

# HEALTHCARE UTILISATION AND EXPENDITURE PATTERN OF CONSTRUCTION LABOURS IN KOZHIKKODE

## Abstract

Health is an essential component of human life, and without it, no one can expect to fully benefit from social and economic progress. Health is now often viewed as a key indicator of societal progress. There are two ways in which health and development are linked. Better health benefits development in a variety of ways. Similarly, it is claimed that economic development fosters healthy living circumstances. It is consequently critical to eradicate and reduce diseases and illnesses that disproportionately impact the poor and underprivileged due to a lack of clean and sanitary living conditions, dangerous drinking water, and sanitation issues. . Simultaneously, establishing a higher-quality and more widespread network of health-care facilities is critical in combating common diseases and injuries. Health plays a crucial part in modern economic growth, and a healthy workforce is widely acknowledged as the key to long term economic success. Human capital has been the foundation of modern economic progress (good health - longer, healthier, more productive human lives). Various economists have demonstrated that health and economic prosperity are linked in two ways. The current study uses an empirical survey to investigate health care consumption and expenditure patterns among a sample of construction workers in Kozhikode.

**Keywords:** Healthcare Utilization, Healthcare Expenditure, Unorganized Labours, Construction Labours

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## **I. INTRODUCTION**

According to India's constitution, health is a state topic. Every state must make efforts to improve the health and living standards of the targeted population, with public health advancement as its primary function. The way health care is delivered affects access. Since the last two decades, India's healthcare industry has seen enormous progress.

The significant improvement in health metrics such as infant mortality, maternal mortality, and life expectancy at birth, among others, demonstrates this. Despite these gains, India's healthcare system still has significant flaws and inefficiencies. Recognizing the importance of health as a driver of economic growth, emerging countries are attempting to devote a larger percentage of their GDP to healthcare. However, governments in developing nations such as India face a significant obstacle in dedicating a bigger share of their limited resources to the health sector, because it does not provide the short-term advantages that a neo liberalized society would expect. The ensuing disparities in health indices across socioeconomic categories necessitate governmental initiatives aimed at achieving equitable healthcare sector expansion.

A large portion of developing and underdeveloped countries' population depends upon informal sources for seeking healthcare. Due to the fear of high healthcare costs and its impoverishing impact, quite often, people take recourse to traditional healers, self-medication and drug sellers for medication. All the above options are not at preferable and desirable as they are risky and of lower quality compared to professional care.

This article aims to look at the healthcare utilization and expenditure pattern of construction labours in Kozhikode. Construction activity is an integral part of a country's infrastructure and industrial development; it includes hospitals, schools, townships, offices, houses, and other buildings, urban infrastructure (including water supply sewerage, drainage) highways, roads, ports, railways, airports, power system, irrigation and agriculture systems, telecommunications etc. The Government of India has done massive investment in the creating physical infrastructure during the 10 plan. Therefore, the construction industry would play a crucial role in this regard and it will gear itself to meet the challenges.

## **II. OBJECTIVES**

1. To analyse the healthcare utilization among different income groups
2. To determine the pattern of healthcare utilization and healthcare expenditure of household
3. To study the factor determining household healthcare utilization behaviour.

## **III. METHODOLOGY**

To examine the objectives, both primary data and secondary data have been used. To identify and assess the factor that determining the healthcare utilization, expenditure pattern, a detailed primary survey has been conducted. Multi-stage sampling method is adopted. In the first stage Karassery Panchayath, Mulkam at Calicut district was selected. In the second stage out of total wards, 2 wards were selected by using simple random sampling. In the third

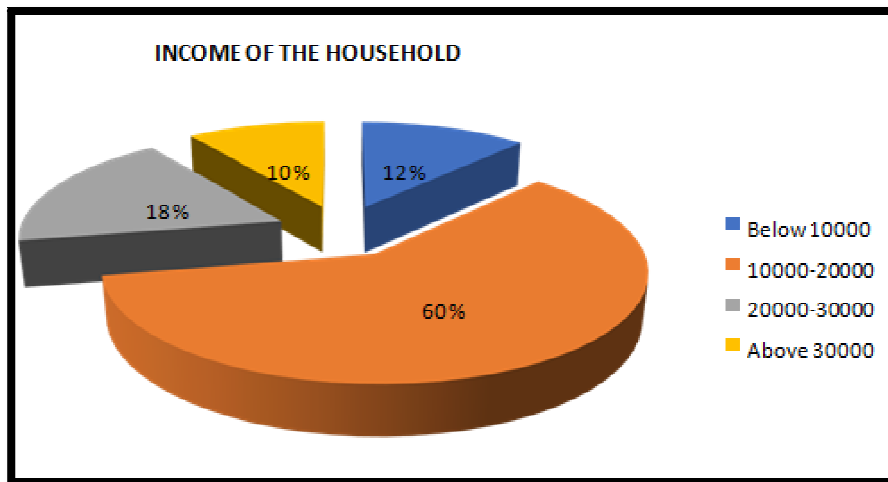
stage 25 construction labours from each ward selected randomly. Thus, a total 50 samples were selected. Secondary data can be collected from various website, newspaper, books etc...

### 1. Data Analysis And Findings

- **Financial status:** As per the financial status of respondents are shown in the table 1, financial status play a major role in determining the healthcare utilization. It shows that 56% are belongs to BPL category and 44% are belongs to APL category.

Financial status	Frequency	Percentage
APL	22	44
BPL	28	56
Total	50	100

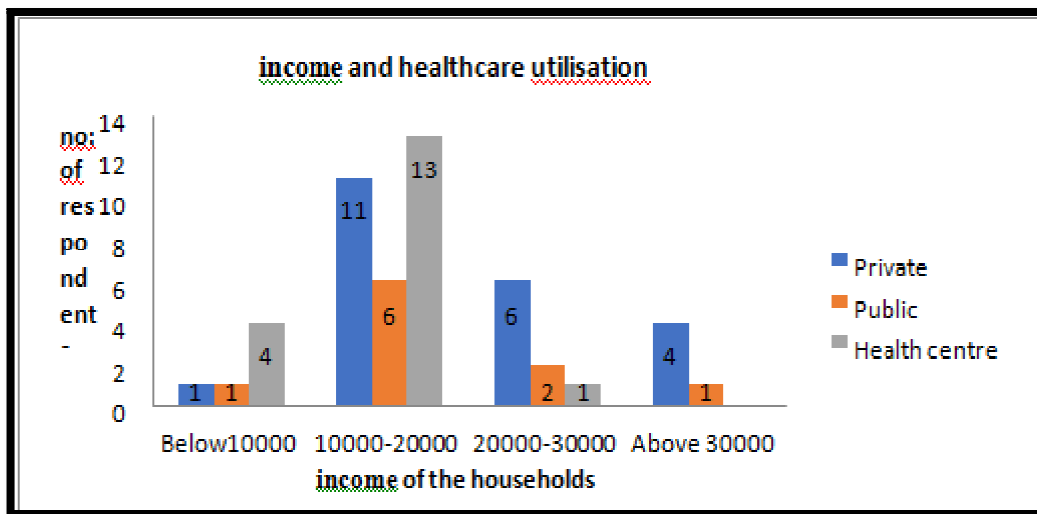
- **Income of the household:** Monthly family income is also an important factor for determining the healthcare utilization.



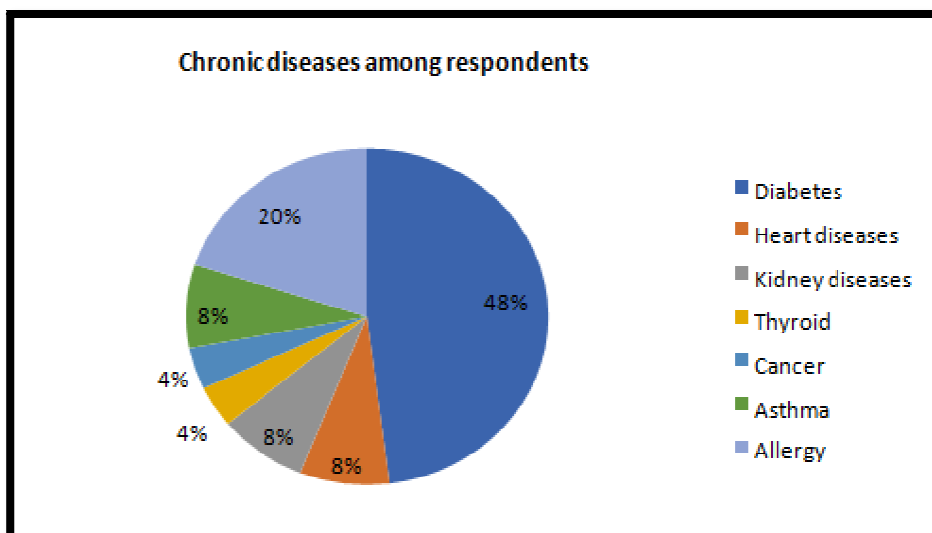
From the sample study among 50 households, it can be observed that most of the people have a monthly income between 10000-30000 categories. Table shows 9 families were included in the 20000-30000 category and 6 families are in the below 10000 income categories. While only 6 families were included in the above 30000 income categories. From the analysis it follows that majority of households belong to the middle- and low-income group.

Average income of household is also calculated. It is estimated that as an average, a family has Rs.19400 as their monthly income

- Income and healthcare utilization:** It is important to analyse how people utilize available healthcare facilities depending on their income. Among the sample, majority households are come in the middle-income group that is 10000-20000, in which 13 households prefer for health centre and 11 household prefer more on private hospitals and remaining 6 households prefer public hospitals. The income level 20000-30000, in which 6 families give importance to private hospital and only 2 & 1 prefers public and health centre respectively. The higher income group that is income level above 30000, they prefer private hospitals but in case of lower income below 10000, they prefer more on Health centres for their healthcare utilization. Since it is less expensive.



- Types of chronic diseases :** It is important to analyse the person suffering from various chronic diseases. Now a days the chronic diseases among people rapidly increasing. The present study states that out of 50 households 48% of people suffering from the diabetes diseases. 20% suffering various types of allergy problem. Around 8% suffering the diseases like asthma, heart diseases and kidney diseases. Cancer and Thyroid incurred people's percentage is same as 4%.

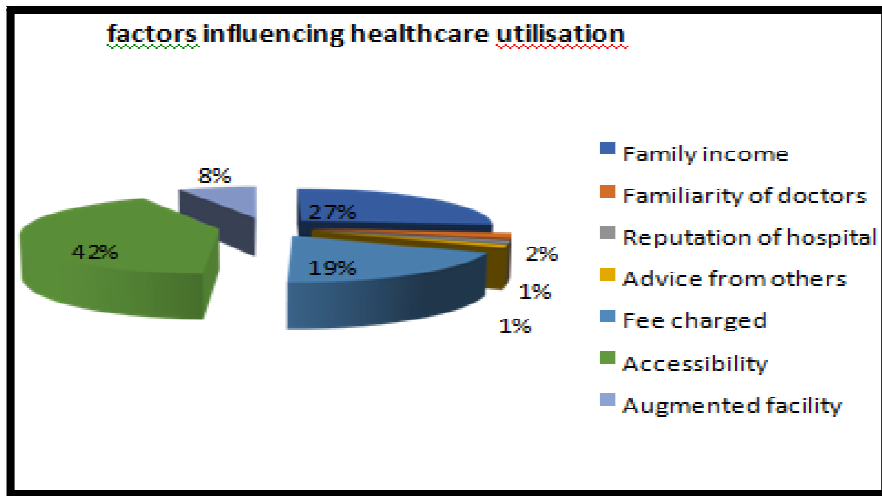


- **Medicinal system preference :** The following table depicts the type of medicinal system adopted by household.

Medicinal system	frequency	Percentage
Ayurveda	1	2
Allopathic	41	16
Homeopathy	8	82

Public healthcare system in Kerala mainly consists of Allopathic, Ayurveda, and Homeopathy. There was a tendency among the Keralites, excessively depend on Allopathic, in spite of its harsh consequences. The finding of the present study was clear evidence for this tendency, where 82% of households depend on Allopathic. This was mainly because the people were yet suspicious about the success of Ayurveda and Homeopathy. `

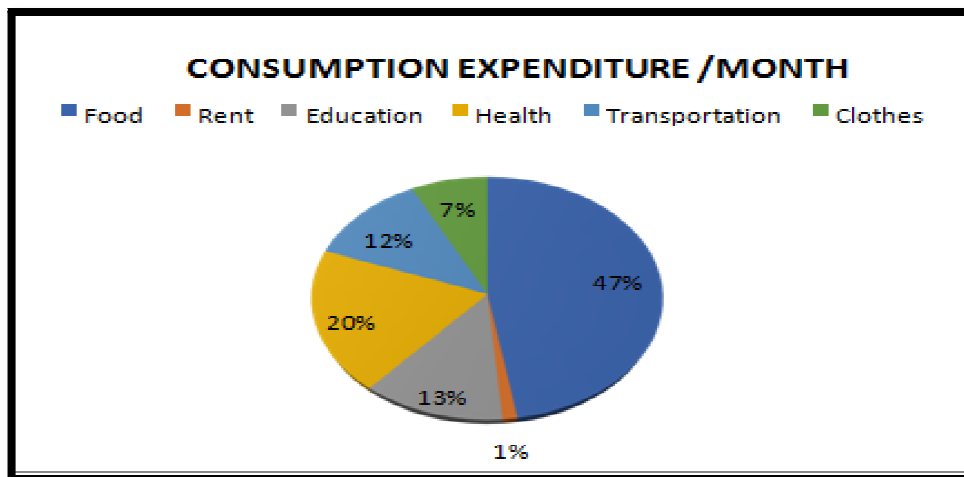
- **Factors influencing healthcare utilization :** There are so many factors that influence the household healthcare utilization. In the choice of healthcare utilization, accessibility and income level of household influences 42% and 27% respectively. Fee charged also a determining factor and it influences 19% on the healthcare utilization.



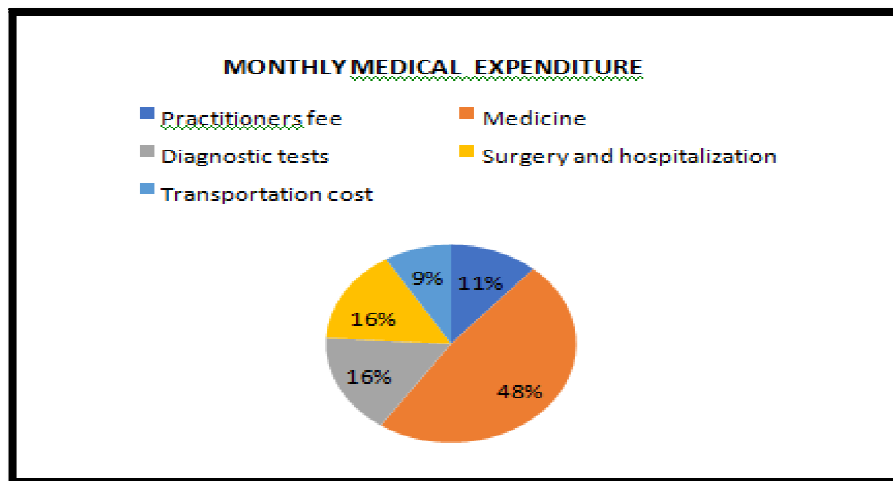
8% of peoples preferring hospitals based on augmented facilities. Familiarity of doctors, advice from others and the reputation of hospital least influence the healthcare utilization, that is 2%, 1% and 1% respectively.

- Consumption expenditure: People spend most of their income for consumption expenditure. From the study to analyse the consumption expenditure of households it reveals that out Of total consumption expenditure 47% of expenditure spend on food and 20% of expenditure spend on health

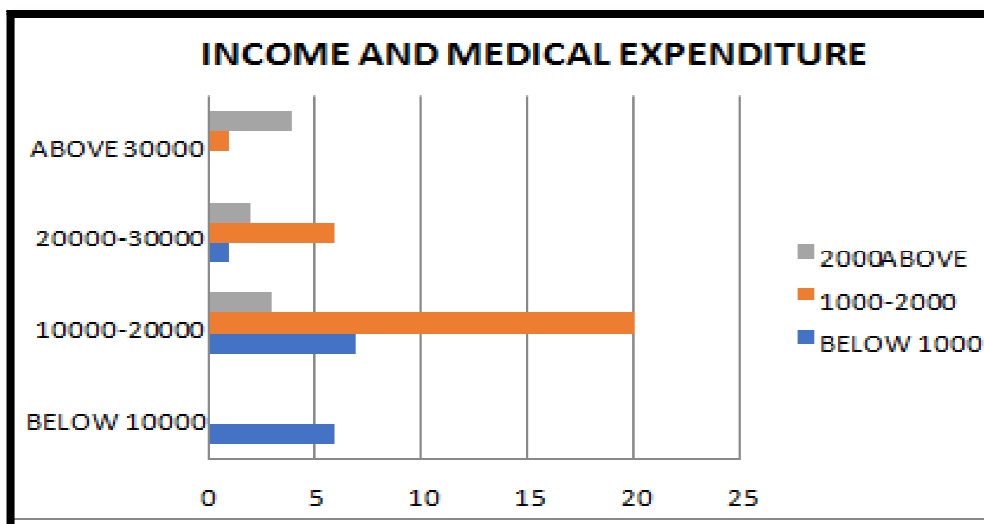
Consumption expenditure for education and transportation comes only 13% and 12% respectively.



- **Financial sources to meet healthcare expenditure :** Now a day the health expenditure is increasing. People use many ways to meet healthcare expenditure. Below figure shows that 73% households depend on their current income to meet their health expenditure.17% households depend on borrowing from relatives and friends to meet their out-of-pocket expenditure.6% household utilize health insurance and 2% utilize both the support of charity organization and savings in the bank account to meet healthcare expenditure
- **Monthly medical healthcare expenditure :** The figure shows that out of total medical expenditure medicine plays a major role that is 48% of expenditure is spent on medicinal purposes. out of total medical expenditure In case of diagnostic test , surgery and hospitalization; household face 16% and 11% on practitioners fee and remaining 9% for transportation cost.



- **Income and medical expenditure:** The graph reveals the relationship between income medical expenses. There are 50 sample respondents in which 12% people's income level is below 10000 monthly. Their medical care expenses are below of 1000 rupees. It shows that low-income people spending on health care also very low. The income level 10000-20000, there are 60% people are coming under the range. Among these a large number of households monthly medical expense is under the level of 1000-2000. Only 4 families medical spending is above 2000.



Income level 20000-30000, in which earning includes 9 numbers of households. Their medical expenditure pattern shows that around 6 families medical spending is 1000-2000. Monthly expenses of 2 families are above 2000.

The higher income earning household medical expenditure pattern that is above 30000 shows that, there are only 10% households include under this range of income. Among 4 household spending is above of 2000 per monthly. It shows that higher income earning people spending on healthcare also higher them.

**3. Findings:** The major findings of the above study are the following;

- A Majority of the respondents are secondary education qualification.
- Most of the respondents are belonging to BPL families.
- A Majority of the family belongs to the middle-income group

**4. Healthcare utilization pattern**

- Income earnings influence the selection of hospitals.
- High income earning households choose private hospitals and low-income earning family choose only health Centre and public hospitals.
- A Majority of households from both Hindu and Muslim prefer to private hospitals.
- The study found direct relationship between education and healthcare utilization. Higher educated family prefers private hospital whereas lower educated prefers health centres and public hospitals.
- At the time of maternity, household prefer private hospitals because of getting more effective treatment, privacy and good facilities.
- A Majority of household prefers private hospital for healthcare concerning children.
- Most of the households vaccinated their child.
- The Majority of persons are suffering from diabetes diseases.



- Allopathic treatment is the first choice of the majority of the family.
- Accessibility of healthcare services, the family income of the households and fee charges are major determining factors influencing healthcare utilization.

### **5. Health expenditure pattern**

- Out of total consumption expenditure on an average, people spend 20% on health.
- Majority households have a health insurance scheme.
- About 44% households postponed their medical treatment due to lack of income and self-medication
- Out of total medical expenditure people spend a huge amount for medicine.
- The study found that, direct relationship between the medical expenditure and family income earning. Higher the income, higher will be the expenditure for medical purposes.

### **6. Suggestions**

- Provide Temporary financial assistance to needy families.
- Government should effectively implement the child and maternal health programmes.

## **IV. CONCLUSION**

Health is the state of being free from illness or injury and healthcare is the maintenance and improvement of physical and mental health, especially through the provision of medical services. In today's hectic world that lives in, maintaining good health is very important. Health care is important to any society in order to promote betterment of the society.

In the present study, an attempt was made to analyse the healthcare utilization and expenditure pattern of construction labours. The choice of healthcare service provider and the subsequent utilization of healthcare services is a complex multifaceted process. That is characterized by low rates of utilization of highly subsidized public healthcare services and greater utilization of higher priced private healthcare services. There is a direct relationship between income and healthcare utilization or the income and health expenditure. At present the health care centres are considered as a major source of profit and hence more and more private hospitals are sprouting in the city and also most of the people prefer allopathic treatment of government. The Middle-income groups spend the substantial amount of income for health expenditure.

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