

DETERMINANTS OF HEALTH SEEKING BEHAVIOUR OF HOUSEHOLDS: A CASE STUDY OF KUPARI PANCHAYAT, BALASORE, INDIA

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Abstract

Health Seeking Behaviour (HSB) refers to decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. Determining the health care seeking behaviour is essential to provide need-based health care services to the population. While hospital data remains the main source of information regarding the disease pattern, community-based studies well reflects the preferences in seeking health care services. This study indicates the perception of disease and willingness for treatment in Kupari Panchayat of Balasore District. The total number of respondent were 120, among 120, 44.33% were general, 20.83% OBC, 20% SC and 15.83 were ST category. The purposive sampling was used for collection of data. The data was collected through household survey by administrated questionnaire on the respondents who are the head of the household. The major findings of the study were most of respondents were depends on PHC/CHC for their treatment.

Index Terms: Health seeking behaviour, Perception, Treatment, Rural

Introduction

Health has always been a high priority area in any society. It has been recognized as an important process of economic and social development. Health is considered as a fundamental human right. Health is wealth and an important priority for every human being. That is why health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. Improvement of health would require for achieving higher incomes, higher economic growth, and accelerated declines of poverty. Most of the health problems existing among the poorer sections of the population require involvement from the government. Central government efforts at influencing public health have focused on the five-year plans, on coordinated planning with the states, and on sponsoring major health programmer like PHC and NRHM. Amin et al. (2010) focused on the preventive and curative modern health care services and the health seeking behaviours' in maternal and child care services. So, people from different social classes are likely to perceive similar health situations differently (Yesudian, 1998). Macintyre et al (1996), who listed an array of evidence to suggest that women are not more willing to report symptoms than men, Gender differences in Pain or symptom perception apparently, lose their discriminative power under specific disease conditions. In a study of gender differences in perception of a common cold condition, Macintyre (1993) showed that men (not women) significantly over-rated their symptoms. The present investigation confirmed higher scores of symptoms reporting in all age groups in a representative sample of the German adult population (Poppy et al. 1993). The current Research thus confirmed

data from Great Britain, Northern Europe and America, which consistently showed a significant association of female gender with symptom reporting, Verbrugge L.M (1982), Haavio-Mannila E (1986), Kandrack et al (1991), Poppy et al (1993), Macintyre et al (1996) and Green C.A and Pope C.R (1999). Green and Pope (1999) recently showed that female gender in their data consistently predicted health service utilization. The study by Karl-Heinz Ladwig et al (2000) confirmed that a significantly higher level of physical symptom perception in women compared to men in all age groups.

The study by Stanley H king (1962) indicates the poor perception on the part of people lead to faulty health practice and thereby un-utilization or underutilization of health services. The study by Stanley H king (1962) indicates the poor perception on the part of people lead to faulty health practice and thereby un-utilization or underutilization of health services. The state Odisha has been lagging other states in achieving the goal of “health for all” and still the health care services are most backward and inadequate in this reason. Odisha is one of the most backward states in India and still 39.90% of its population lives BPL. Odisha is much lower than other states and from the national average. It is very poor among SC and ST population as compared to the other backward classes and general population. Regarding the various health indicators, Odisha is being the worst performer state in India especially in Infant mortality rate (around 69), Death rate (7%), Life Expectancy (59%).

Objectives

- 1- To Investigation into the Perception of Disease and Willingness for Treatment.
- 2- To Analyse the Utilisation Patterns of Curative Health Care Services.

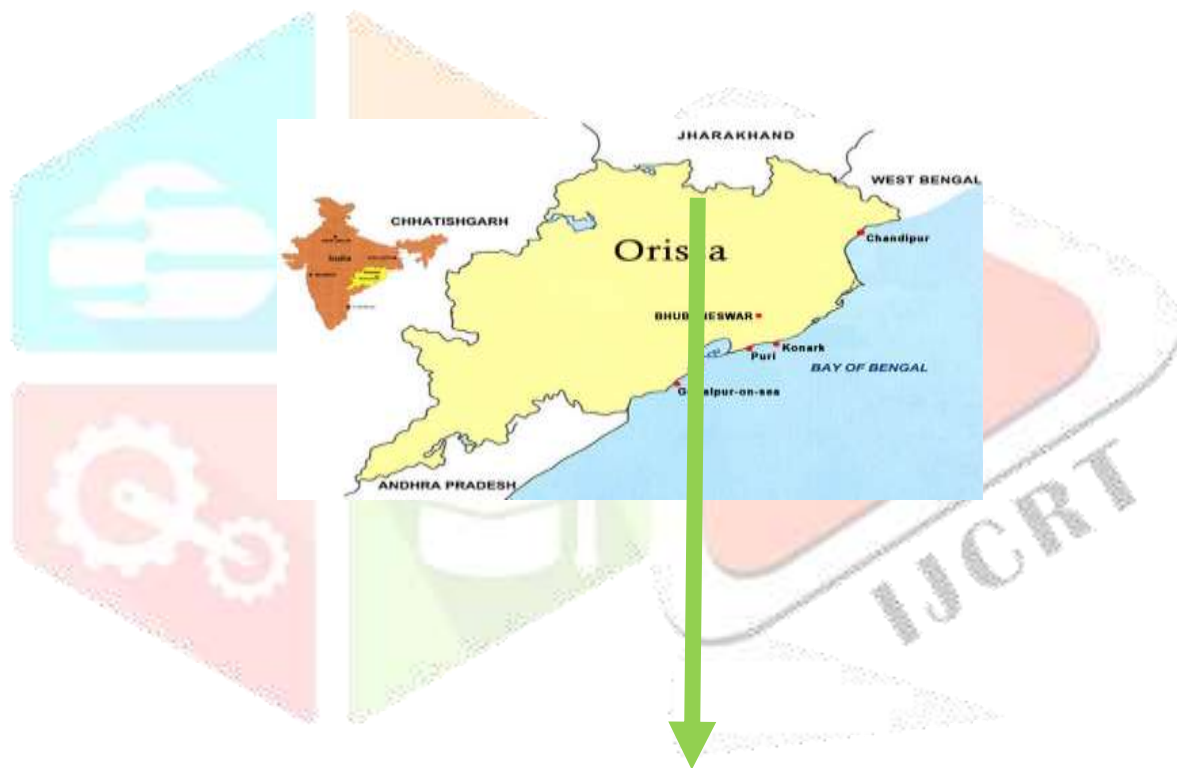
Methodology-

- The study has used primary data from the field through household survey.
- The study has taken in to account Kupari panchayat of Kharia block in the study area.
- The study has taken Kupari and Chunnati village from Kupari Panchayat are taken into consideration. Here total 120 households surveyed puoposivly from the two villages having 60 households from each village.
- In the collection of data for this research, household questionnaire administrated on the respondents who are the head of household.
- Statistical tools: -Percentage distributions and cross tabulation.

Study Area-

Orissa is a state on the eastern seaboard of India, located between 17049 and 22036' North latitudes and between 81036' and 87018' East longitudes. It spreads over an area of 1,55,707 sq. km. and is broadly divided into four geographical regions, i.e. Northern Plateau, Central River Basins, Eastern Hills and Coastal Plains. It has a 480 km coastline. Its population was 4, 19, and 47,358 as per the 2011 census. Baleshwar, a coastal district on the north-eastern border of Orissa, has the distinction of having been called the “Granary of Orissa” with stretches of green paddy fields, a network of rivers, blue hills, extensive meadows and an extraordinary beach. According to 2011 census there were 139777 populations in the block, out of which 69400 were male and 70377 were female. Out of the total population SC's were 30761 (male 15329 and female 15432), STs were 9860 (male

4804 and female 5056) and rest are 99156 (male 49000 and female 50156). Mainly people of this block depends on agricultural work and labourer work. there are total workers 68000 (male 49945 and female 18055). Out of the total workers the main workers are 44756 (male 38680 and female 6076), cultivator's workers are 23862 (male 22298 and female 1564), Agricultural workers are 12010 (male 9252 and female 2758), House hold industry workers are 921 (male 731 and female 190) and other workers are 7963 (male 6399 and female 1564). Health care facilities are very poor in this block as compare to other blocks in the district. It is in the very worst position as compare to health care facilities are concerned. There are 01 CHC, 06 PHC, 06 SC and No Private Hospital for 139777 populations. There are only 10 doctors, 02 Staff Nurses, 166 ASHA Workers and 16 beds. For Homeopathic there are 02 Dispensaries, 02 Doctors, 01 Assistant and for Ayurvedic there are 03 Dispensaries, 03 Doctors and 03 Assistant.



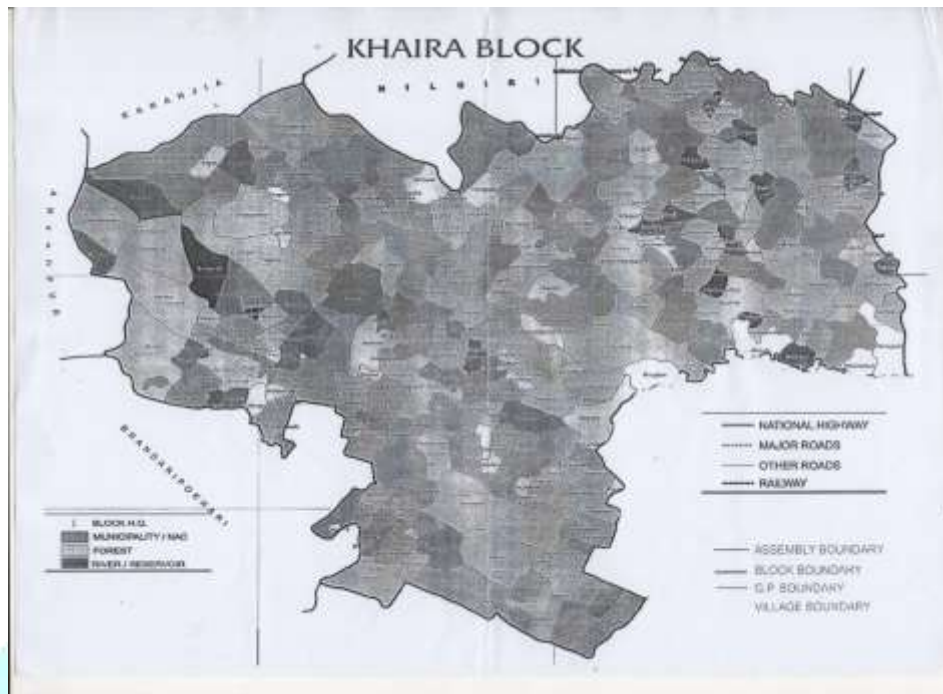
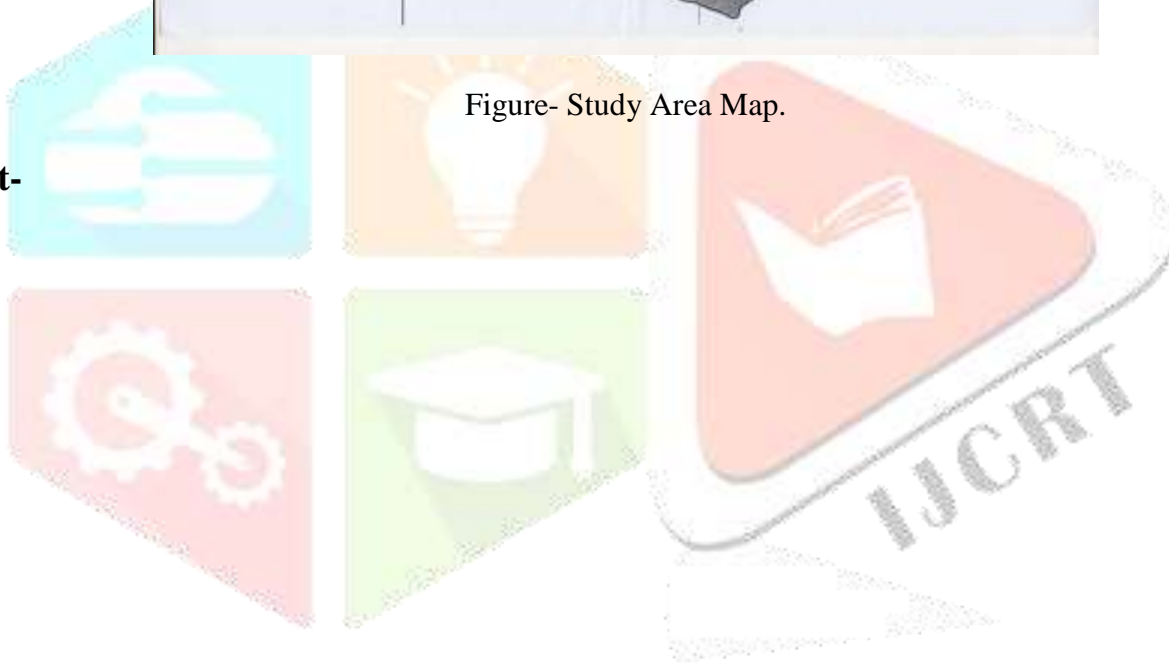


Figure- Study Area Map.

Result-



Characterstics	Percentage
Age	
Less then 42	34.16 (41)
42-60	44.16 (53)
60 Above	21.66 (26)
Social Group	
General	43.33 (52)
OBC	20.83 (25)
SC	20 (24)
ST	15.83 (19)
Types of Family	
Joint	62.5 (75)
Nuclear	37.5 (45)
Level of Education	
Illitreate	26 (21.66)
litreate	94 (78.33)
Occupation	
Agriculture	37.5 (45)
Daily Wages	25 (30)
Service holder & Business	37.5 (45)
Ownership of Land	
Yes	68.33 (82)
No	31.66 (38)
Card Holder	
BPL	60.83 (73)
APL	39.16 (47)

Table-1 Back Ground Profile of the Respondents

Sources: Field Survey, Feb - 2017

The above table shows that the background information of the households. The major background characteristics of the respondent are age, social group, types of family, occupation, ownership of land and card holder. Age of the respondent is one of the most important characteristics in understanding their views about subjects; by and large age indicates level of maturity of individuals in the sense age becomes more important to examine response. It is evident from the table that the highest percent of the age group is 44.16 between the age group 42-60. The age group less than 42 is 34.16 and the above 60 is 21.66.

According to table-1 the total number of respondent were 120. Among 120 respondents 44.33 were general category, 20.83 were OBC category, 20 were SC and 15.83 were ST category. According to the table highest percentage of occupation are two types like agriculture, service holder and business men 37.5 and lowest is daily wages 25.00.

Charcterstics	Germes	Poverty	Bad & Iregular Habit	Unhealthy	Others	Total
Age						
Less then 42	20 (48.78)	5 (12.19)	6 (14.63)	10 (24.39)	0	41 (34.16)
42-60	30 (22.64)	6 (11.32)	4 (7.54)	12 (22.64)	1 (1.88)	53 (44.16)
Above 60	18 (69.23)	4 (15.38)	1 (3.84)	2 (7.69)	1 (3.84)	26 (21.66)
Social Group						
General	24 (46.15)	8 (15.38)	5 (9.61)	13 (25.00)	2 (3.84)	52 (43.33)
OBC	16 (64.00)	1 (4.00)	3 (12.00)	5 (20.00)	0	25 (20.83)
SC	17 (70.83)	3 (12.5)	2 (8.33)	2 (8.33)	0	24 (20.00)
ST	11 (57.89)	3 (15.78)	1 (5.26)	4 (21.05)	0	19 (15.83)
Types of Family						
Joint	48 (64.00)	8 (10.66)	7 (9.33)	10 (13.33)	2 (2.66)	75 (62.5)
Nuclear	20 (46.44)	7 (15.55)	4 (8.88)	14 (31.11)	0	45 (37.5)
Level of Education						
Illitreate	8 (30.76)	5 (19.23)	4 (15.83)	8 (30.76)	1 (3.84)	26 (21.66)
litreate	60 (63.82)	10 (10.63)	7 (7.44)	16 (17.02)	1 (1.06)	94 (78.33)
Occupation						
Agriculture	23 (51.11)	8 (17.77)	4 (8.88)	9 (20.00)	1 (2.22)	45 (37.5)
Daily Wages	20 (66.66)	2 (6.66)	2 (6.66)	6 (20.00)	0	30 (25.00)
Service & Business	25 (55.55)	5 (11.11)	5 (11.11)	9 (20.00)	1 (2.22)	45 (37.5)

Table No-2 Distribution of Perception of the cause of disease in the study area

Sources: Field Survey, FEB - 2017

The above table-2 shows that the perception of the cause of disease by the respondent background characteristics. In this table the major perception of cause of disease are germs, poverty, bad and irregular habit, unhealthy environment and others. This is cross table by background characteristics of the respondents. This table indicates that highest percentage of respondent defined that germs is the perception of cause of disease in the study area. According to the age group less than 42 the 20(48.78) respondents were defined germ is the perception cause of diseases. In the same age group 5(12.9) respondent defined for poverty, 6 (14.63) for bad and irregular habitats and 10(24.39) for unhealthy environment. Among the age group 42-60, 30(22.64) respondent defined germ, 6(11.32) poverties, 4(7.54) bad and irregular habit and 12(22.64) unhealthy environments are perception cause of disease.

Another age group above 60 defined that 18 (69.23) for germs, 4(15.38) for poverty, 1(3.84) for bad and irregular habits, 2(7.69) for unhealthy environment and 1(3.84) for other is the perception cause of disease.

This table also indicate that the view of social group in the distribution of perception cause of disease in the study area. According to the general category 24(46.15) respondent are response germs is the perception cause of disease, 8(15.38) for poverty, 5 (9.61) for bad and irregular habits, 13(25.00) unhealthy environments and 2(3.84) for other is the perception cause of disease. Among the OBC group 16(64.00) for germs, 1(4.00) for poverty, 3(12.00) for unhealthy environment are mention the perception cause of disease. Among the SC and ST category

majority of respondent are mention germs is the perception of disease and some also indicate that poverty is the perception cause of disease.

Charcterstics	Ayurvedic	Homeopathic	Allopathic	Others	Total
Age					
Less then 42	3 (7.31)	11 (26.82)	25 (60.97)	2 (4.87)	41 (34.16)
42-60	2 (3.77)	7 (13.20)	38 (71.69)	5 (9.4)	53 (44.16)
Above 60	8 (30.76)	2 (7.69)	14 (53.84)	2 (7.69)	26 (21.66)
Social Group					
General	4 (7.69)	5 (9.61)	42 (80.76)	1 (1.92)	52 (43.33)
OBC	3 (12.00)	6 (24.00)	13 (52.00)	3 (12.00)	25 (20.83)
SC	4 (16.66)	5 (20.83)	12 (50.00)	3 (12.5)	24 (20.00)
ST	2 (10.52)	5 (26.31)	10 (52.63)	2 (10.52)	19 (15.83)
Types of Family					
Joint	9 (12.00)	15 (20.00)	45 (60.00)	6 (8.00)	75 (62.5)
Nuclear	4 (8.88)	6 (13.33)	32 (71.11)	3 (36.66)	45 (37.5)
Level of Education					
Illitrate	3 (11.53)	4 (15.38)	17 (65.38)	2 (7.69)	26 (21.66)
litrate	10 (10.63)	17 (18.08)	60 (63.82)	7 (7.44)	94 (78.33)
Occupation					
Agriculture	5 (11.11)	8 (17.77)	28 (62.22)	4 (8.88)	45 (37.5)
Daily Wages	4 (13.13)	6 (20.00)	19 (63.33)	1 (3.33)	30 (25.0)
Service & Business	4 (8.88)	7 (15.55)	30 (66.66)	4 (8.88)	45 (37.5)

Table No-3. Distribution of Source of treatment of disease in the study area

Sources: Field Survey, Feb – 2017.

The above table-3 shows that distribution source of treatment by respondent background characteristics. In this table major source of treatment are ayurvedic, homeopathic, allopathic and other etc. According to the data there are 38 (71.69) the highest percentage defined that allopathic is the main source of treatment those are age group between (42-60). The age group less than 42, there are 25 (60.97) are depends upon allopathic, 3(7.31) are depends upon ayurvedic, 11(26.82) are depends upon homeopathic and 2(4.87) are depends upon other source for their treatment and above 60 ages group 14(53.84) are using allopathic, 8(30.76) ayurvedic, 2(7.69) homeopathic and 2(7.69) using other source for the treatment of diseases in the study area.

Characterstics	Medical aid is expensive	Minor Complaints	Can't find time leave from office	Will miss a day of wages	Others	Total
Age						
Less then 42	11 (26.82)	5 (12.19)	8 (19.51)	12 (29.26)	5 (12.19)	41 (34.16)
42-60	13 (24.52)	6 (11.32)	11 (20.75)	15 (28.30)	8 (15.09)	53 (44.16)
Above 60	10 (38.46)	7 (26.92)	1 (3.84)	5 (19.23)	3 (19.23)	26 (21.66)
Social Group						
General	20 (38.46)	13 (25.00)	9 (17.30)	7 (13.46)	3 (5.76)	52 (43.33)
OBC	4 (16.00)	2 (8.00)	6 (24.00)	8 (32.00)	5 (20.00)	25 (20.83)
SC	6 (25.00)	3 (12.5)	3 (12.5)	8 (33.33)	4 (16.66)	24 (20.00)
ST	4 (21.05)	0	2 (10.52)	9 (47.36)	4 (21.05)	19 (15.83)
Types of Family						
Joint	25 (33.33)	10 (13.33)	12 (16.00)	18 (24.00)	10 (13.33)	75 (62.5)
Nuclear	9 (20.00)	8 (17.77)	8 (17.77)	14 (31.11)	6 (13.33)	45 (37.5)
Level of Education						
Illitrate	5 (19.23)	1 (3.84)	0	18 (69.23)	2 (7.69)	26 (21.66)
litrate	29 (30.85)	17 (18.08)	20 (21.27)	14 (14.89)	14 (14.89)	94 (78.33)
Occupation						
Agriculture	18 (40.00)	11 (24.44)	0	10 (22.22)	6 (13.33)	45 (37.5)
Daily Wages	6 (20.00)	6 (20.00)	2 (6.66)	12 (40.00)	4 (13.33)	30 (25.00)
Service & Business	10 (22.22)	1 (2.22)	18 (40.00)	10 (22.22)	6 (13.33)	45 (37.5)

Table No-4. Cause of non- treatment of disease in the study area

The table-4 describe that the distribution of cause of non-treatment of disease by respondent background characteristics. In this table the major cause of non-treatment are medical aid is expensive, minor complaints, can't find time leave from office, will miss a day of wages and other etc. According to the table there are 38.46 (10) is the highest percentage has defined the medical aid is expensive "above the age of 60", the 7(26.92) for minor complaint, 1(3.84) for can't find time leave from office, 5(19.23) for will a day of wages and 3(19.23) for other cause of non –treatment in the same age group. The age group less than 42, 11(26.82) respondents define medical aid is expensive, 5(12.19) for minor complaint, 8(19.51) can't find time leave from office, 12(29.26) will miss a day of wages and 5(12.19) for other cause for non-treatment. The age group 42-60, 13(24.52) for medical aid is expensive, 6(11.32) minor complaints, 11(20.75) can't find time leave from office 15(28.30) will miss a day of wages and 8(15.09) for other causes of non-treatment of diseases.

According to the table 20(38.46) percent general people defined medical aid is expensive for non-treatment of disease, 13(25.00) for minor complaints, 9(17.30) for can't find time leave from office, 7(13.46) for will miss a day of wages and 3(5.76) for other reason for non-treatment. The OBC group defined that 4(16.00) medical aid is expensive, 2(8.00) for minor complaints, 6(24.00) can't find time leave from office, 8(33.33) for will miss a day of wages and 4(16.66) are other causes for no treatment of disease. Among the st group 4(21.05) for medical aid is expensive, 2 (10.52) for can't find time leave for office, 9 (47.36) will miss a day of wages and 4(21.05) other cause of non-treatment of diseases in the study area.

This table also indicate that there are 69.23 (18) is the highest percentage defined that medical aid is expensive those are illiterate people. There are the occupation group has defined that different cause of non-treatment. Agricultural group has defined cause of medical aid is expensive 18 (40.00), 18 (44.00) has defined that can't find time leave from office those are the service and business group. There are (40.00) have defined that miss a day of work is the cause of non-treatment those are the "daily wages group".

Characteristics	Private Practitioners	PHC & CHC	Traditional Practitioners	Home Remedy	Others	Total
Age						
Less than 42	7 (17.07)	22 (53.65)	4 (9.75)	5 (12.19)	3 (7.31)	41 (34.16)
42-60	11 (20.75)	32 (60.37)	5 (9.43)	3 (5.66)	2 (3.77)	53 (44.16)
Above 60	3 (11.53)	18 (59.23)	3 (11.53)	2 (7.69)	0	26 (21.66)
Social Group						
General	13 (25.00)	34 (65.38)	2 (3.84)	2 (3.84)	1 (1.92)	52 (43.33)
OBC	3 (12.00)	16 (64.00)	1 (4.0)	4 (16.0)	1 (4.00)	25 (20.83)
SC	2 (8.33)	13 (54.16)	4 (16.64)	3 (12.5)	2 (8.33)	24 (20.00)
ST	3 (15.78)	9 (47.36)	5 (26.31)	1 (5.20)	1 (5.26)	19 (15.83)
Types of Family						
Joint	6 (8.0)	50 (66.66)	8 (10.66)	7 (9.33)	4 (5.33)	75 (62.5)
Nuclear	15 (33.33)	22 (48.88)	4 (8.88)	3 (6.66)	1 (2.22)	45 (37.5)
Level of Education						
Illiterate	6 (23.07)	12 (46.15)	3 (11.53)	2 (7.69)	3 (11.53)	26 (21.66)
Literate	15 (15.95)	60 (63.82)	9 (9.57)	8 (8.51)	2 (2.12)	94 (78.33)
Occupation						
Agriculture	7 (15.55)	30 (66.66)	4 (8.88)	2 (4.44)	1 (2.22)	45 (37.5)
Daily Wages	5 (16.66)	18 (60.0)	2 (6.66)	3 (10.00)	2 (6.66)	30 (25.00)
Service & Business	9 (20.00)	24 (53.33)	6 (13.33)	5 (11.11)	2 (4.44)	45 (37.5)

Table No-5. Utilization pattern of health care services in the study area

Sources: Field Survey, Feb-2017

The table describes that utilization pattern of health care services by respondent background characteristics. The utilization pattern of health facilities varies on number of factors like travelling distance to avail the health service, cost of treatment, popularity of resource persons working there etc. To know the order preference towards the availing a particular health facility respondent were requested to give their preferential order and result so obtained is presented in table. The table reveals that 72 respondent prefer PHC/CHC for their treatment. There are 34 (65.38) is the highest percentage of general people prefer PHC/CHC.

According to the family type 50(66.60) joint family prefer PHC/CHC, 6(8.00) private practitioner, 8(10.66) prefer traditional medicine and 7(9.33) prefer home remedy for treatment. In case of nuclear family 15(33.33) respondent depends upon PHC/CHC, 4(16.64) respondent depends on traditional machine and 3(6.66) respondent depends on home remedy.

The data on level of education finds that majority were depends upon PHC/CHC for treatment. According to the data 60(63.82) literate person depends on PHC/CHC and 12(46.15) illiterate persons depends on PHC/CHC. This table also reveals that the data on occupation category. According to the occupation data 30(66.66) agricultural farmer depends on PHC/CHC and 18 daily wages also depends on PHC/CHC. So, it is clear from the table that the maximum number of respondents depends on PHC/CHC for utilization of health care services.

Characterstics	Eaist source of immunization	Near	Cheap	Near and Cheap	Free Medicine	Total
Age						
Less then 42	3 (9.37)	7 (21.87)	5 (15.62)	2 (6.25)	15 (46.87)	32 (44.44)
42-60	5 (20.00)	3 (12.00)	2 (8.00)	3 (12.00)	12 (48.00)	25 (34.72)
Above 60	2 (13.33)	3 (20.00)	1 (6.66)	2 (13.33)	7 (46.66)	15 (20.83)
Social Group						
General	4 (16.00)	5 (20.00)	5 (20.00)	3 (12.00)	8 (32.00)	25 (34.72)
OBC	2 (13.33)	4 (26.66)	1 (6.66)	2 (13.33)	6 (40.00)	15 (20.83)
SC	1 (8.33)	2 (16.66)	1 (8.33)	1 (8.33)	7 (58.33)	12(16.66)
ST	3 (15.00)	2 (10.00)	1 (5.0)	1 (5.00)	13 (65.00)	20 (27.77)
Types of Family						
Joint	6 (14.28)	4 (9.5)	3 (7.14)	5 (11.90)	24 (57.14)	42 (58.33)
Nuclear	4 (13.33)	9 (30.00)	5 (16.66)	2 (6.66)	10 (33.33)	30 (41.66)
Level of Education						
Illitreate	1 (5.55)	4 (22.22)	2 (11.11)	4 (22.22)	7 (38.88)	18 (25.00)
litreate	9 (16.66)	9 (16.66)	6 (11.11)	3 (5.55)	27 (50.00)	54 (75.00)
Occupation						
Agriculture	7 (18.91)	6 (16.21)	3 (8.10)	3 (8.10)	18 (48.64)	37 (51.38)
Daily Wages	2 (10.00)	4 (20.00)	3 (15.00)	2 (10.00)	9 (45.00)	20 (27.77)
Service & Business	1 (6.66)	3 (20.00)	2 (13.33)	2 (13.33)	7 (46.66)	15 (20.83)

Table No-6. Reason of preference for PHC/CHC in the study area

Sources: Field Survey, Feb - 2017

With huge investment and availability of qualified and specialized doctors at PHC/CHC were ranked first order preferences in the study area. Therefore, it is essential to evaluate people attitude towards preferring PHC/CHC are east source of immunization, near, cheap, near and cheap and free medicine. Among 120 respondents the 72 respondents prefer PHC/CHC for their treatment in the study area. The table-6 describes why people of the study area depends on PHC/CHC for their treatment.

There are 48.00 (12) the highest percentage defined that free medicine is preference of PHC/CHC those are the 42-60 age group people. This table also indicates that 65.00 (13) is the highest percentage defined that free medicine is the cause of preference PHC/CHC those are the 'ST' group. According to the data it is clear that people lives in joint family prefer to PHC/CHC for free medicine. This table also locate that the literate people and occupation group preference for free medicine.

Conclusion-

To ensure the optimum level of development of an economy, its deprived population should be provided all kinds of economic and social support services. The notion of well-being itself is broadly conceived to include, not only the consumption of goods and services but also the accessibility of all the sections of the population, especially the deprived and those who are living below the poverty line. Such a conceptualization of well-being encompasses individual attainments in areas of health and longevity, education and knowledge as well as in the quality of overall social and physical environment of people. Attainments in these dimensions of well-being are desirable because they are instrumental in sustaining the development process and enlarging the scope of available opportunities and choices for people (National Human Development Report, 2001). Health seeking behaviour of people is dependent on the perception of people regarding the quality of health care services in health centres. The perception of the people has to be changed to attract them more to government hospitals and

health centres. It can be done through improving the quality of care, proper maintenance of facilities and also by inculcating a caring and sympathetic attitude in health professionals while dealing the patients

Suggestion and Policy Implications

The present study has the following policy recommendations for ensuring utilization of better health care services.

- (1) Medical facilities should be provided to the people at the doorsteps so that morbidity and mortality figures are brought under control.
- (2) Special health services like nutrition programme should be provided in the rural areas.
- (3) Health care facilities should be available on the basis of area coverage instead of population coverage.
- (4) Health education should be involved in the curriculum of both primary and secondary level.
- (5) Health awareness camp should be arranged in the community. That help the people of rural area to know different health scheme of the government.

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