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Socioeconomic Profile and Vulnerabilities of People Receiving Home-Based Palliative Care in South India

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Abstract—

Background: Palliative care, especially home-based, is essential for patients with chronic, life-limiting illnesses. In South India, where cultural and familial support systems are strong, home-based palliative care offers comfort and dignity. However, socioeconomic disparities influence accessibility, quality, and outcomes.

Objectives: To describe the socioeconomic profile and assess the associated vulnerabilities of individuals receiving home-based palliative care in selected districts of South India.

Methods: A cross-sectional descriptive study was conducted among 300 patients receiving home-based palliative care from government and NGO-supported services in Tamil Nadu and Kerala. A structured questionnaire assessed demographic, economic, housing, social support, and healthcare access variables. Data were analysed using SPSS.

Results: The majority (62%) were above 60 years, with 58% being female. About 71% of households earned less than ₹10,000 per month. A large portion (67%) lived in semi-permanent houses, and 54% lacked a dedicated caregiver. Vulnerabilities included poor nutritional status (48%), lack of pain medication availability (33%), and social isolation (40%). Only 12% received regular follow-up visits by palliative care physicians.

Conclusion: Home-based palliative care recipients in South India face multiple vulnerabilities rooted in poverty, housing insecurity, and limited access to healthcare. Strengthening community palliative care teams and integrating social welfare schemes are necessary to reduce disparities.

Key words— **Home-based palliative care, Socioeconomic status, Vulnerabilities, Caregiver support, Health disparities**

I. INTRODUCTION

Palliative care seeks to enhance the quality of life for patients and their families who are dealing with life-threatening illnesses. In India, home-based palliative care has become a culturally suitable and economical approach, especially in rural and semi-urban regions. Nevertheless, socioeconomic factors greatly influence the accessibility and quality of care. This research investigates the socioeconomic circumstances and related vulnerabilities of individuals receiving home-based palliative care in South India.

II. OBJECTIVES

1. To document the demographic and socioeconomic profile of home-based palliative care recipients.
2. To identify their health-related and social vulnerabilities.
3. To assess the gaps in services provided through home-based care.

III. METHODS

Study Design: Cross-sectional descriptive study

Study Area: Tamil Nadu and Kerala (selected districts with active home-based palliative care programs)

Sample Size: 300 patients

Sampling Technique: Multistage sampling from government and NGO registries

Data Collection Tool: Structured questionnaire covering:

- Demographics (age, gender, education)
- Socioeconomic status (income, occupation, housing)
- Clinical details (diagnosis, functional status)
- Social support, caregiving, nutrition
- Service utilization (frequency of visits, availability of medications)

Data Analysis: Descriptive statistics and cross-tabulation using SPSS.

IV. RESULTS

Demographic Profile

- Mean age: 64.3 years
- Gender: Female (58%), Male (42%)
- Education: Illiterate (36%), Primary (42%), Secondary and above (22%)
- The study participants had a mean age of 64.3 years, indicating that the majority were older adults in the late stages of life, typically requiring sustained medical and emotional support. A female predominance (58%) was observed, reflecting both the higher life expectancy of women and their increased vulnerability to chronic illness and social neglect in old age. Regarding educational attainment, a significant proportion of respondents were illiterate (36%), while 42% had completed primary education and only 22% had studied up to secondary level or higher. This pattern highlights limited educational opportunities among the older rural population, which could influence their health literacy, awareness of palliative care options, and ability to access social welfare services.
- Socioeconomic Indicators
- Monthly family income:
    - <₹5,000: 45%
    - ₹5,000–10,000: 26%
    - ₹10,000: 29%

Housing:

- Semi-permanent: 67%
- Permanent: 25%
- Kutcha: 8%

Health insurance: Only 30% covered under government schemes

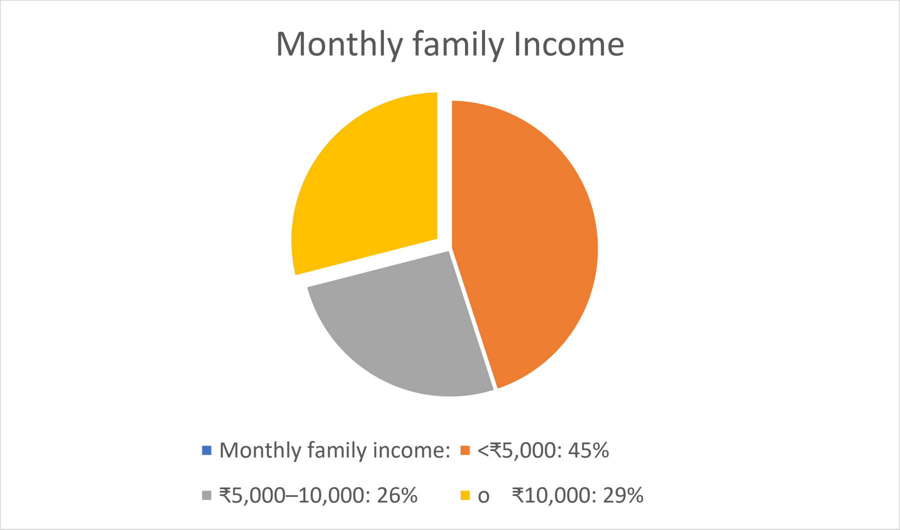

Figure1: Monthly family Income

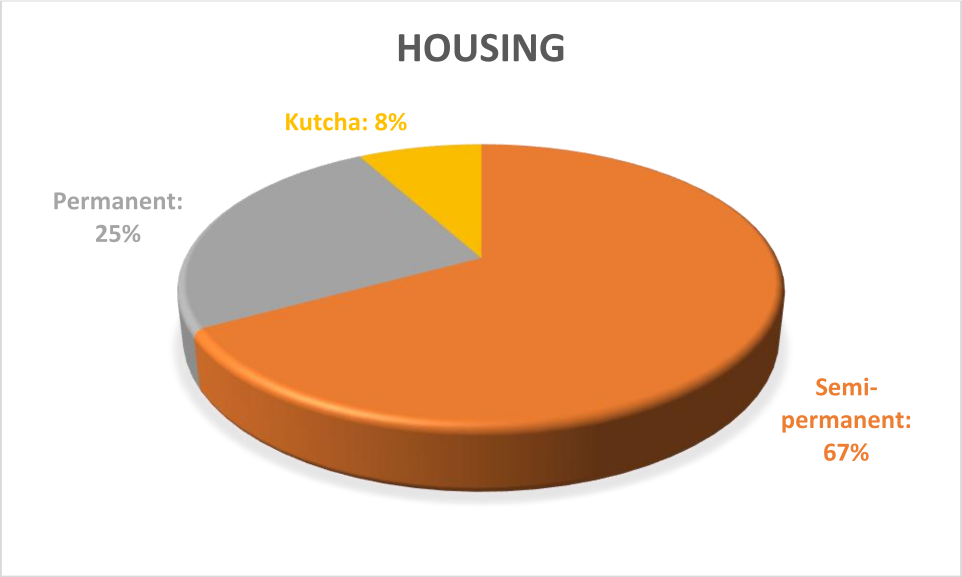

Figure 2: Housing

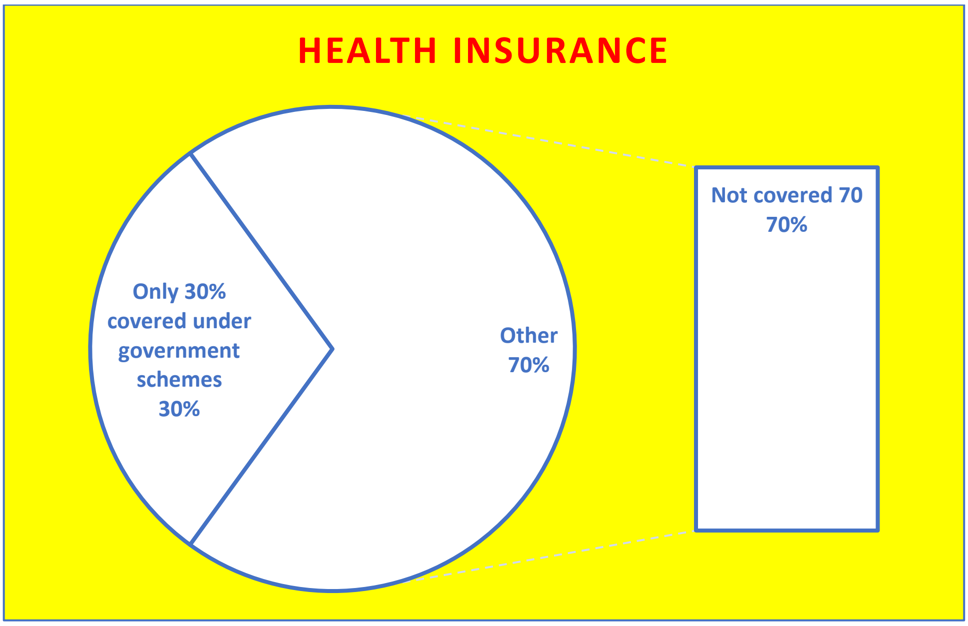

Figure 3: Health Insurance

Economic evaluations indicated significant financial hardships among the participants. Almost 45% of households reported a monthly income below ₹5,000, 26% earned between ₹5,000 and ₹10,000, and only 29% had an income exceeding ₹10,000 per month. This situation highlights that a large number of patients live at or below the poverty threshold, stressing the financial burden associated with chronic illness and long-term care.

Concerning living conditions, 67% lived in semi-permanent residences, 25% in permanent homes, and 8% in makeshift houses, illustrating that the quality of housing reflects socioeconomic inequalities. Only 30% of participants were enrolled in government health insurance schemes, emphasizing insufficient financial protection and a trend of heavy out-of-pocket expenses for healthcare services. This lack of coverage severely restricts access to pain management, medications, and follow-up treatments.

Vulnerabilities Identified

- Issues with pain management: 33% did not have consistent access to opioids
- Nutritional concerns: 48% exhibited indications of undernutrition
- Psychological issues: 42% experienced symptoms of depression
- Caregiver support: 54% lacked reliable caregiving

- Medical appointments: 12% attended regular visits with a doctor; the majority received care from nurses or health workers
- Social disconnection: 40% indicated a lack of engagement with community or family
- Various levels of vulnerability were observed among individuals receiving home-based palliative care.

- ✓ A significant 33% of patients faced irregular access to opioids, indicating ongoing deficiencies in pain management services despite recent policy changes. Nutritional evaluations showed that 48% exhibited signs of undernutrition, reflecting both physiological decline and a lack of adequate dietary support.
- ✓ Psychological issues were also prevalent: 42% reported experiencing symptoms of depression or psychological distress, often associated with chronic pain, social isolation, or financial instability. Caregiving assistance was inconsistent, as 54% lacked regular caregivers, leading to reliance on community health workers or volunteers.
- ✓ Regarding medical continuity, merely 12% of patients had consistent physician consultations, while the majority depended on sporadic nurse-led or health-worker follow-ups. This situation indicates significant limitations in human resources for delivering palliative care in rural areas.
- ✓ In addition, 40% reported feelings of social isolation, citing diminished family interactions and disengagement from the community, which can worsen both emotional distress and adherence to treatment. These findings collectively illustrate a complex interplay of socioeconomic and psychosocial vulnerabilities that severely impact the quality of life for individuals receiving home-based palliative care in South India.

V. DISCUSSION

The results indicate that a majority of individuals receiving palliative care are elderly, financially disadvantaged, and reside in substandard housing. These factors exacerbate health outcomes and increase the burden on caregivers. Limited availability of physicians and essential medications, such as opioids, illustrates systemic obstacles. While Kerala has established more comprehensive palliative services due to initiatives at the state level, considerable disparities persist among different districts.

Key Implications:

- Combining welfare programs with palliative care services
- Fostering community involvement and volunteer networks
- Enhancing training for community health workers in the area of palliative care
- Utilizing telemedicine to facilitate remote consultations

VI. CONCLUSION

The research highlights that socioeconomic vulnerability intensifies the difficulties associated with terminal illness. To ensure dignified care for everyone, home-based palliative care must be backed by fair policies, improved infrastructure, and social support systems.

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