

Citation:

Expenditure on health care

The total expenditure for rural and urban residents for inpatient and outpatient cases with respect to some background characteristics was shown in Table 3. From the table, it can be said that for inpatient cases expenditure was uniformly low for rural persons for most of the background variable due to less available health service. But, people belonging to rural areas with the highest MPCE group (Rs. 27465) and the person getting regular wages (Rs.15557) were paying more health expenditure than urban people. Rural inpatient insured people were paying less than the uninsured peoples while the scenario was opposite for urban residents. Discussing social group it was viewed that Scheduled Tribe and elderly rural people expending least amount of money on health while at urban Scheduled Tribe and for children payment was second-highest and highest respectively. For outpatient cases, the expenditure was uniform for all the covariates that is rural people are paying less than urban persons.

Association of health care expenditure with OOPC

Finally, the concern was to find whether hospitalization was having a significant association with health insurance or not Table 4 was showing hospitalization had a significant association with health insurance. The people who were insured were taking treatment 1.13 times more than that of uninsured. The odds ratio for most of the covariates showing significant results except urban area, highest MPCE, and secondary or higher secondary education. Now TPM was fitted for inpatient and outpatient cases separately for estimating the Out-Of-Pocket Expenditure (OOPE). Results from the Ordinary least Square

suggests that, community-based health insurance is a proper way of reaching the poor, rather than market mediated or government-provided insurance [27]. For inpatient treatment cases it is proved that women are spending less OOPE than men as gender differentials are high and can be seen in many parts of the country but for outpatient cases, its almost equal while a study from the USA shows that woman with diabetes having more OOPE than diabetic men [28]. In the case of age group, for higher age groups OOPE is more than the lower age groups because it can be said that when age is increasing people are becoming more vulnerable to diseases and the old people suffer the most. With the increment in monthly per capita expenditure, OOPE for health care is increasing and it is more significant for inpatient cases. Because health status is influenced by income. A study from nine developed countries finds the same with the current study, found that one-quarter or more of poor citizens had to allocate at least 5 percent of their income to OOPE while one-in-four elderly citizens had high OOPE [29]. Theoretically, absolute income determines the health status of an individual or household because higher income leads to greater capability to afford better medical facilities [30,31]. Naturally, insured people have to spend less amount of OOPE than the uninsured person for health purposes. Here sector is not affecting both the inpatient and outpatient cases whereas sex, occupation, and education are not creating a significant effect for the outpatient case. It is hypothesized in some studies that due to lack of awareness and lack of dumping income, poor and illiterate face in addition the burden of health bill [32]. It is always true that for inpatient cases people have to take decision regarding the huge cost for treatment because generally for outpatient treatment the expense is lower than that of inpatient cases where people can go when he feels sick and its cost is lower than that of inpatient cost [33]. Household size is significant for both inpatient and outpatient OOPE but for outpatient cases, it is more significant. For inpatient cases, it is significant for 5 or more family members. Social groups are more significant for inpatient cases than for outpatient cases.

Conclusion

From 2007-2008 onwards the number of health insurance policies from the central, state as well as private ends is rising like nowhere and the number of covered members is also increasing day-by-day. Multiple insurance schemes that aimed at households and individuals below the poverty line were launched. The Universal Health Insurance

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