

Abstract

Economic development remains a far cry without human resource development of the country and human resource development is only possible when everybody enjoys good health. Because good health provides greater stamina in physical and mental health, higher resistance to illness, it helps in increasing labour productivity and creating the quality of human capital and thereby improves the human development as well as economic development of a nation. But in Indian financial budget, importance of health and education always remains out of the main focus, leading to a human deprivation and economic insecurity of the country. Moreover, country experiences high level of morbidity exists especially among the infants, children, women and the elderly in rural and urban areas and many parts of the country are passing through an epidemiological transition. This morbidity pattern or burden of disease of the people may affect the health seeking behaviour or utilisation of healthcare facilities. In India, utilisation of public healthcare facilities continues to be low and varies significantly across the different states and regions. On the other hand, government finance in healthcare sectors is very less or limited, which compels lower income groups to seek healthcare facilities from private sources. Despite higher costs, private sector has emerged as the leading source of both institutional and non-institutional healthcare delivery services, resulting in high out-of- pocket healthcare expenditure (OOPHE) and a greater financial burden on low income groups.

Present study makes an attempt to examine the effect of burden of disease on utilisation of healthcare facilities as well as on OOPHE incurred by the people of Siliguri Municipal Corporation Area (SMCA). The area is falling under the jurisdiction of plain area of Darjeeling district and north western part of Jalpaiguri district and characterised by huge population growth rate, cosmopolitan culture, rapid urbanisation, increasing slum and having no structural guideline of healthcare institution as exists in other cities of the country under the aegis of National Urban Health Mission (NUHM). The study was conducted with the broad objectives of examining the epidemiological profile of people revealing incidence and prevalence rates of illness and disability in SMCA; studying the pattern of utilisation of healthcare facilities according to source of care, type of visit and system of medicine; and examining the impact of burden of disease on utilisation of healthcare services and on OOPHE incurred by the households considering their demographic and socio-economic characteristics. This study reviewed various literatures to

understand the factors which affect the utilisation of healthcare services and expenditure on healthcare of the people. This study tried to find the healthcare expenditure pattern and health seeking behaviour of urban and slum dwellers towards traditional as well as the modern healthcare facilities.

The study used cross-sectional household survey through the pre-designed, pre-tested, structured schedule comprising of some open-ended and some close-ended questions. A multi-stage sampling method was adopted. Firstly, applying a simple systematic random sampling technique, total twenty wards from the total forty-seven wards of SMCA were selected and then probability proportion to population size method was applied to calculate the sampling unit from the each selected ward for the study. However, analysis was based on sample size of 1684 persons or 400 households (i.e. 1033 persons or 238 households from Darjeeling district area and 651 persons or 261 households from Jalpaiguri district area) spreading over different selected wards. In order to get systematic and comprehensive analysis of burden of disease in terms of morbidity, sampled data on different diseases, disabilities and injuries were grouped according to the modalities of Global Burden of Disease (GBD) 2010 study. Five logistic regression models were run to get the impact of demographic, socio-economic and health disorder characteristic of the people on the probability of utilising the healthcare services and a log linear multivariate regression model in log-log form was developed to measure the impact of burden of disease and other related factors on OOPHE incurred by the people of SMCA through the utilisation of healthcare services.

Study reveals that epidemiological profile of the people of the region is dominated by non-communicable diseases; followed by communicable, maternal, peri-natal conditions and nutritional deficiency diseases; and injuries and wounds including accidents. But, recent outbreak of dengue and other viral fevers in Siliguri and its adjoining area divulges the emergence or re-emergence of infectious and parasitic diseases, indicating region is moving towards advanced stage of epidemiological transition. But there is a huge pressure on existing public, private and other healthcare facilities and particularly, public healthcare infrastructure is overburdened which may be reason for reduction of health service quality and increase of the risk of mortality and morbidity in the area. Despite availability of healthcare facilities at reachable distance, all illness episodes were not treated with the existing healthcare facilities. Socio-economic and cultural differences are found responsible for this. Further, study indicates

the existence of gender gap in morbidity pattern and utilisation of healthcare services. Variation of utilisation pattern also exists among different age groups, educational levels, marital statuses, religions, sizes of the family and income groups. In addition, the study finds that OOPHE of the household varies as each of the category of disease, nature of disease, severity of disease and number of days suffering varies. Further, the study explored the various parameters affecting the utilisation of healthcare services and OOPHE. Econometric results also reconfirms the fact that burden of disease has significant impact on utilisation of healthcare facilities as well as on out-of-pocket healthcare expenditure incurred by the people of the study area. Finally, findings of the study emphasize on more effective strategy formulation by the policy makers, demographers, scientific communities and health professionals to make the healthcare services available, accessible, affordable to all the people living in the region, which will help improve the health status and reduce productivity loss, reduce healthcare burden on families as well as on government.