CHAPTER – VI

FINDINGS, CONCLUSION AND SUGGESTIONS

6.1 FINDINGS

The main findings of the study from the analysis of the household expenditure pattern and the health insurance awareness of the households are presented as follows:

The first section discusses and analysed the first objective of studying the demand and supply gap of health care support in Kanchipuram District. The findings of the first objective are listed as follows:

- The demand for health care facilities as classified into four types is understood that most of the households in general preferred the health care facility that is available nearby which includes health centres, clinics, dispensaries and nursing homes. This constitutes about 83.60 percent of the households. The remaining facilities are mostly by the rest of the sample population.

- Income of the household, educational status and the location of the household had a significant association with the choice of health facility as preferred by the households.

- The supply of health facilities, particularly by the government seemed to fall short of the requirements by the households. While most of the sample households preferred the health centres for their needs, the health centers- Community Health Centres and Health Sub-centres fall short 82.5 percent and 54.38 percent respectively.

- The secondary and the tertiary health facilities offered by the government is also inadequate with population per bed is 93958 and the population per doctor ratio is 60930. However the actual health facilities available in the district including the private health facilities are unknown which hindered in analysing the actual demand and supply of health facilities in the district.
The second section analysed the health care expenditure pattern of the households in Kanchipuram district. It helped in studying the components of the health expenditure, the ways in which the households meets this expenditure and the difficulties the households face in the light of health expenditure. The findings of the second objective are presented below:

- As the present study included the possible ways the households tend to maintain their health, the most preferred ways of maintain health and their relative expenditure by the households was also measured. The result showed that the maximum of 681 households spend less than 25 per cent of their income on health care with an average of Rs.4471 per month.

- Among the health care activities, households spend even 75 per cent and above of the total health expenditure per month on nutritious food whereas the remaining health care ways- medical expenses, supplements and other activities constituted only less than 25 percent and only very few households spent up to 50 percent. This shows the health consciousness of the households.

- The household health care expenditure has a significant association with household income, occupational status, educational status and chronic disease.

- The household health care expenditure depends upon the monthly income of the household, households with members suffering from chronic disease and the location of the household. The households in the urban region spend more towards health care than the households in the semi-urban and the rural region.

- The households meet the unexpected health care expenditure majorly through their household income, this was constituted by 48 percent of the households. 16 percent of the households borrow money to meet their health expenses and only 5 percent of the households use health insurance to meet the unexpected health expenditure of the household.

- Irrespective of the level of the household expenditure by each households, 50 percent of the households feel moderately difficult to meet the health care
expenditure; while 9.30 percent of the households feel extremely difficult to meet the household health expenditure.

- Health affects the social activities of the individuals including work leaves and loss of pay. Similarly, households with chronic disease experience a continuous expenditure towards health care majorly constituting doctor, laboratory and medical expenses.

The third section evaluates the awareness of health insurance among the households, the factors that influences their choice of taking health insurance and the findings are:

- A majority of the households (93.5 percent) were aware of health insurance. This was possible majorly through the government health insurance schemes and the health insurance that is provided through the employer.

- Even though majority of the households were aware of health insurance only 67.6 percent of the aware households were insured. More notably nearly 80 percent of the households that were health insured were actually covered involuntarily through the government health insurance schemes and insurance through the employer.

- Thee households in general were classified into two categories as whether they are health insured. The study also included both households in which either at least one member of the family is covered under health insurance or the entire family is covered under health insurance. To assess the probability of households taking health insurance, binomial logit model was employed. The results show that ‘Location’, ‘Occupational statuses, ‘Income’, ‘Household member suffering from Chronic Disease’ and ‘Medical expenditure’ have a significant overall association in household’s choice of taking health insurance.

- To further assess the probability of the household opting for health insurance from not being insured, the multinomial logit model was examined. The result show that monthly income, number of earning members, medical expense of the household, location, occupation and chronic disease have a significant impact.
The probability of households moving from the category of ‘not insured’ to ‘involuntarily insured’ was negatively associated with number of earning members in the family, medical expenses and location of the household. However, this shift is positively associated with factors like monthly income of the household, occupational status and the status of households in relation with chronic disease.

The probability of shift from ‘not insured’ to ‘voluntarily insured’ was negatively associated with the medical expenses of the households; whereas the move for being ‘voluntarily insured’ is positively influences by factors such as monthly income and the location of the households.

The fourth section analyses the fourth objective of assessing the household’s attitude, perspective and satisfaction towards health insurance schemes and the results are as follows:

Health care and health insurance can be effective only when their awareness is high among the people. Just like health care, choice of taking health insurance also depends not majorly upon the socio-economic factors, but mainly upon the insurance providers. The attitude, perception and satisfaction of the households over the health insurance providers and the quality services they provide. Therefore, factor analysis was performed to assess the factors that define the household’s attitude, perception and satisfaction towards health insurance services and providers.

It has been found that the attitude of the households towards health insurance is defined by six factors namely, approachability, trust, benefits, confidence, accessibility and mutual concern. The insurance providers can work on these factors in order to gain positive attitude and thereby pull the individuals and households to get health insured.

The perception of the households relied upon four factors namely negligence, awareness, shortcomings and compulsion. Breaking the vapid expression of the
households by understanding, reframing the policies can bring about a positive perception about health insurance among the households.

- Satisfaction of the households over health insurance and the providers largely depends upon three factors- accessibility, symmetric information and confidence. Thus, in order to design appropriate health insurance strategies, these factors can be taken into consideration to satisfy the households.

6.2 CONCLUSION

Health care systems have evolved ineffably over the years. The attitude, perception and the behaviour of the households towards health care is also reorienting every day. With wide awareness and knowledge about health care and unanticipated disease burden and status of health, households continuously adopt ways to maintain their health, striving to cope up with the changing health environment. People who are better off easily access the medical facilities since they are open with numerous choice in their platform; however how far the remaining population are made better off in relation to their health is the question. Such a situation is prevalent due to the gap between the government and the private players in rendering health care. Similarly, the marketing and delivery strategy for health insurance is entirely different between private and government, rather than knowing and working for one universal cause. Before implementing the universal access to health care and universal health coverage, government must make sure that the country is ensured with adequate health infrastructure facilities and the cost of the services of both treatment and insurance are fair, without which such policies would be vague.

6.3 SUGGESTIONS

The findings of the study suggest that the government must consider the importance of the secondary and tertiary health care facilities in the rural areas equally as compared to the urban and semi-urban areas. The primary health care facilities should also be expanded in the rural areas. More than just expanding the health facilities and covering up the existing shortfalls, government should make sure that the existing health infrastructure meets the basic requirements such as the water supply, electricity and medical equipment. More importantly the requirements of human resources in the
health facilities should be scrutinized understanding the health requirements of the people. Worst case scenarios of health centres and hospitals without doctors and nurses or inadequacies should be eliminated. As in the constitution, health care should be provided equally for every individual in the society.

The government must continue and extend the activities that will help in reducing the burden of the household’s impoverishment due to catastrophic health care payments. Realizing the success of the community health insurance schemes and the state health insurance schemes, the government must continue to expand the working of these health insurance schemes. It should make sure that all the households are aware of the benefits of health insurance. Universal health coverage should be more effectively handled ensuring people of universal coverage in terms of both accessibility to health care and meeting the financial requirements to health care.

The private health care providers and the health insurance providers have equal role to play in delivery quality health care for all people and health insurance too. Health insurance market should be open for the households in the backward areas and the services rendered should be within their reach reducing deprivation.

6.4 SCOPE FOR FUTURE RESEARCH

This present study lends itself to the following areas of interest for future research:

- Assessment of the catastrophic out-of-pocket health care payments by the households and examine whether the households are pushed to the verge of poverty.
- To examine the health expenditure pattern of the central and the state governments.
- To study the health insurance markets, comparing the role of public and private players.
- To examine the performance of health insurance in reducing the out-of-pocket payments.