Health-seeking Behavior in Urban Delhi: An Exploratory Study

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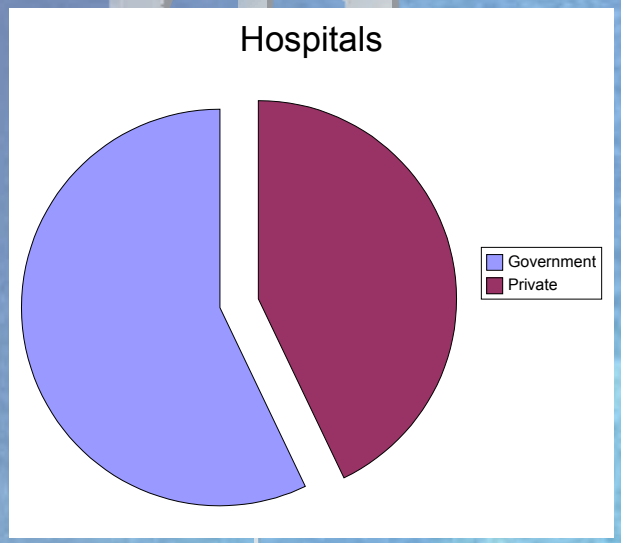
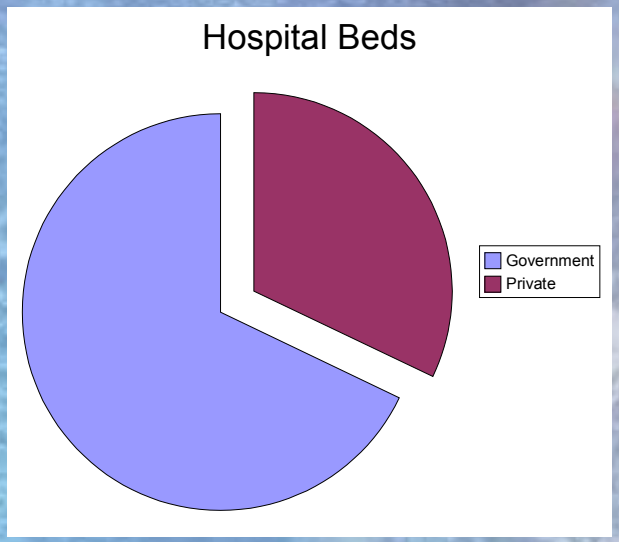
Introduction

- Three quarters of health spending in India comes from households' out-of-pocket disbursements





- Highly pluralistic health care system
- Rural-urban healthcare divide

Research Questions

- What does the picture look like in a typical urban city like Delhi?
- Do people by and large access allopathic providers?
- Does this pattern differ by socio-economic class?
- What type of providers (in terms of ownership and system of medicine) do the residents of Delhi access?

- A study entitled "Willingness to Avoid Health Costs" carried out in Delhi with the objective of analysing the willingness and ability of individuals to participate in private health insurance programs.

Survey Of Related Studies

- Inpatient care individuals from both rural and urban areas prefer public facilities. For outpatient care, private facilities are more often used, particularly in the urban parts of India.
- Share of private health care providers for outpatient care increases with a rise in the economic status of the population.

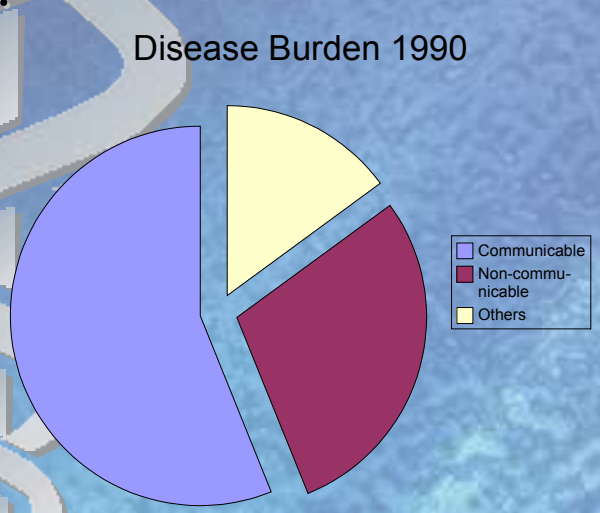
- An average Indian household spends Rs. 250 per capita per annum on the use of health services.
- Urban households spend 40% more than rural counterparts.
- Most Indians are not covered by any health insurance schemes- small fraction of less than nine percent of the Indian workforce is covered

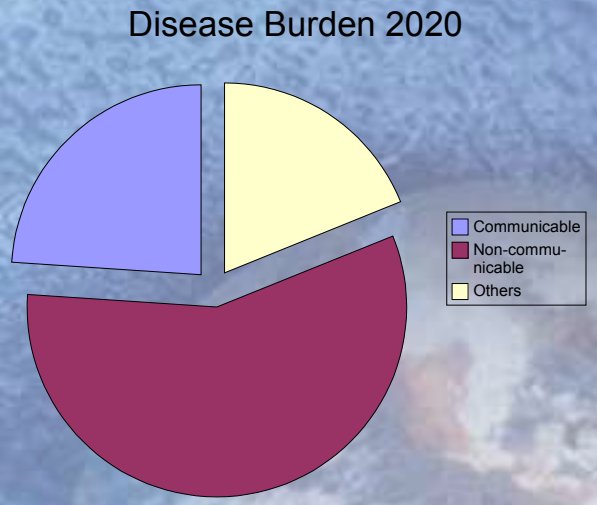
- A large and extensive public health care system, there has always been some criticism regarding its quality and accessibility especially of publicly funded healthcare.
- The private sector is easily accessible and has better quality services but is much more expensive and is largely supported by direct out-of-pocket payments.

Average cost of hospitalization

	Urban	Rural
Private	3.5X	1.5Y
Government	X	Y

- Many urban areas face a dual burden of communicable and non-communicable diseases. According to one study, in 1990 communicable
- Disease Burden as a percentage of Disability-adjusted Life Years lost on average.





- This trend will result in pressure on existing facilities, spur the further growth of the private sector, and see further inequalities in both access and burden of treatment.

Data and Methodology

- The survey was designed to collect data on the following items:
- (a) socio-economic and demographic profiles of households and individuals, including income, assets and consumption
- (b) patterns of morbidity, including kinds of acute and chronic illnesses
- (c) health expenditures on consultations, drugs, diagnostics, hospital, transport and other items
- (d) details on current insurance coverage, from all sources
- (e) willingness to participate in private health insurance programs

6 months health seeking pattern across 504 households purposive sampling frame was adopted, and households were selected from lower, middle, and upper income areas.

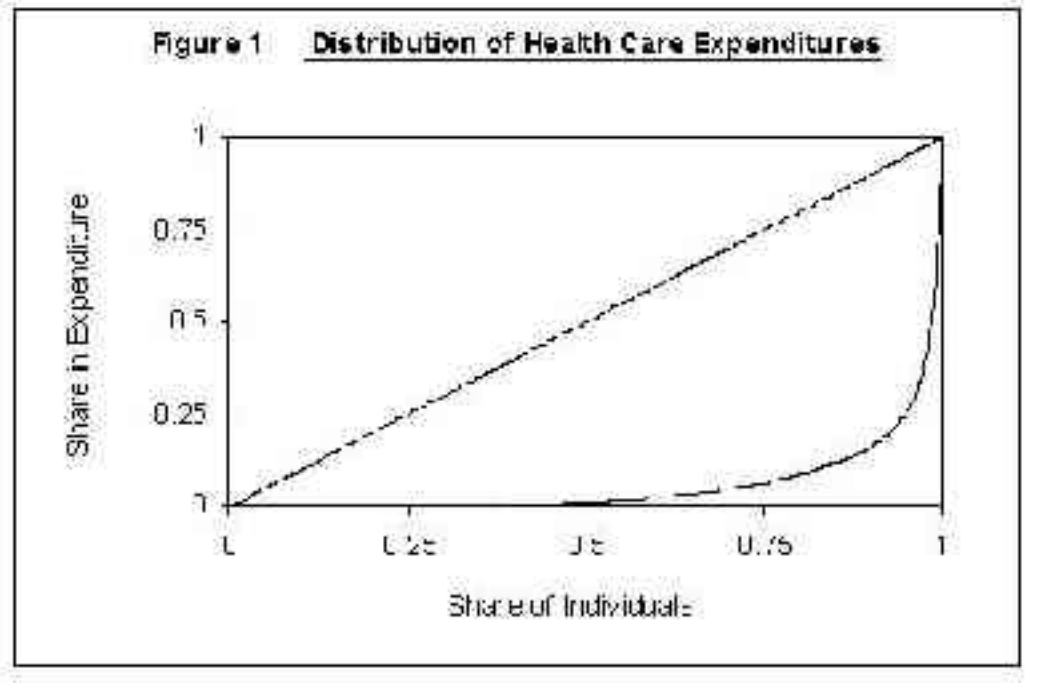
Roughly equal representation from different economic areas- Area I (35 percent), area II (33 percent) and area III (32 percent). There were in all a total of 2,745 individuals spread over these 526 households (504 for both survey parts).

Adults (15 years and above) -77 %

Health-seeking Behavior in Delhi

- Table 1: Share of health expenditure in household consumption expenditure (%)

Area	Share in total expenditure	Share in expenditure, excluding health
Low	2.3	2.9
Middle	0.46	0.63
High	0.49	0.71



- When pooled over households, it was found that the low, middle, and high-income households contributed almost equally to total health expenditure (30, 40 and 30 percent respectively).

- **Table 2: Type of provider accessed by care-seekers (in percentage)**

Provider type	Low income	Middle income	High income
Government hospital	16.59	21.54	25.88
Private hospital	1.35	6.12	21.57
Charitable hospital	0.6	2.39	0.39
Primary health centre	1.05	0.53	0.78
clinic	79.37	57.71	45.88
Private non-registered clinic	0.45	1.33	2.35
Charitable clinic	0	6.91	1.18
Traditional healer	0.45	1.06	0
Chemist	0.3	1.06	0
Other	0.3	1.33	1.96
Total	**100**	**100**	**100.00**

- Table 3 : Type of treatment sought by care-seekers (in percentage)

Type of treatment	Low income	Middle income	High income
Allopathic	98.66	89.47	92.94
Homeopathic	1.19	7.63	3.53
Ayurvedic	0	2.63	1.18
Unani	0	0	0
Others	0.15	0.26	2.35
Total	**100**	**100**	**100**

- Table 4: Pattern of change in providers accessed by care-seekers (in percentage)

Number of distinct providers accessed	Socio- Economic Categories:			
	Low	Middle	High	Total
1	90.7	91.58	92.27	91.26
2	9.3	8.08	6.28	8.34
3	0	0.34	1.45	0.4

- 60 % of the cases was done on the recommendation of the patients' previous doctor.
- 10 % for a specialist's treatment
- 20 % due to dissatisfaction with the previous provider.

- Table 5: Average expenditure by provider type

Provider type	Average He:
Government hospital	809
Private hospital	2892
Charitable hospital	275
Primary health centre	144
Private registered clinic	748
Private non-registered clinic	958
Charitable clinic	536
Traditional healer	300
Chemist	27
Other	320

- Table 6 : Summary Statistics on Explanatory Variables (N=2117)

Variable Name	*Mean Value*
Age (in years)	37.69
Education (scale from 1 to 15: 1 = illiterates)	7.00 (class 11)
Dummy for head of household (= 1 if head)	0.25
Insure (=1 if access to free care)	0.44
Work status (=1 if currently employed)	0.42
Marital status(=1 if currently married)	0.6
Size of household (number)	6.07

Summary and Conclusions

- The health seeking behavior of low-income households being quite different from that of middle and high-income households.
- A greater percentage of high and middle-income households use government facilities, and a greater percentage of lower income householdsuse private facilities.
- The lower income households are also those with least insurance coverage and they are also seeking largely allopathic as well as institutional care (rather than indigenous practitioners).
- There is a more than three times difference between expenditure in a private and a public facility and even the public facilities are not as inexpensive as one would think.

- The determinants of health seeking behavior lower income households are more prone to seek care in Delhi as are those with less education.
- The preference for private providers, which exists irrespective of the economic status, indicates serious quality problems in the public health care delivery system, especially at the level of curative care.
- The excess burden of health care can also be alleviated to a great extent by a carefully thought out health insurance system,

Questions

- Health-seeking or healthcare seeking?
- The effect of distance from health provider.
- Time or season based data collection.