in the study population (N=141)

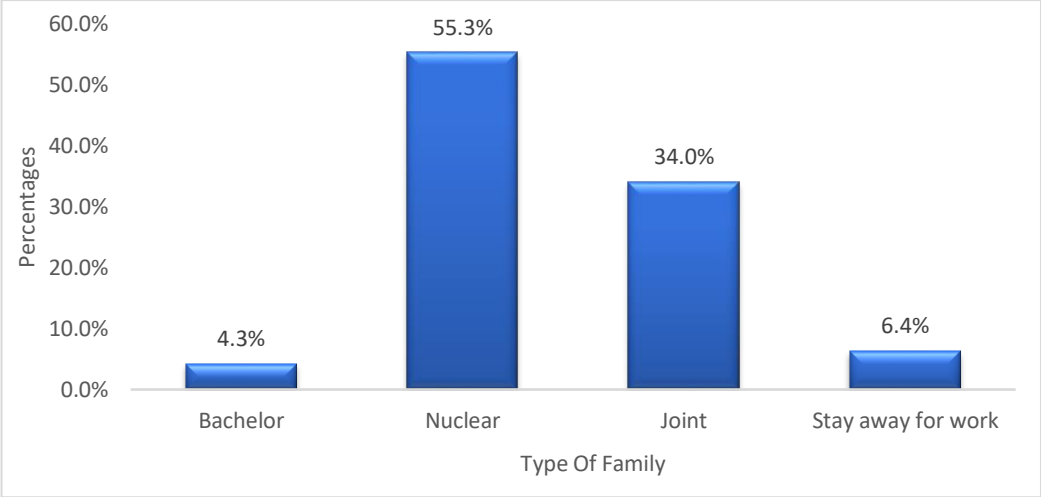
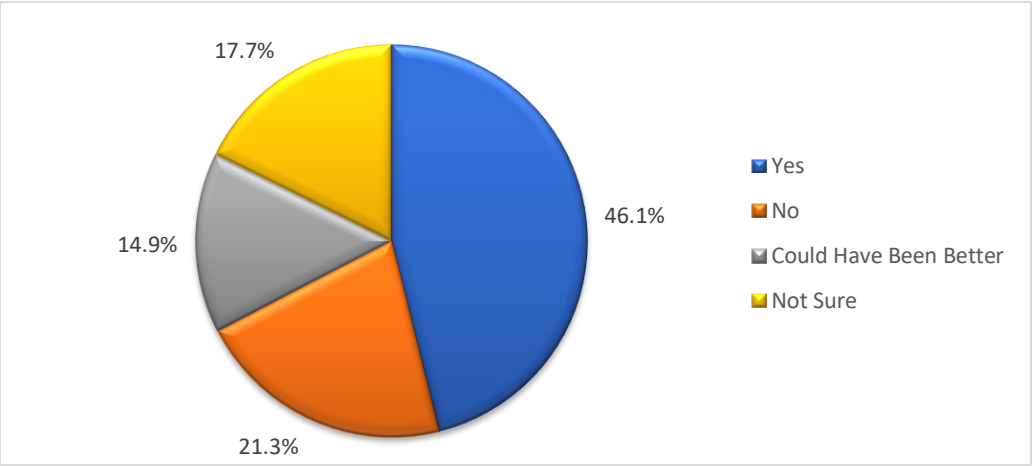


Table 4: Descriptive analysis of covid protocol in the study population (N=141)

Covid Protocol	Frequency	Percentages
Yes	65	46.10%
No	30	21.28%
Could Have Been Better	21	14.89%
Not Sure	25	17.73%

Figure 4: Pie Analysis for the Opinion about Effectiveness of Covid Protocol in the Study population (N=141)



PHC LOCATION - AWARENESS

Table 5: Descriptive analysis of PHC location in the study population (N=141)

PHC Location	Frequency	Percentages
Yes	47	33.33%
No	76	53.90%
Not Sure	18	12.77%

Figure 5: Pie Analysis of awareness about their PHC Location in the study population (N=141)

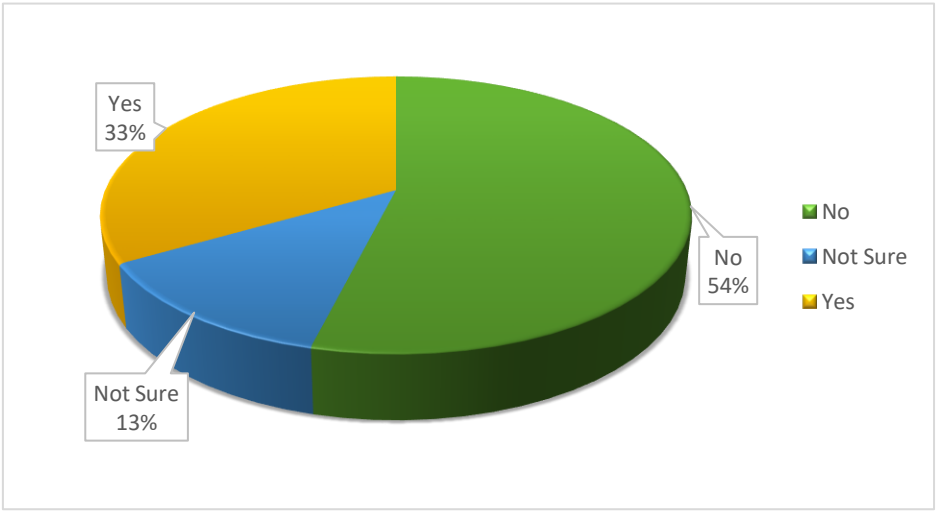
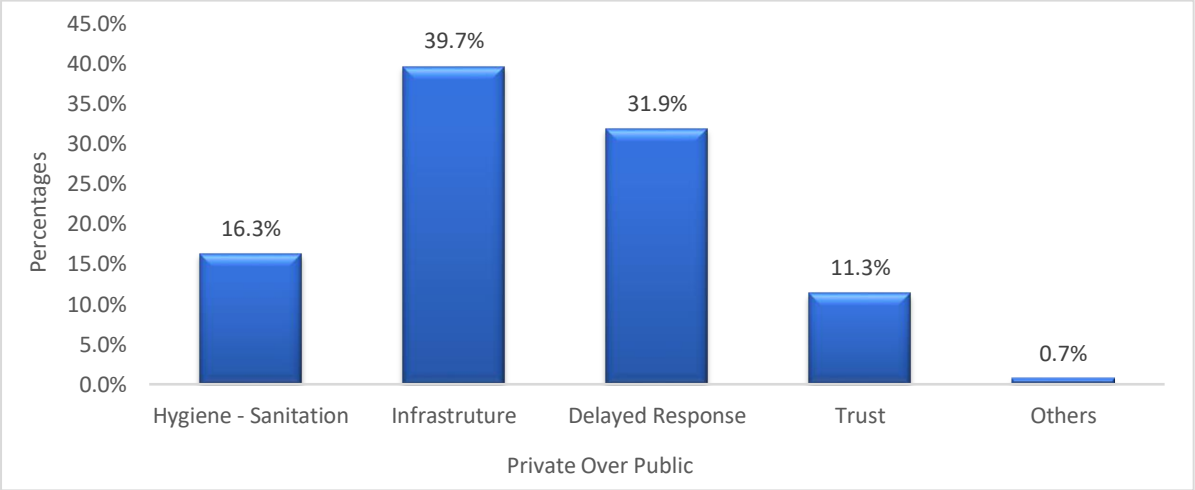


Table 7: Descriptive analysis of private over public in the study population (N=141)

Private Over Public	Frequency	Percentages
Hygiene - Sanitation	23	16.31%
Infrastructure	56	39.72%
Delayed Response	45	31.91%
Trust	16	11.35%
Others	1	0.71%

Figure 6: Bar chart of private over public in the study population (N=141)



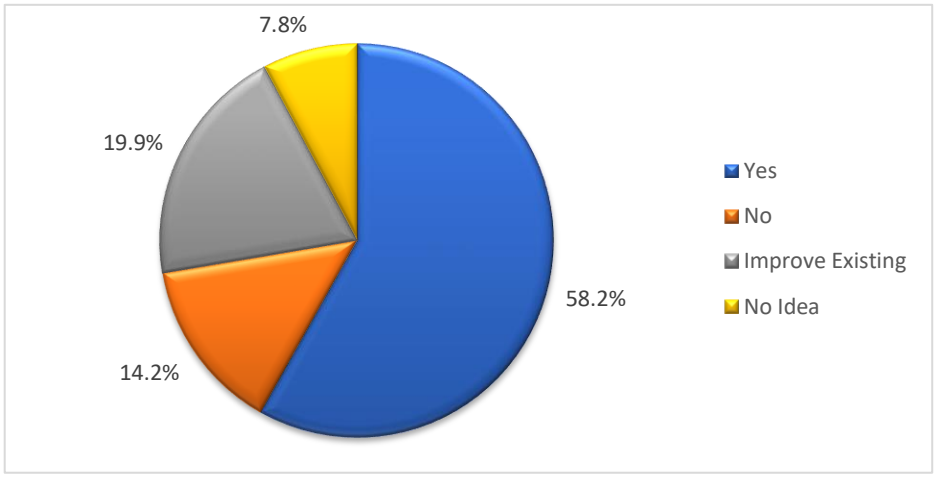
ALTERATIVE MEDICINE

The questioned was posed to the public regarding the opinion about the concentration for the alternative medicine in our health system 82% of the people feels that the concentration needed in that area from the obtained data from the study population

Table 7: Descriptive analysis of alternative medicine in the study population (N=141)

Alternative Medicine	Frequency	Percentages
Yes	82	58.16%
No	20	14.18%
Improve Existing	28	19.86%
No Idea	11	7.80%

Figure 7: Pie Analysis of opinion about the alternative medicine in the study population (N=141)

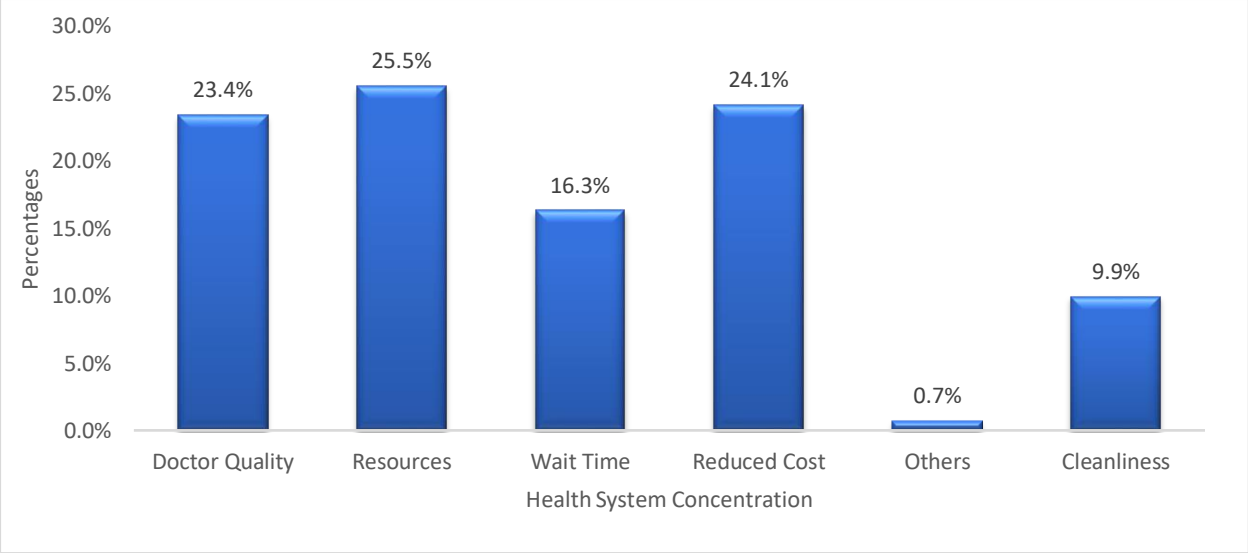


OPINION ABOUT AREAS TO BE CONCENTRATED ON OUR HEALTH SYSTEM

Table 8: Descriptive analysis of opinion about concentration on health system (N=141)

Health System Concentration	Frequency	Percentages
Doctor Quality	33	23.40%
Resources	36	25.53%
Wait Time	23	16.31%
Reduced Cost	34	24.11%
Others	1	0.71%
Cleanliness	14	9.93%

Figure 8: Bar Chart for Opinion about the Concentration in our Health system (N=141)

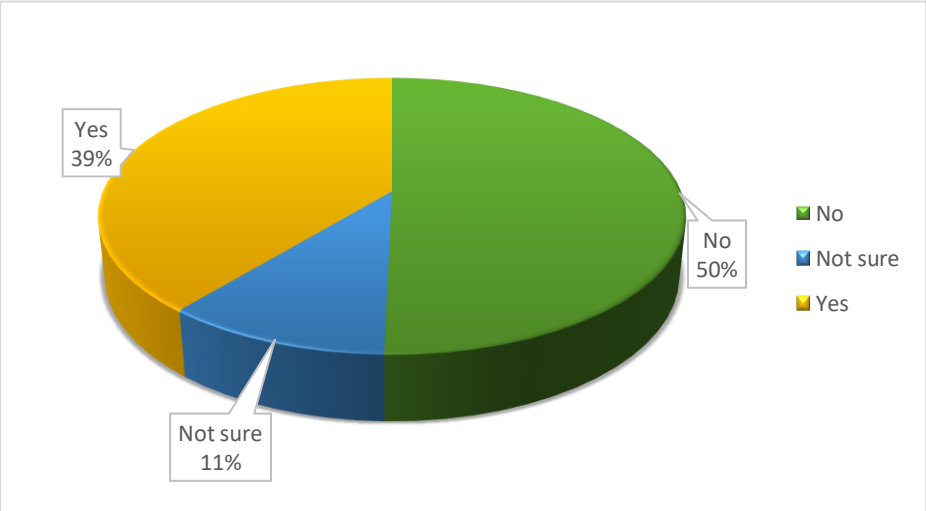


HEALTH INSURANCE - ACCESSIBILITY

Table 9: Descriptive analysis of health insurance in the study population (N=141)

Health Insurance	Frequency	Percentages
Yes	55	39.01%
No	71	50.35%
Not sure	15	10.64%

Figure 9: Pie Analysis of Health Insured Public in the study population (N=141)



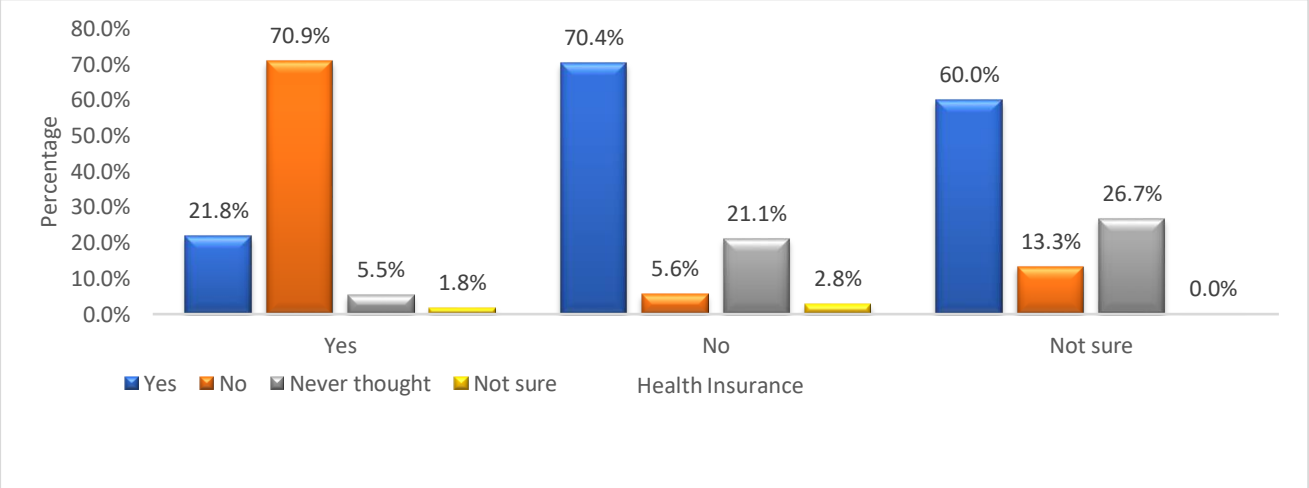
ASSOCIATION BETWEEN HEALTH EMERGENCIES VS HEALTH INSURANCE

Around 71% of the public who actually feel they have the huge burden on the health care expenses were actually on the out of the purview of health insurance

Table 10: Comparison of Health Insured Public across Health Emergencies (N=141)

Health Emergencies	Health Insurance			P value
	Yes (N=55)	No (N=71)	Not Sure (N=15)	
Yes	12 (21.82%)	50 (70.42%)	9 (60%)	<0.001
No	39 (70.91%)	4 (5.63%)	2 (13.33%)	
Never Thought	3 (5.45%)	15 (21.13%)	4 (26.67%)	
Not Sure	1 (1.82%)	2 (2.82%)	0 (0%)	

Figure 10: Cluster Bar Chart of comparison of Health Emergencies of the family across Health Insured Public (N=141)

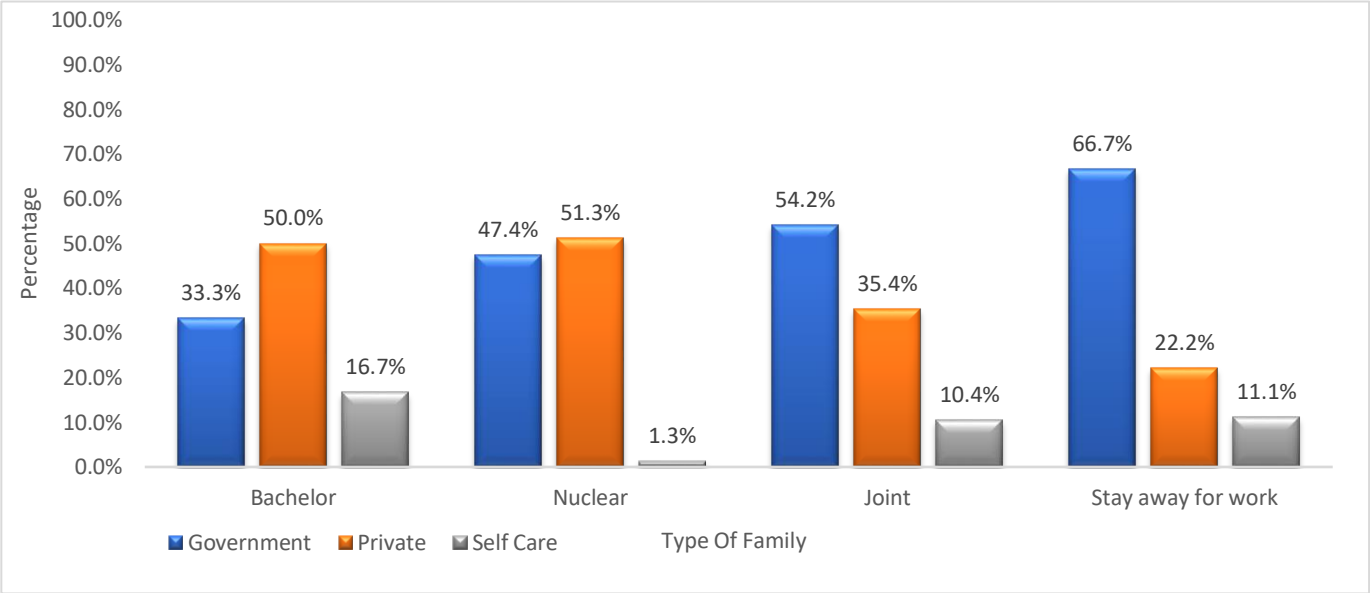


ASSOCIATION BETWEEN TYPE OF FAMILY AND ELDERLY CARE

Table 11: Comparison of type of family across elderly attention (N=141)

Type of Family	Elderly Attention			P value
	Government	Private	Self-Care	
Bachelor (N=6)	2 (33.33%)	3 (50%)	1 (16.67%)	0.118
Nuclear (N=78)	37 (47.44%)	40 (51.28%)	1 (1.28%)	
Joint (N=48)	26 (54.17%)	17 (35.42%)	5 (10.42%)	
Stay Away for Work (N=9)	6 (66.67%)	2 (22.22%)	1 (11.11%)	

Figure 11: Cluster Bar Chart of comparison of Type of family across Elderly Care and attention (N=141)ASSOCIATION BETWEEN SOCIO-ECONOMIC STATUS AND



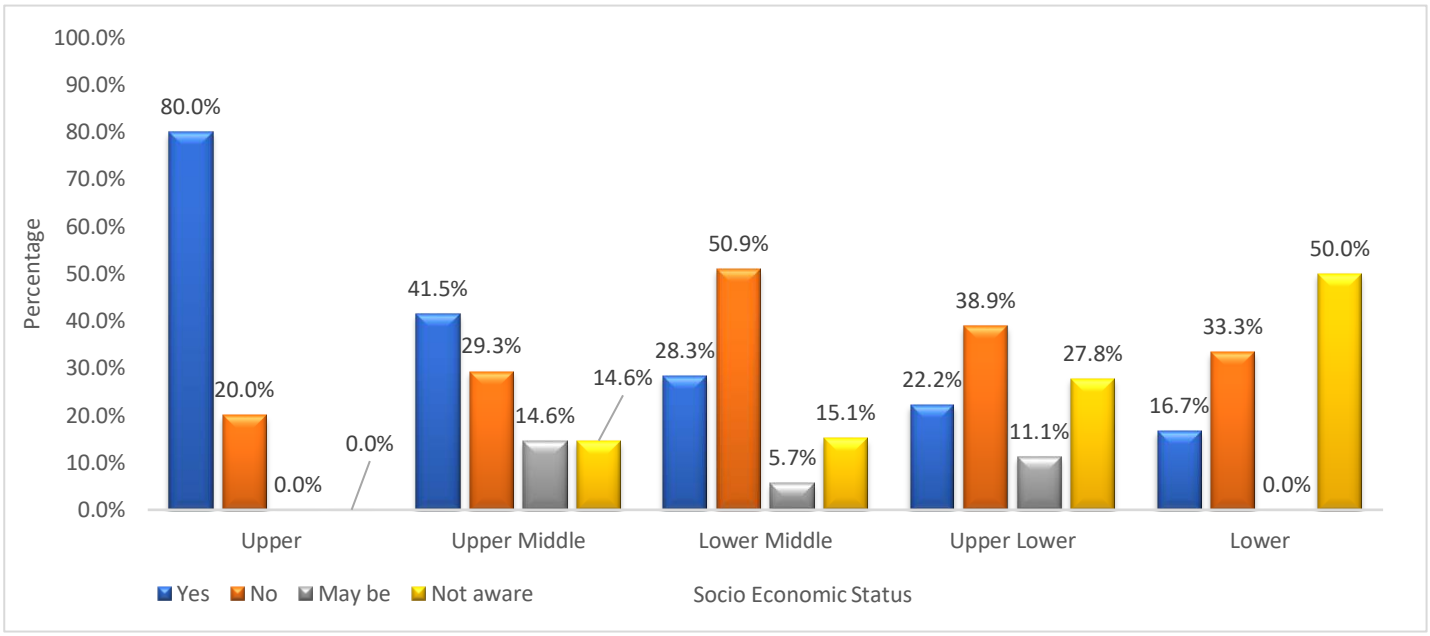
ATTENTION TO PREVENTIVE MEDICINE

From the data it is inferred that majority of the population in the upper and upper middle class category are subjected to the preventive health checks compared to the other sections.

Table 12: Comparison of socio-economic status across preventive health check (N=141)

Socio Economic Status	Preventive Health check				Chi square	P value
	Yes	No	May Be	Not Aware		
Upper (N=5)	4 (80%)	1 (20%)	0 (0%)	0 (0%)	19.290	0.082
Upper Middle (N=41)	17 (41.46%)	12 (29.27%)	6 (14.63%)	6 (14.63%)		
Lower Middle (N=53)	15 (28.3%)	27 (50.94%)	3 (5.66%)	8 (15.09%)		
Upper Lower (N=36)	8 (22.22%)	14 (38.89%)	4 (11.11%)	10 (27.78%)		
Lower (N=6)	1 (16.67%)	2 (33.33%)	0 (0%)	3 (50%)		

Figure 12: Cluster bar chart of comparison of socio-economic status across preventive health check (N=141)



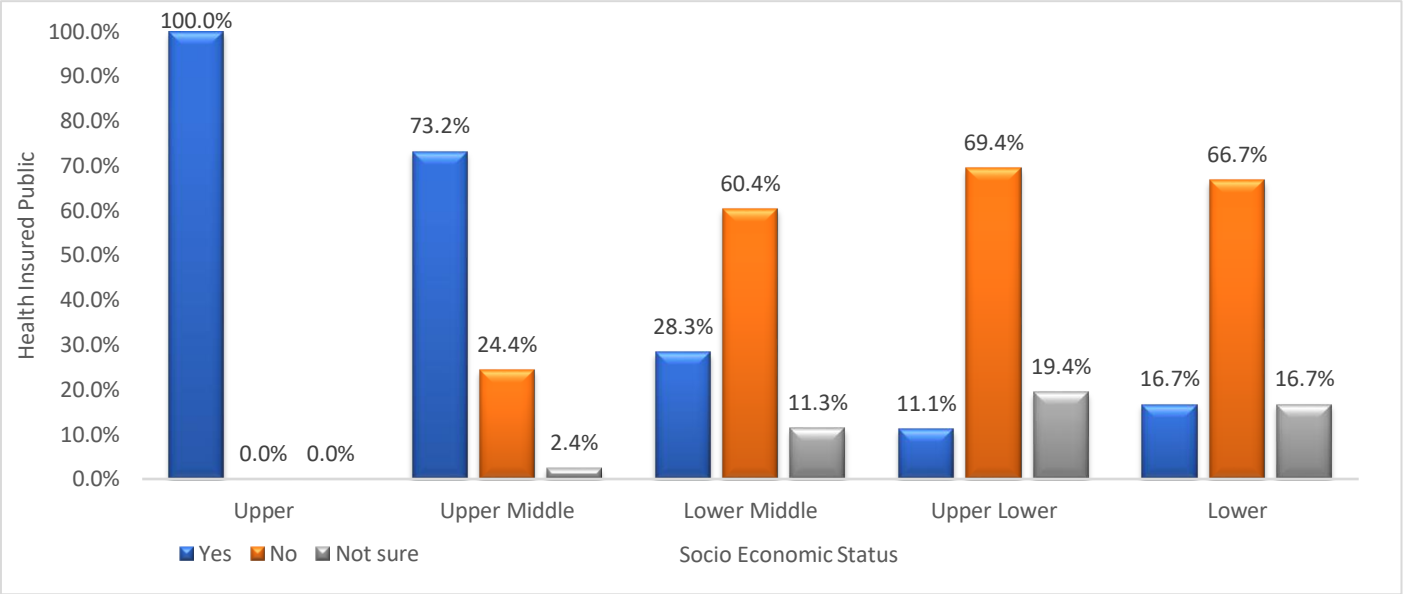
ASSOCIATION BETWEEN SOCIO ECONOMIC STATUS AND HEALTH INSURANCE ACCESSIBILITY

Table 13: Data Table comparison of Socio-Economic Status across the Health Insured Public (N=141)

Socio Economic Status	Health Insurance		
	Yes	No	Not Sure
Upper (N=5)	5 (100%)	0 (0%)	0 (0%)
Upper Middle (N=41)	30 (73.17%)	10 (24.39%)	1 (2.44%)
Lower Middle (N=53)	15 (28.3%)	32 (60.38%)	6 (11.32%)
Upper Lower (N=36)	4 (11.11%)	25 (69.44%)	7 (19.44%)
Lower (N=6)	1 (16.67%)	4 (66.67%)	1 (16.67%)

No statistical test was applied- due to 0 subjects in the cells

Figure 13: Cluster Bar Chart analysis of Socio-Economic Status across Health Insured Public (N=141)



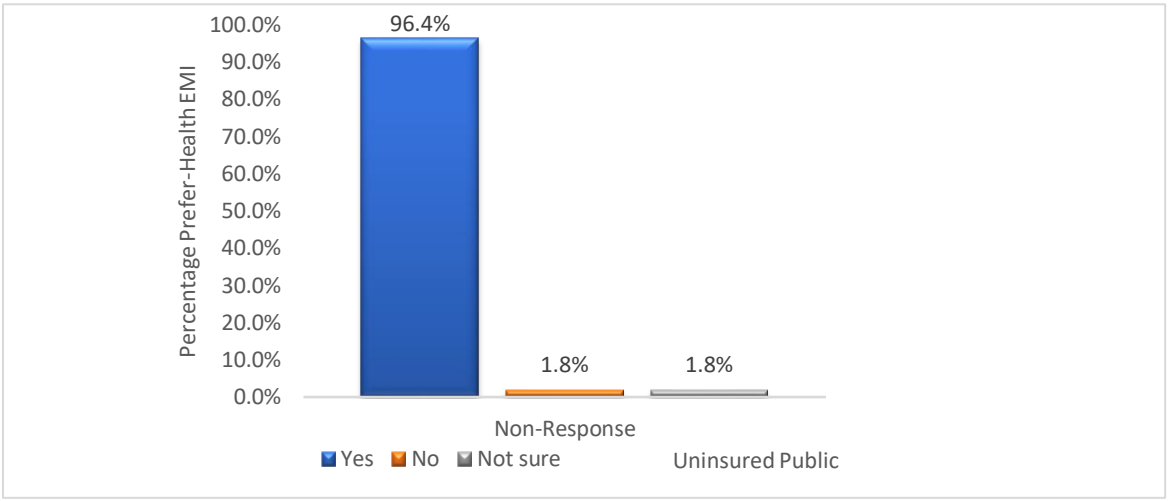
ASSOCIATION OF HEALTH EMI AND HEALTH INSURANCE

The question was posed on the study population who were not actually insured like whether they need EMI type of system in the health insurance system almost 96% feels comfortable in paying EMI for the health insurance to prevent the healthcare burden

Table 14 : Comparison of Preference of Health EMI across the Non - Health insured public (N=112)

Health Insurance	Health EMI		
	Yes	No	Not Sure
Non-Response (N=56)	54 (96.43%)	1 (1.79%)	1 (1.79%)

Figure 14: Bar Chart of comparison of Health EMI reference across Non-Health Insured study population (N=112)


100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Percentage Prefer-Health EMI
96.4%
1.8%
1.8%
Non-Response
Yes
No
Not sure
Uninsured Public