

# **PATTERN OF HEALTH EXPENDITURE IN TRIPURA**

A close-up photograph of a person's hand holding a small, translucent green globe of the Earth. The globe is held in the palm, with fingers visible around it. The background is a bright, white, slightly blurred light source, creating a soft glow around the hand and globe.

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# ***Definition of Health Expenditure***

***Health spending consists of health and health-related expenditures. Health expenditures are defined on the basis of their primary or predominant purpose of improving health, regardless of the primary function or activity of the entity providing or paying for the associated health services.***

# *Objective*

- *To examine the trend in state budgetary expenditure on health over a period of years from 2001-02 to 2008-09.*
- *To analyses the households' out of the pocket expenditure on health related matters.*

# Methodology

- **Secondary Data**:- Outlay on health in annual state budget of Tripura forms the basis of the macro perspective. The changes in per capita public expenditure on health are analyzed on the basis of secondary data.
- **Primary data**:- For the household level analysis, data is collected through a sample survey using structured questionnaire .
- Data analysis has been done by tabular & cross-tabular method with the help of Simple statistical tools.

# ***Selection of the study area***

***The study area is selected for assessing the effect of living conditions and income on private out of pocket health expenditure .***

***A medical college hospital is very near to Ishanchandranagar GP under Dukli R.D Block. This neutralizes the physical accessibility factor and enables us to understand how household economic conditions affect out of pocket expenditure on health.***

# ***Selection of Sample Units***

***Two groups of households consisting of 70 BPL families and 30 APL families have been purposively selected for the study. BPL families are those whose income up to Rs.4000 per month and APL families are those whose income is above Rs. 4000 per month. Both the groups belong to same GP and having some kind of medical accessibility.***

## ***Limitation of the study***

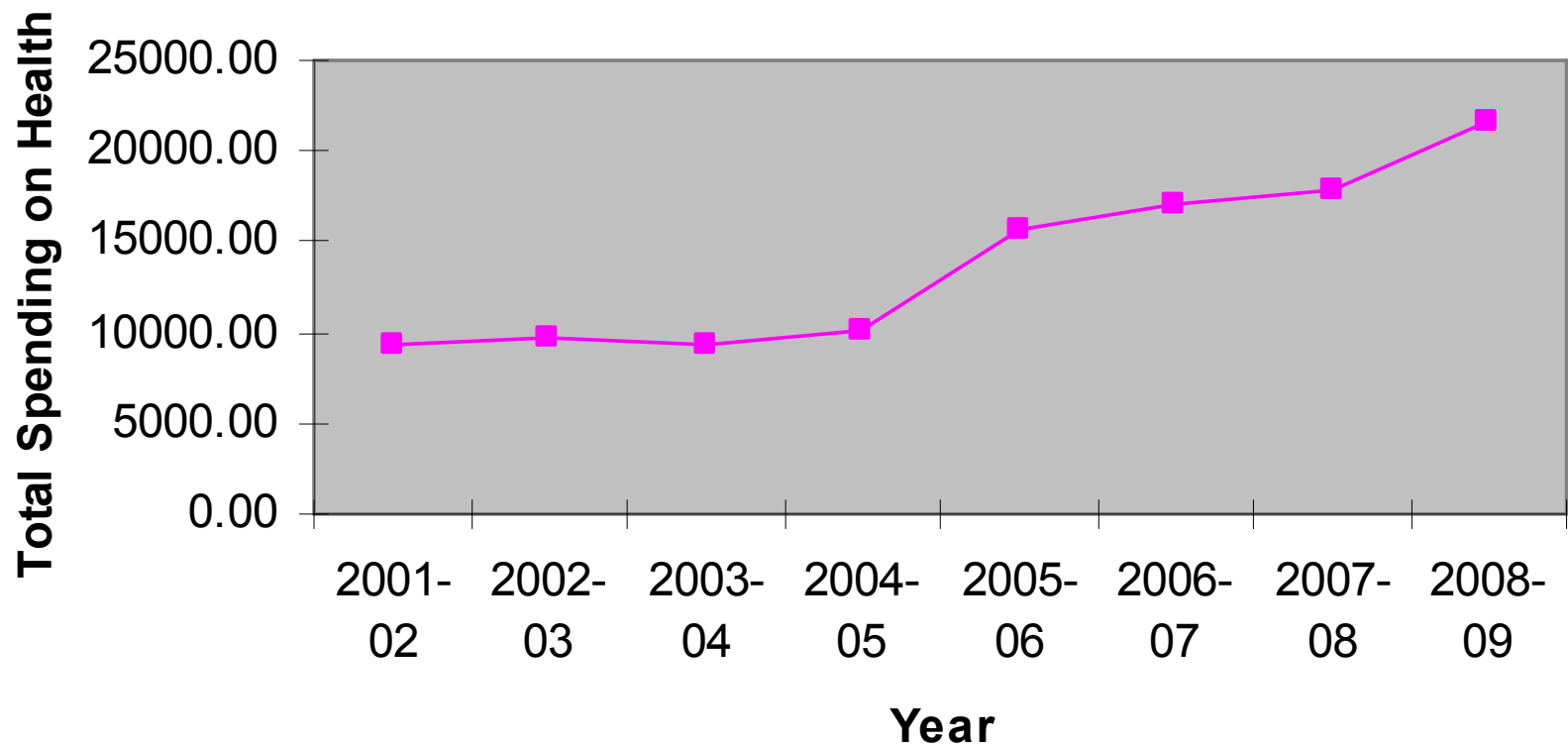
***A better analysis would have been possible if the set of observation would have been larger .All relevant secondary data could not be collected because of limitations of time etc.***

# Findings



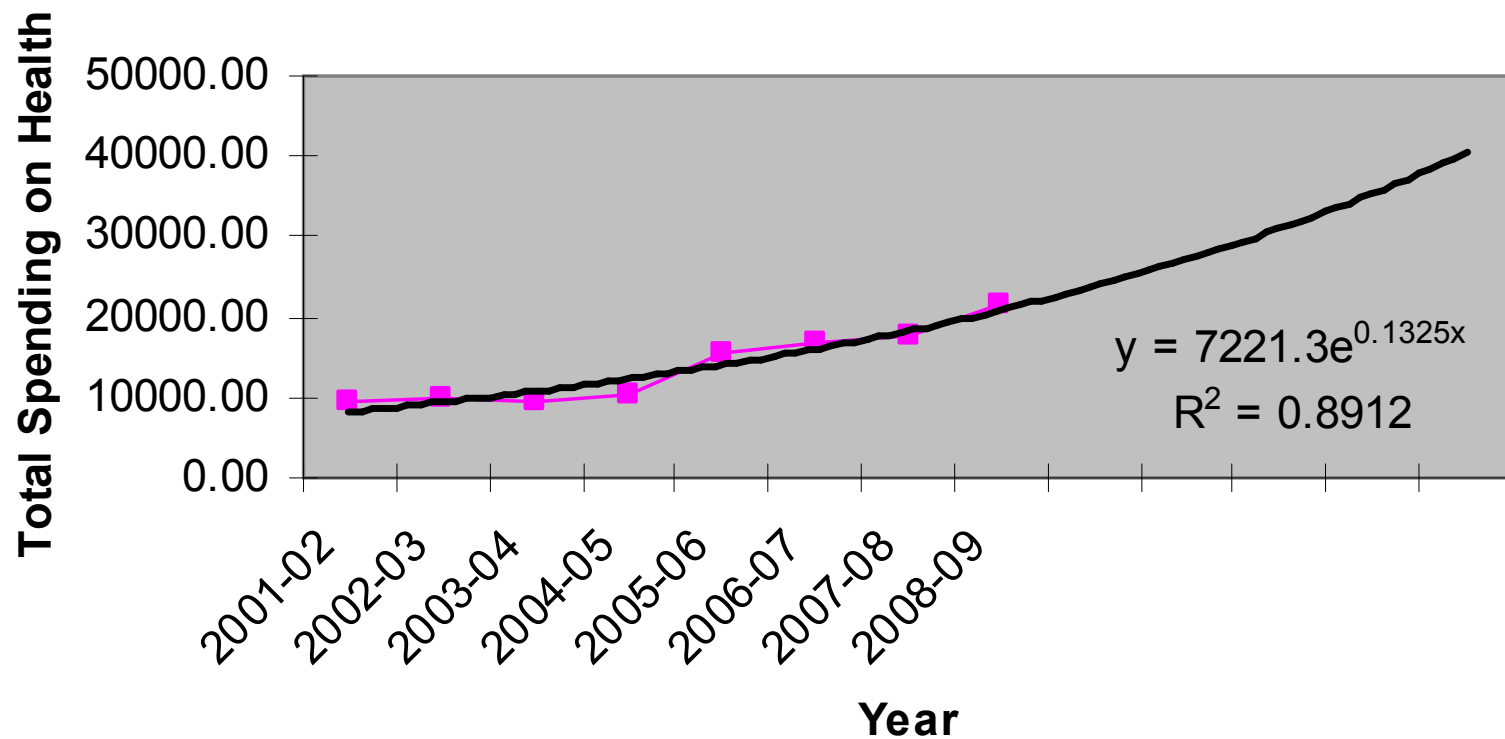
# *Findings on Public Health Expenditure*

## Total Public Expenditure on Health

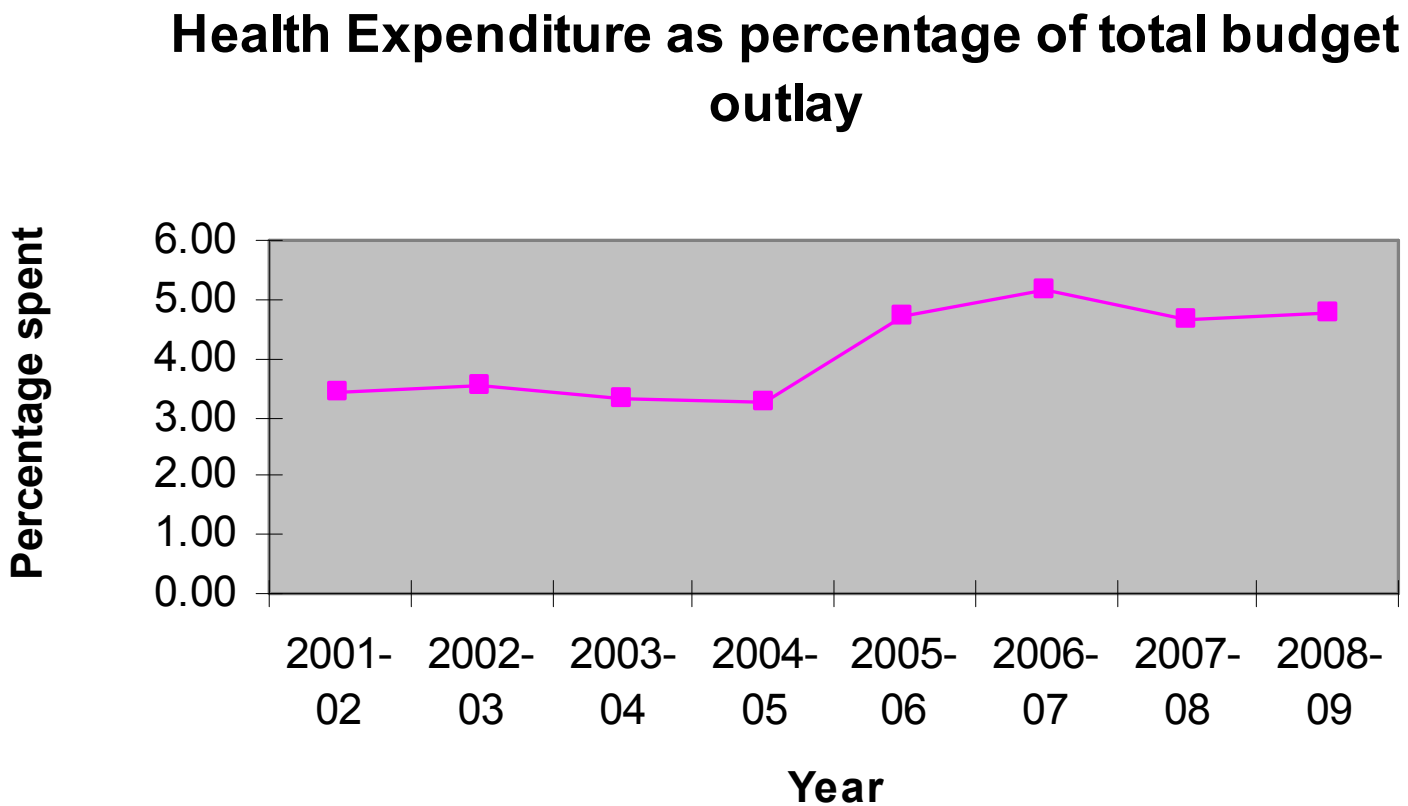


# Trend Line

## Total Public Expenditure on Health

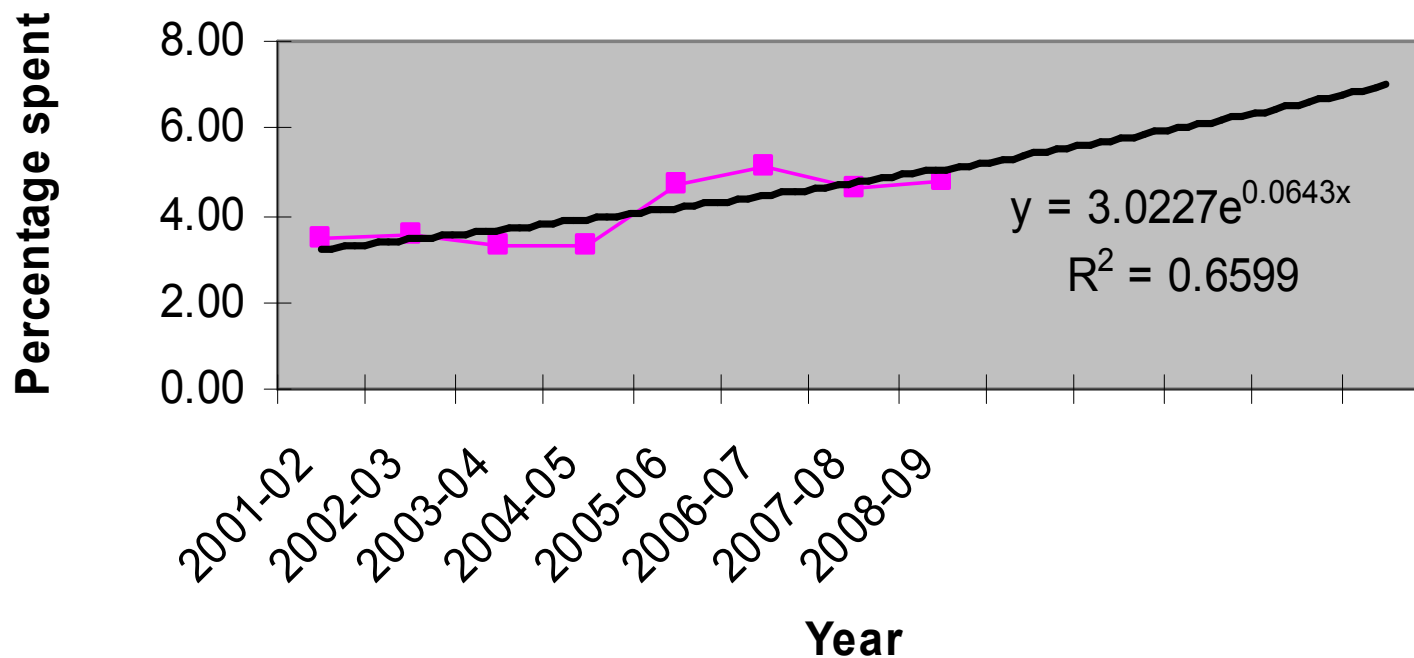


# Health Expenditure as percentage of total budget outlay



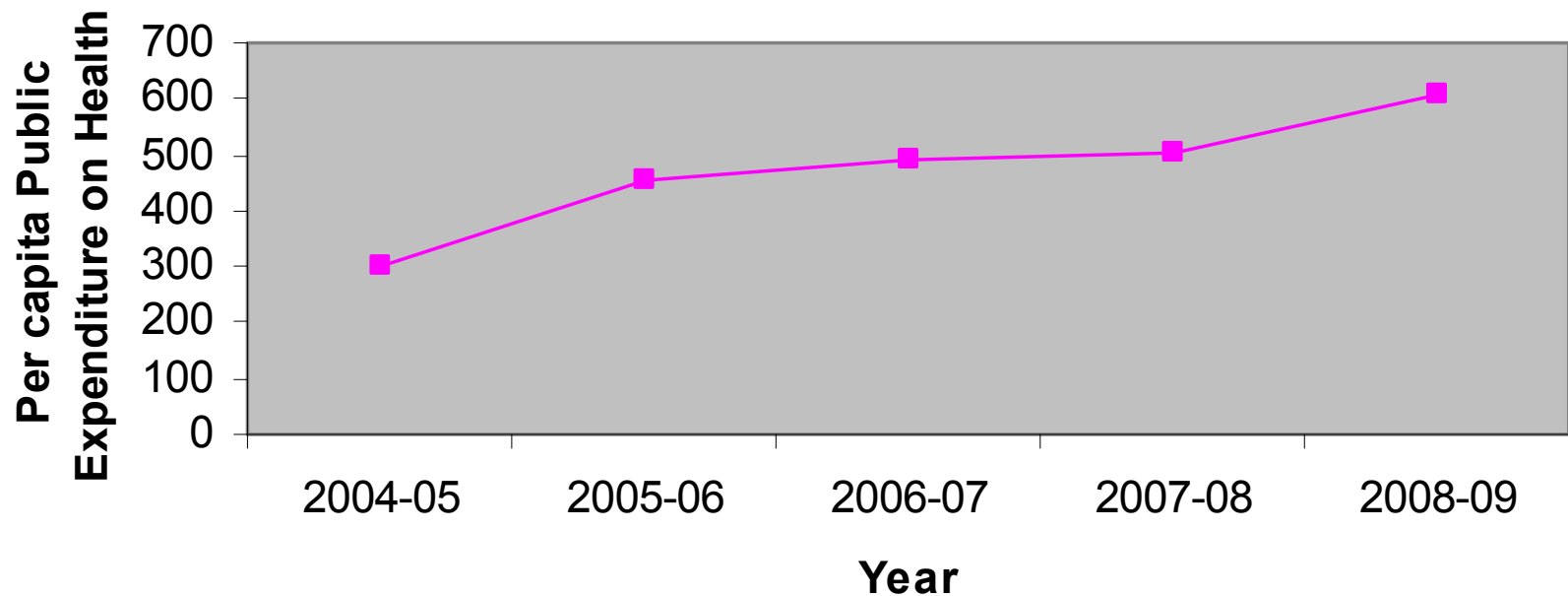
# Trend Line

Health Expenditure as percentage of total budget outlay



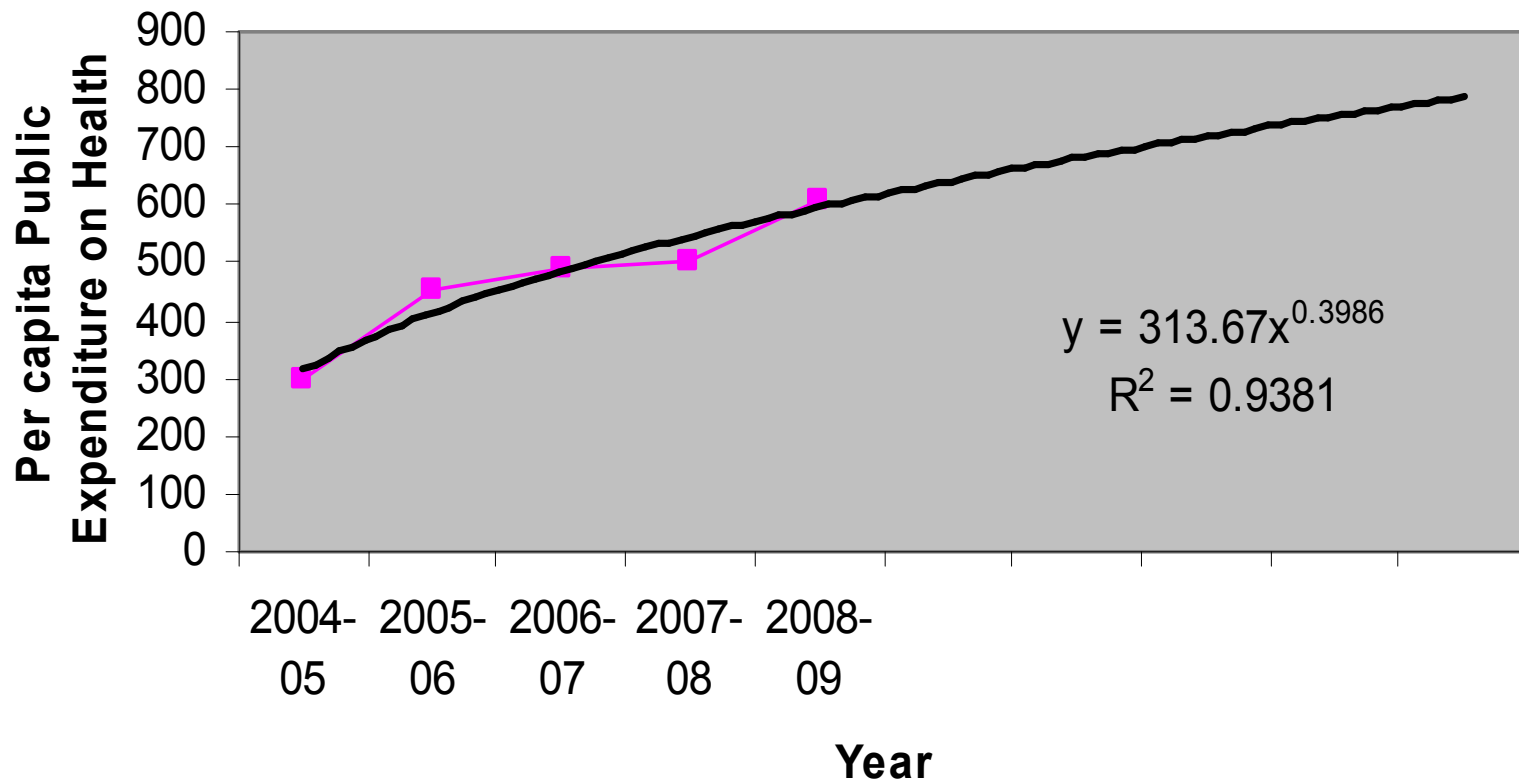
# Per capita Public Health Expenditure on Health

Per capita Public Health Expenditure on Health



# Trend Line

## Per capita Public Health Expenditure



# *Findings from Sample*

- Total Household= 100, Total Population= 432 (Male- 234 & Female- 198), Total BPL families= 70 & Total APL families= 30.
- In the 100 household OBC= 60, SC= 20 & GEN= 20.
- Total no. of Worker= 148 (34.26%) & total no. of Non-Worker= 284 (65.74%).
- Total Kutchha houses= 66, Total Semi pucca houses= 32 & Total pucca houses= 2.
- Sanitation type is almost same for the 100 households, 97 of them using Pit.
- All the household using Tube-well for drinking water .
- All the household consulting Allopathy as for treatment purpose, but of them 4 families are also consulting Homeopathy & 2 are consulting Ayurvedic.
- All BPL families are having health insurance.

# *Disease Pattern in the Sample*

<b>DISEASE TYPE</b>	<b>NO. OF PEOPLE</b>	<b>BPL</b>	<b>APL</b>
<b>INFECTIOUS DISEASE</b>	<b>155</b>	<b>94</b>	<b>61</b>
<b>MUSCULO SKELETON DISEASE</b>	<b>74</b>	<b>48</b>	<b>26</b>
<b>ENTERIC DISEASE</b>	<b>86</b>	<b>66</b>	<b>20</b>
<b>CARDIAC DISEASE</b>	<b>37</b>	<b>15</b>	<b>22</b>
<b>RESPIRATORY DISEASE</b>	<b>19</b>	<b>12</b>	<b>7</b>
<b>NERVOUS SYSTEM</b>	<b>32</b>	<b>27</b>	<b>5</b>
<b>SKIN DISEASE</b>	<b>11</b>	<b>4</b>	<b>7</b>
<b>TEETH</b>	<b>10</b>	<b>6</b>	<b>4</b>
<b>EYE</b>	<b>10</b>	<b>3</b>	<b>7</b>
<b>OTHER</b>	<b>38</b>	<b>26</b>	<b>12</b>
<b>TOTAL</b>	<b>472</b>	<b>301</b>	<b>171</b>



# **OUT OF POCKET EXPENDITURE ON HEALTH**

<b>% OF HEALTH EXPENDITURE ON INCOME</b>	<b>NO. OF HOUSEHOLD</b>	<b>BPL</b>	<b>APL</b>
<b>0 TO 10%</b>	<b>20</b>	<b>14</b>	<b>6</b>
<b>10 TO 15%</b>	<b>48</b>	<b>31</b>	<b>17</b>
<b>15 TO 20%</b>	<b>20</b>	<b>14</b>	<b>6</b>
<b>20 TO 25 %</b>	<b>6</b>	<b>6</b>	<b>0</b>
<b>25 TO 30%</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>ABOVE 30%</b>	<b>5</b>	<b>4</b>	<b>1</b>
<b>TOTAL</b>	<b>100</b>	<b>70</b>	<b>30</b>

# PER CAPITA HEALTH EXPENDITURE

HOUSEHOLD	TOTAL MEMBERS	TOTAL HEALTH EXPENDITURE	PER CAPITA HEALTH EXPENDITURE
APL	149	29700	199.33
BPL	283	40200	142.05
<b>TOTAL</b>	<b>432</b>	<b>69900</b>	<b>161.81</b>

# WORK DAYS LOST DUE TO ILLNESS

TYPE OF HOUSEHOLD	TOTAL HOUSEHOLD	TOTAL NO. OF DAYS LOST	PER HOUSEHOLD LOST
BPL	70	323	4.61
APL	30	168	5.60
TOTAL	100	491	4.91

# Conclusion

***Having the same kind of medical facility because of Hapania hospital still there is difference in the pattern of health expenditure in the two income groups i.e. APL and BPL. APL families spending more for per person than BPL families, but the interesting thing is BPL families are spending their percentage of income more on health expenditure than APL families, because BPL families earning less than APL families. From this study it is clear that burden of disease is more on BPL families.***

***From the study it is recommend that BPL families should get better health facility by increasing their earning through various Govt. schemes and Govt. has to look at them to increase their earning opportunities. In this area non-workers are at a higher proportion so that Govt. had to implement new projects, by this unemployed peoples get some earning option. Public spending on health must be increased for the betterment of health infrastructure in Tripura for each and every class of people in this state.***

