A Study on Utilization of Health Care Facilities among Women in India

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ABSTRACT

Women's health is influenced by many factors i.e. socio-economic, cultural, and structural changes that restrict them from utilizing the health care facilities. The research paper explores the utilization of healthcare facilities by women in India. The focus of the study is the consequences of women's accessibility to maternal healthcare services and analyze the Expenditure on healthcare followed by recommendations for improving the healthcare facilities and services specifically for women. The data was collected from National Family Health Survey and World bank. The study highlights the need for improvement in women's healthcare access and the importance of addressing barriers to healthcare utilization to promote women's health and well-being.

Keywords: Women's health, healthcare, Expenditure, Accessibility, Recommendations.

INTRODUCTION

According to the World Bank report for 2021, India's population was 1.39 billion. India is the most populated nation and the fastest-growing economy, when it comes to public health, it represents both challenges and opportunities. India has been dealing with many public health challenges, such as child malnutrition, high neonatal and mortality rates, the higher growth of non-communicable diseases, and other health-related issues. Health is an important factor in an individual's activity to achieve good bodily health, cognitive well-being, and community engagement. Good health is necessary for numerous reasons; ensuring good health can reduce stress, boost physical performance, and prevent diseases. Health can be improved by regular physical activity, proper intake of a balanced diet, sufficient sleep, and decreasing negative patterns such as smoking and alcohol. (Bauman1961).

Women's health in India can be measured using several indicators, such as geographical area, socioeconomic status, and culture. Women in India are currently dealing with several health issues that impact the nation's overall output. Enhancing women's empowerment plays a major role in developing health and well-being in society. Women can look after themselves and their families when they acquire better education and health care. women's health depends on the proper food that helps them achieve their goals and engage in society. There are several indicators to explore women's health in India. They may vary by socio-economic status, education, culture, and geographical area. The important aspect that influences both human well-being and economic growth is health.

Women and men have the same life expectancy at birth in India. The health of Indian women is naturally linked to society. Indian women belonging to various socio-economic backgrounds are marginalized and neglected when it comes to healthcare.

India's largest and most important sector regarding employment with respect to revenue generation in healthcare. There are two major sections in India's health support service. They are Government and individual sectors. The public healthcare system is organized by the government i.e. offering core healthcare services in rural areas in the form of Primary Healthcare Facilities (PHF). The private sector provides basic healthcare, preventive care, specialized care, intermediate care, advanced care, specialist care, etc.

REVIEW OF LITERATURE

Deogratius Bintabara & Keiko Nakamura (2018) in the article describes problems faced by women in accessing Healthcare among women in Tanzania with special reference to low-income groups. The data was collected from a secondary source that is Tanzania Demographic and Health Survey (2015-2016). The statistical tools used in this study are a logistic regression model and a descriptive study with median and mode. This study concludes that the barrier to healthcare in Tanzania is low income, improving health insurance and healthcare facilities can reduce the women's associated health problems.

C Vinothini, V Saravanabavan (2023) aims to analyze the identification of the spatial distribution of healthcare performance and to examine the significance of healthcare location and its efficiency & satisfaction level who avail healthcare services. The data used in this study was both primary and secondary. The

tools used in this study to find the relationship and interdependence nature of different variables are analyzed using a correlation matrix and multivariate used to find the major associations and interrelationships between PHC diseases among patients with SPSS. The result of the study the accessibility of healthcare was satisfactory. Awareness about various diseases is low among people i.e. they need more health education. The family size was a joint family so this may lead to poor hygiene and low BMI etc. The people near the health care centre are more likely efficiently use the center, So PHCs are used efficiently.

Giancarlo Buitrago (2024) The study focuses on providing comprehensive analyses of socioeconomic inequalities in adult mortality across seven Latin American countries. This study explores the link between individual educational attainment and age-adjusted mortality rates. The data used in this study was both primary and secondary. The result of the study shows that the mortality rate for individuals with lower education is at risk for all age groups. Individuals with higher education are at low risk concerning mortality. The individuals also have a high risk of diabetes and cardiovascular disease. The study concludes that the improvements in average health indicators are due to a decrease in income inequality and increased access to healthcare. However, disparities remain the same, especially in mortality rates for the younger population and women.

Geetha Jeganathan (2024) study aims to assess the accessibility and availability of maternal and reproductive health services among rural women in Tamil Nadu. The data was collected through a questionnaire. the statistical tools used were simple frequencies, percentages, and distribution measures calculated for demographics and availability of health services. The result of the study shows that the major respondents are working women and living in a nuclear family. A high percentage of women are benefited from government schemes. The hospitals and primary health centres are nearby and easily accessible. The study concludes that women were largely satisfied with the availability and quality of healthcare and reproductive health services.

OBJECTIVE OF THE STUDY

1) To study the impact of women's accessibility to maternal healthcare services.
2) Analysing the Expenditure on healthcare.
3) The recommendations for improving the healthcare facilities and services specifically for women.

RESEARCH METHODOLOGY:

This paper is descriptive in nature and the research data was secondary data from World Bank, National Family Health Survey (NFHS) and National Institutes of Health (NIH).

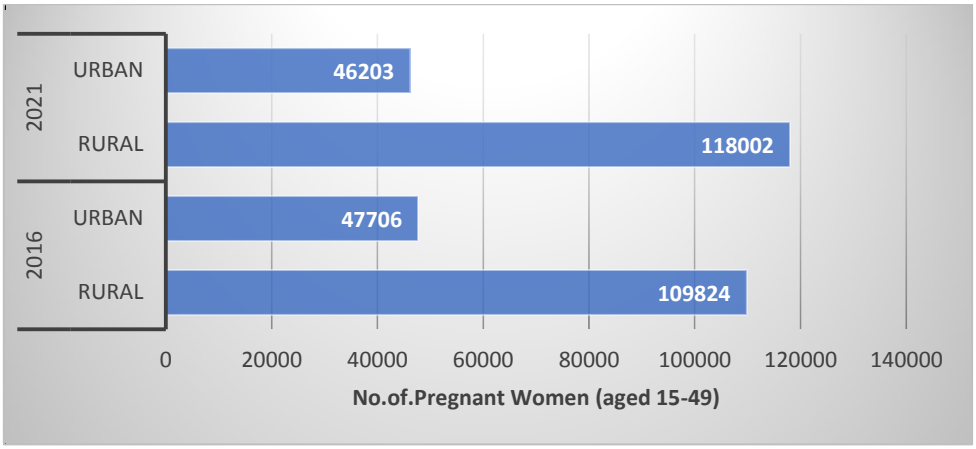
DISCUSSION AND FINDINGS:

The following findings and data analysis are collected from various data sources:

Table: 5.1 Utilization of Maternal Healthcare Service by Women:

Utilization of healthcare	2016		2021	
	Rural	Urban	Rural	Urban
No.of. Pregnant women (aged 15-49)	109824	47706	118002	46203
% of institutional deliveries	80.4	89.5	90	95.5
% of women who gave birth in a public facility	54.4	46.2	65.3	52.6
% of women who gave birth in a private facility	20.3	41.6	21.1	40.5
% of ANC services availed by women - Private	51.5	76.1	57.3	76
% of ANC services availed by women - Public	48.5	23.9	42.7	24
% of PNC services availed by women- Private	36.9	57.4	37.5	58
% of PNC services availed by women - Public	63.1	42.6	62.5	42

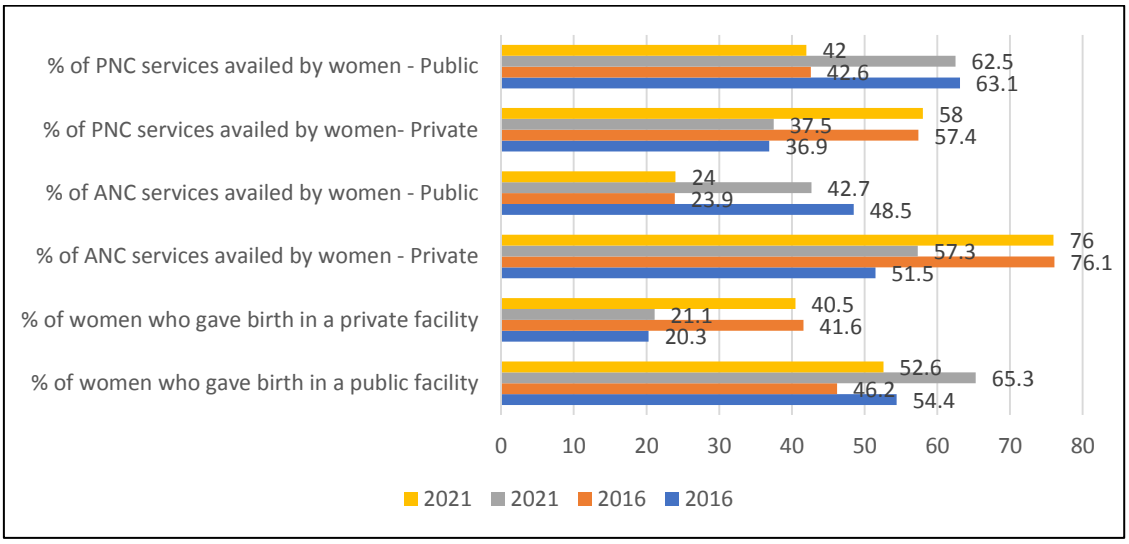
Graph 5.1 Number of Pregnant Women (Aged 15-49)



INTERPRETATION:

The above graph shows a significant change in healthcare utilization among women in rural and urban areas between 2016 and 2021. The number of pregnant women (aged 15-49) in rural areas has increased from 1.09,824 to 1,18,002, but in urban areas, it shows a slight decrease from 47,706 to 46,203. This shows that the population growth in rural areas is high compared to urban areas.

Graph 5.2 Healthcare Services Provided by Private and Public Sectors



Source: compiled from NFHS, World bank

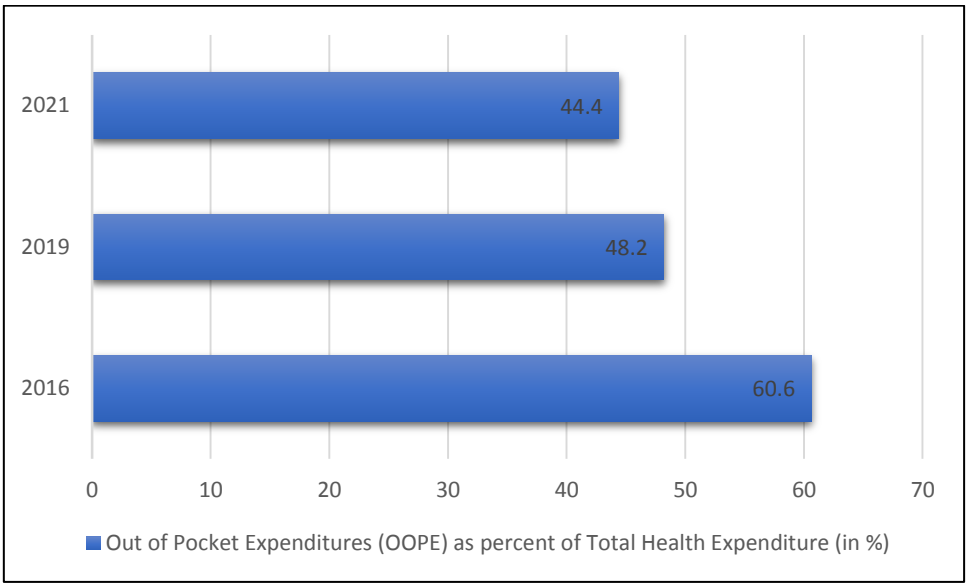
INTERPRETATION:

The percentage of institutional deliveries in rural and urban areas increased from 80.4% to 90% and 89.5% to 95.5%. this indicates that efforts to promote safe deliveries and there is reduction in maternal mortality through increased institutional births The women who gave birth in public facilities increased from 54.4% to 65.3% and 46.2% to 52.6%. The women who gave birth in private facilities increased from 20.3% to 21.1% and 41.6% to 40.5%. There is a shift towards private facilities in rural areas, while urban areas continue to private facilities. The women availed of ANC (Ante Natal care) services (private) in rural areas increased from 51.5% to 57.3% and but in urban areas there is slight decrease from 76.1% to 76%. The women availed of ANC (Ante Natal care) services (public) in rural area decreased from 48.5% to 42.7% and in urban area 23.9% to 24%. The women availed of PNC (Post Natal care) services (private) increased from 36.9% to 37.5% in rural area and in urban area 57.4% to 58%. The women availed of PNC (Post Natal care) services (public) decreased in rural areas from 63.1% to 62.5% and decreased in urban areas from 42.6% to 42%.

Table: 5.2 Comparison of Out of The Pocket Expenditure on Healthcare (2016, 2019, 2021)

Out-of-the Pocket expenditure	2016	2019	2021
Personal Expenditures on health as percent of Total Health Expenditure (in %)	60.6	48.2	44.4

Graph 5.3 Out of Pocket Expenditures on Healthcare



Source: compiled from NFHS, World bank

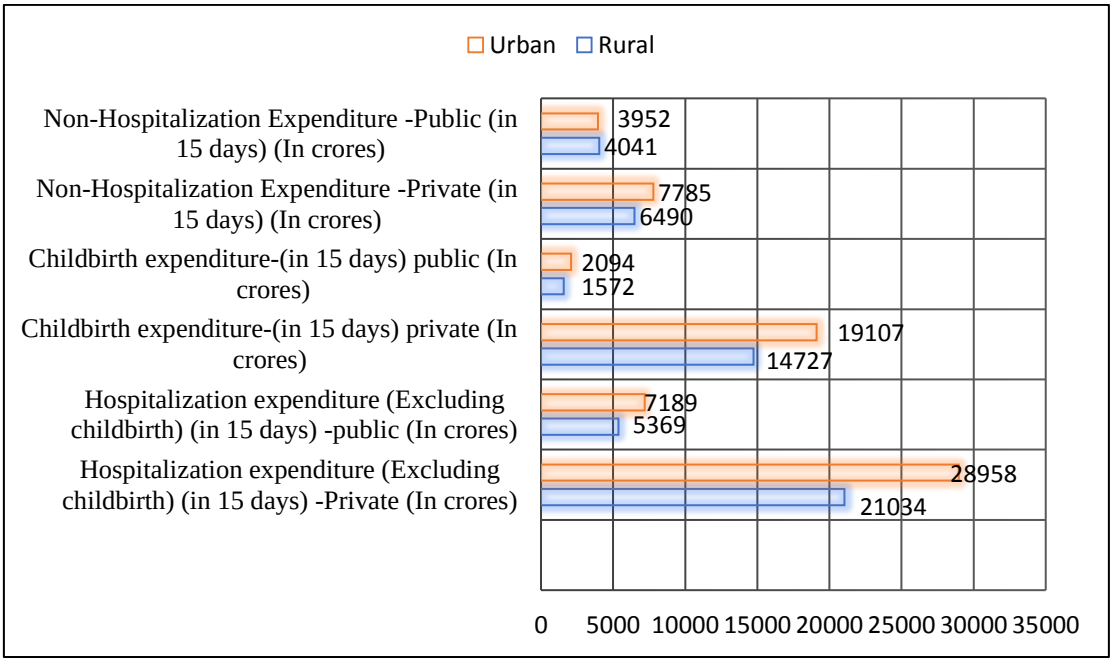
INTERPRETATION:

The data shows a significant change in expenditure on healthcare in rural and urban areas between 2016,2019 and 2021. The percentage of OOPE as part of decrease from60.6% in 2016 to 48.2% in 2019 and further to 44.4% in 2021. This decrease shows a reduction in financial burden on household for healthcare expenses, which impact on economic stability of low-income families. The consistent decrease in personal Expenditures as a percentage of Total Health Expenditures (THE) from 2016 to 2021 indicates significant progress in reducing financial obstacles to healthcare access. This encouraging trend suggests continued advancements in healthcare affordability, ultimately leading to Improved health outcomes, Enhanced economic stability for households, and Reduced burden of high out-of-pocket healthcare costs.

Table:5.3 Out of The Pocket Expenditure on Healthcare (2021)

Expenditure on Healthcare	Rural	Urban
Hospitalization expenditure (Excluding childbirth) (in 15 days) -Private (In crores)	21034	28958
Hospitalization expenditure (Excluding childbirth) (in 15 days) -public (In crores)	5369	7189
Childbirth expenditure-(in 15 days) private (In crores)	14727	19107
Childbirth expenditure-(in 15 days) public (In crores)	1572	2094
Non-Hospitalization Expenditure -Private (in 15 days) (In crores)	6490	7785
Non-Hospitalization Expenditure -Public (in 15 days) (In crores)	4049	3952

Graph 5.4: Expenditure on Healthcare



Source: compiled from NFHS, World bank

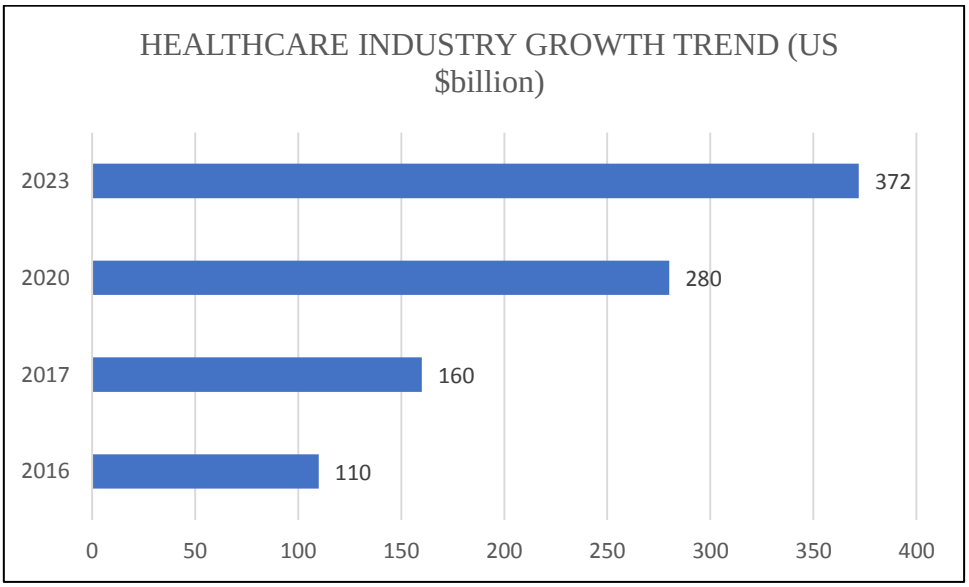
INTERPRETATION:

The hospitalization expenditure (excluding childbirth) in private (in Rs) in rural areas was 21034 and in urban areas was 28958. The hospitalization expenditure (excluding childbirth) in public (in Rs) in rural areas and urban areas are 5369 and 7189. The public childbirth expenditure (in Rs) in rural areas and urban areas was 1572 and 2094. The childbirth expenditure (in rupees) in rural areas and urban areas was 14727 and 19107. The non-hospitalization expenditure in public (in Rs) in rural areas was 4041; in urban areas, it was 3952. The non-hospitalization expenditure in private (in Rs) in rural areas was 6490; in urban areas, it was 7785.

Table 5.4 The Growth of The Healthcare Industry in India

Growth of the Healthcare Industry	2016	2017	2020	2023
Growth of the Healthcare Industry (US $ billion)	110	160	280	372

Graph: 5.5 The Growth of The Healthcare Industry in India



INTERPRETATION:

The healthcare industry's growth in India has shown tremendous changes from 2016 to 2023. There was a steady growth trend in 2016; the growth was $110 billion and $160 billion in 2017, a 45% increase within a year. The growth was $160 billion in 2017 and $280 billion in 2020, a 75% increase. The growth was $ 280 billion in 2020 and $372 billion in 2023, a 32.9% increase.

IMPLICATION:

- There is an increase in institutional deliveries from 80.4% to 90% in rural areas and 89.5% to 95.5% in urban areas indicating improved access to skilled birth attendants. The number of women giving birth in public facilities has increased in both rural and urban areas. The number of women availing ANC, and PNC in public facilities has decreased in both rural and urban areas.
- There is a reduction in personal expenditure on health as a percentage of total health expenditure from 60.6% in 2016 to 48.2% in 2019 and 44.4%in 2021. The changes in expenditure are due to the financial burden on households.
- The expenditure on private healthcare is higher than public healthcare including hospitalization, childbirth, non-hospitalization, etc. The healthcare industry has grown from $110 billion in 2016 to $372 billion in 2023, this shows approximately 238% growth in seven years. The factors for the growth are an increase in population, technological advancement, investment in healthcare, and medical tourism. This may also lead to an increase in GDP, Job creation, and Improved healthcare access.

SUGGESTIONS

- **Strengthening of awareness program:** Though lesser segments of society are still ignorant of these regulations, understanding of the Janani Suraksha Yojana (JSY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), and other policies about women's health specifically related to pregnancy. The government should make initiatives to educate women about institutional deliveries, PNC, and ANC.
- **Infrastructure facilities:** The infrastructure facilities in rural areas should be upgraded with well-equipped medical instruments and well-trained medical professionals. The number of healthcare centers should be increased to reduce the distance women need to travel for service and provide transportation services for pregnant women, especially in remote areas. Ensuring availability of ambulance services for emergencies.
- **Private-public partnership:** The government should take initiatives to encourage partnership with private sector for better infrastructure facilities and improve healthcare delivery
- **Need for data:** The data needed for the study was limited. The proper implementation of the schemes needs adequate data.

CONCLUSION

One of the ways to improve the health and human development of the masses in India is to provide quality healthcare, especially in rural areas. Since health services are concentrated in urban areas, rural initiatives should improve outreach efforts related to service delivery. The scheme should be essential for the provision of reproductive health services related to maternal and child care such as ANC, and PNC services. Although the need for these services is driven by several cultural misconceptions that still exist in society, improving services, making them more accessible, and providing them in their communities at no cost is imperative. In particular, the Access to maternal health services such as antenatal and postnatal care and delivery with the help of trained professionals significantly increases the chances of survival for a premature baby. However, research on factors associated with utilization of healthcare has been limited due to a lack of data. These findings highlight ways in which policymakers can influence healthcare use. Supply levels such as the density of local health facilities deserve the immediate attention of policymakers. Efforts to improve education, dissemination of health information through mass media, and

provision of health workers in the community will contribute significantly to improvement through improved maternal and child health.

REFERENCE

- Arokiasamy, P., & Pradhan, J. (2013). Maternal health care in India: Access and demand determinants. *Primary Health Care Research & Development, 14*(4), 373–393. https://doi.org/10.1017/S1463423612000673
- Bintabara, D., Nakamura, K., & Seino, K. (2018). Improving access to healthcare for women in Tanzania by addressing socioeconomic determinants and health insurance: A population-based cross-sectional survey. *BMJ Open, 8*(9), e023013. https://doi.org/10.1136/bmjopen-2018-023013
- Buitrago, G., Bancalari, A., Marinkovic Dal Poggetto, S., de la Mata, D., & Vera-Hernandez, M. (2024). Socio-economic disparities in adult mortality in Latin America. *medRxiv*. https://doi.org/10.1101/2024.11.01.124792
- Chauhan, R. C., Manikandan, P. A., Samuel, A., & Singh, Z. (2015). Determinants of health care seeking behavior among rural population of a coastal area in South India. *International Journal of Scientific Reports, 1*(2), 118–122. https://doi.org/10.18203/issn.2454-2156
- Das, A., Chakraborty, S., Imani, A., Golestani, M., Ajmera, P., Majeed, J., ... & Dalal, K. (2023). Barriers to access health facilities: A self-reported cross-sectional study of women in India. *Health Open Research, 5*, 30. https://doi.org/10.12688/healthopenres.13227.1
- Hamiduzzaman, M., De Bellis, A., Abigail, W., & Kalaitzidis, E. (2017). The social determinants of healthcare access for rural elderly women: A systematic review of quantitative studies. *The Open Public Health Journal, 10*(1), 75–88.
- Jeganathan, G., Srinivasan, S. K., Ramasamy, S., & Govindharaj, P. (2024). Accessibility and availability of maternal and reproductive health care services: Ensuring health equity among rural women in Southern India. *BMC Primary Care, 25*(1), 145. https://doi.org/10.1186/s12875-024-02122-3
- Mehrotra, D. M. A., & Chand, S. (2012). An evaluation of major determinants of health care facilities for women in India. *IOSR Journal of Humanities and Social Science, 2*(5), 1–9.
- Vinothini, C., & Saravanabavan, V. (2023). Determinants of health care facilities and patients' accessibility to PHC in Madurai district. *International Journal of Geography, Geology, and Environment, 5*(2), 17–22.

- Yadav, A. K., Sahni, B., Jena, P. K., Kumar, D., & Bala, K. (2020). Trends, differentials, and social determinants of maternal health care services utilization in rural India: An analysis from pooled data. *Women's Health Reports, 1*(1), 179–189. https://doi.org/10.1089/whr.2020.0015

WEBSITES

- National Family Health Survey (NFHS-5). (2016–2021). *International Institute for Population Sciences (IIPS) and Ministry of Health and Family Welfare (MoHFW)*. https://dhsprogram.com/publications/publication-nfhs5-nfhs-reports.cfm
- National Health Accounts. (2016–2021). *Estimates for India.* Ministry of Health and Family Welfare (MoHFW), Government of India. https://mohfw.gov.in
- National Health System Resource Centre. (n.d.). *Ministry of Health and Family Welfare, Government of India.* https://nhsrcindia.org
- World Bank. (n.d.). *World Development Indicators.* https://data.worldbank.org