

## Abstract

India is experiencing rapid population aging in recent years. The concomitant issue is the provision of health care as the ageing population is subjected to a disability, frailty, poor health, and chronic conditions. As India is experiencing the epidemiological transition, the grey population is expected to incur huge expenditure on health care in the coming decades. The present study, thus, examines the pattern and factors affecting the choice of health service utilization, the magnitude of health expenditure, and the incidence of health insurance among the Indian elderly. Data is extracted from the 71<sup>st</sup> Round of the Health Survey conducted by the National Survey Office. In addition to basic descriptive statistics, the study employs both logistic regression and generalized linear model with log-link and gamma distribution. Following Andersen's Health Behavioural Model, the results of the choice of health services indicate that the elderly belonging to upper caste, having higher levels of education, higher incomes, larger family size, and needing surgery are likely to choose private health care, while those experiencing higher economic dependence, chronic diseases and higher duration of hospitalization tend to prefer public inpatient services. The magnitude and significance of these factors, however, vary according to regions. Using the health-expenditure model of the World Health Organisation, the study further finds that higher income, education, and household size, diseases like cancer, treatment involving surgery, poor physical mobility and the elderly opting for packages involve higher health spending, while health insurance tends to reduce the same. However, the probability of health insurance coverage depends on income, education, disease types, caste, family size, and social relationships. The underprivileged groups are mostly covered by government-funded insurance, while the older people with higher income and education, having spouses and less number of children, and residing in urban areas have a higher likelihood of purchasing private health insurance. The findings suggest a restructuring of the public health delivery system in congruence with the health care needs of the elderly while designing disease-specific policies. A thrust on insurance-financed health systems may reduce out-of-pocket spending among them.

**Keywords:** Elderly, Health Care Utilization, Out-of-Pocket Expenditure, Health Insurance, India