Compared to other states and regions of India, Kerala enjoys a relatively better health status. Kerala’s achievement in health sector in spite of its economic backwardness is well known in the world. However, even when Kerala achieves favourable health indicators, HDI and economic growth, its achievements are not uniform across the geographical locations of the state and it has also eluded some of the marginalized sections from all population groups since globalization. Moreover the quality of the internationally acclaimed Kerala model has started deteriorating. Although mortality rate has declined substantially, morbidity persists at a higher level in the state. Both the diseases of poverty and the diseases of affluence exist together owing to the decay of public health system of the state and the life style changes of the people. The uncontrolled growth of private sector and the resultant escalation of health care cost have increased health inequality among the disadvantaged population who are thrown out from the mainstream economic development and which is reflected in their health status also. The study titled “The Health Status of BPL Families in Kerala in the Era of Economic Reforms: Utilization of Health Care, Problems of Access and Cost Burden” is an attempt to analyse the health status of BPL families generally constituted by the marginalised sections of the society in the wake of economic reforms.

The study is organised in 8 chapters and is based on both primary and secondary data collected from 400 BPL families in Kottayam district. The major source of secondary data was books, journals, reports and websites. The statistical tools like average, percentages, mean, standard deviation, factor analysis, logistic regression and ANOVA tests were used for data analysis.

To conduct the analysis the socio-economic status was classified in to gender, family type, pattern of housing, education, occupation, income, infrastructure availability, food consumption pattern, use of intoxicants and so on. Apart from this, morbidity prevalence level, access to social prevention methods, access and utilization of health facilities, expenditure on health, basic health awareness and health care financing options available were also examined.
The study identified several socio-economic factors which have a decisive effect on the health status of the respondents. The variables like consumption pattern of food and non food items, occupation, use of intoxicants, availability of clean water etc have also been identified as factors influencing health status. The study found operational inefficiency of government hospitals, unfair practices in the health care sector such as commission, kick backs, bribe clinical trial etc as the major reasons for the persistent morbidity among BPL population. Similarly the study also examined the role social prevention in controlling diseases at the outset itself. The study also found the absence of viable health insurance scheme as a major reason for the increase in out of pocket expenditure of the poor.

The study suggests that appropriate policy measures must be initiated to strengthen the public health care system in the state so that better health standards are ensured for the marginalised sections of the community, which in turn will reduce the exploitation of private health providers. Better provisions of public health activities such as of drinking water, sanitation, vector control etc is to be implemented in tribal hamlets, hilly and coastal areas which are mostly inhabited by the marginalised, in order to minimise diseases. In addition to this, the public health system should provide orientation to the poor regarding a healthy living.