IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

AN ECONOMIC ANALYSIS OF SPENDING ON HEALTH IN RURAL HOUSEHOLDS IN HONNALI TALUK OF DAVANAGERE DISTRIC KARNATAKA STATE

Rudresha B T Research scholar,

Department of studies in Economics Davanagere university Shivagangothri campus Davanagere.

prof. B. P. Veerabhadrappa, Vice chancellor
kuvempu university, Jnanasahyadri Shankaraghatta- 577451. shimoga Dist. Karnataka

Abstract

The present study conducted to know the health expenditure on rural households. This study is based on primary data collected from the 200 selected rural households of four villages from four taluks of davanagere district. The total 200 from farmer families of age 16-60 years were interviewed in their village. The present study reveals that most of the rural households facing much expenditure specially find out the health expenditure in rural area. In order to overcome the situation special health check-up camps need to be conducted with emphasis on improvement of health.

Introduction

Health in the broad sense of the word does not merely mean the "absence of disease" or provision of diagnostic, curative, and preventive services. It also included as embodied in the WHO definition "A state of physical mental and social well-being". In recently has been amplified to include the ability to lead "socially and economically productive life".

Socio economic condition have long been known to influence human health for majority of the word's people health status is determined primarily by their level of socio economic development e.g. Per capita, GNP, education, nutrition, employment, housing, political system, of the country. The per capita GNP is the most widely accepted measures general economic performance in many of the developing countries. It is the economic progress that has been the major factor in reducing morbidity increasing life expectation and improving the quality of life. The economic status determines the purchasing power, standard of living, quality of life, family size, the pattern of disease and deviant behaviours in the community. It is also an important factor in seeking health care. {K. Parks}

Good health is universally acknowledged to be of intrinsic and therefore constitutes an integral element of development. One can rich but sick enough not to enjoy any opportunities that wealth opens up, and poor health may translate into worsening economic opportunities as well as. In fact, one can also be healthy but too poor to pursue valued objectives. The promotion of health is fundamental value in and of itself. It is a vital public good and basic human right. With the Human development index ranking countries on achievements that affect quality of life and access to basic necessities governments have been forced to redefine development. The health of the rich is not much affected by their income, so that transfer of income from rich to poor will improve the average health of the nation.

Recently psychologists have pointed out that the well-being of an individual or group of individuals have objective and subjective components. The objective components relate to such concerns are known by the term "standard of living" or "level of living" the subjective component of well-being as expressed by each individual is referred to as "quality of life

Health policies in India often focus on public spending on health and its allocation, efficiency and related issues to set the agenda. In the economy as a whole, the public spending on health forms only a minuscule proportion of the total spending on health, as the household or out-of-pocket expenditure accounts for about 60 per cent of the total health expenditure in India. The failure to recognise and establish a linkage between public and household spending while formulating policies has resulted in a more complex health system. Such a system remains unresponsive to most policy changes. The lack of appropriate and consistent information on out-of-pocket expenditure is found to be the prime reason for the exclusion of this important category from the health policy planning in India.

As per the National Health Accounts Estimates during 2013-14 to 2015-16, there is an encouraging trend of decreasing Out of Pocket Expenditure (OOPE) and an increase in public health expenditure out of Total Health Expenditure (THE). Public health expenditure (Centre, States and Local Bodies), as a percentage of Total Health Expenditure (THE) increased from 22.5 per cent in 2004-05 to 30.6 per cent in 2015-16. One major component of OOPE is expenditure on medicines. Government has made various provisions to provide medicines free of cost in Government facilities, but in reality, a majority (more than 60 per cent) of the patients are still forced to pay for some of the medicines they receive. The Government has taken several steps to reduce Out of Pocket Expenditure (OOPE) and burden of diseases in the country. (Economic Survey 2018-19)

Objective of the study

- To know the income and expenditure pattern of rural households
- To find out the health expenditure in the rural households

Methodology

a. Source of data: It is fundamentally for household level study, this study proposed to collect primary data for the empirical verification of farmer's families selected through the purposeful sampling procedural whereas multistage random sampling to be used to choose the farm households.

Farmers to be randomly selected at first stage. It is intended to select randomly Farm households in the village will be stratified in to four groups viz., agricultural labor, small farmers and marginal holding farmers (1 ha), large holding farms (more than 5 ha). It is planned to selected 50 farmers, this total 200 farmers will be selected from the village total farm house hold selected from each Thus totally 200 farm households will be selected for this study.

Results

Table 01 Annual income status

Annual income status	Frequency	Percent
High	**22**	**11**
Medium	**93**	**46.5**
Low	**85**	**42.5**
Total	**100**	**200**

Among the 200 total respondents of rural households of annual income status, a majority of 93 peoples 46.5 % reported that they had a medium level of annual income status, 22 farm households 11 % had high and 85 workers 42.5% had low income status. It is noted when respondents were asked to state their overall annual income status, a majority of them reported that their annual income status was average.

Association between different expenditure patterns on rural hose holds

Expenditure			
Expenditure pattern	Below average	Above average	Total
Marriage	10 (5%)	35(17.5%)	45 (22.5%)
Health	40 (20%)	45(22.5%)	85 (42.5%)
House construction	10 (5%)	20 (10%)	30 (15%)
Other	20 (10%)	20 (10%)	40 (20%)
Total	80 (40%)	120 (60%)	200 (100%)

Among 200 respondents 80(40%) belonged to below average, 120(60%) above average. Out of 200 respondents 45(22.5%) farm families expenditure on marriage, 35(17.5%) were above average 10(05%) respectively, 85 (42.5%) respondents belonged to their expenditure on health 45(22.5%) above average and 40(20%) below average respectively. 30(15%) respondents expenditure on house construction 20(20%) above average and 10(05%) below average respectively out of 40(20%) respondents expenditure for other activities 20(10%) below and above respectively.

Findings

The overall annual income and expenditure of rural households reported that was average the annual income was medium and next to low level of their income and high level of income was less respectively the income expenditure patterns health expenditure was high out of 200 rural households 85 (42.5%) , reaming marriage and house construction respectively.

Conclusion

It is very clear view annual income of rural households average and their expenditure on health is high compare other expenditure. In rural area health awareness is needed.to reducing the health expenditure.

References

1. K. Park, (2013) Park's Textbook of preventive and social medicine.
2. Economic Survey 2018-19 Volume 2
3. Economic Survey 2019-20 Volume 2
4. N Devadasan,et al Community Health Insurance in India An Overview *Economic and Political Weekly July 10, 2004*