

Chapter 4

Study area and the population

4.1. Introduction

In this chapter we will analyse characteristics of the subject, i.e., demographic and socio-economic characteristics of morbid persons or households with morbidity, and characteristics of the service, i.e., health service system related factors, pattern of health care expenditure, and household income. Data are presented in simple cross-tabulations and represented again somewhat differently in clustered bar charts.

4.2. Characteristics of the subject

Table 19. Characteristics of the subject

Characteristics of the Subject	Category	Rural		Urban		Combined	
		n	%	n	%	n	%
Age-structure	0-4	58	17.8	50	31.6	108	22.4
	5-14	80	24.6	51	32.3	131	27.1
	15-64	124	38.2	36	22.8	160	33.1
	65+	63	19.4	21	13.3	84	17.4
	Total	325	100.0	158	100.0	483	100.0
Gender	Male	166	51.1	100	63.3	266	55.1
	Female	159	48.9	58	36.7	217	44.9
	Total	325	100.0	158	100.0	483	100
Caste	SC/ST	125	38.5	28	17.7	153	31.7
	General	200	61.5	130	82.3	330	68.3
	Total	325	100.0	158	100.0	483	100.0
Family size ¹	≤ 5	171	52.6	99	62.7	270	55.9
	> 5	154	47.4	59	37.3	213	44.1
	Total	325	100.0	158	100.0	483	100.0

Continued on page 60

Education ²	≤ Primary	144	44.3	122	77.2	266	55.1
	Middle +	181	55.7	36	22.8	217	44.9
	Total	325	100.0	158	100.0	483	100.0
Normal out-of-door trips	≤ 4 / month	81	24.9	121	76.6	202	41.8
	5 +	244	75.1	37	23.4	281	58.2
	Total	325	100.0	158	100.0	483	100.0
Travel to distant place	No	163	50.2	50	31.6	213	44.1
	Yes in last 3 years	162	49.8	108	68.4	270	55.9
	Total	325	100.0	158	100.0	483	100.0
Standard of living	Low	225	69.2	57	36.1	282	58.4
	High	100	30.8	101	63.9	201	41.6
	Total	325	100.0	158	100.0	483	100.0
Agricultural possessions	Low	69	21.2	113	71.5	182	37.7
	High	256	78.8	45	28.5	301	62.3
	Total	325	100.0	158	100.0	483	100.0
Income	< 2000	147	45.2	14	8.9	161	33.3
	2000 - 4999	132	40.6	46	29.1	178	36.9
	5000 +	46	14.2	98	62.0	144	29.8
	Total	325	100.0	158	100.0	483	100.0

¹ Average family size: 5.378 (Rural), 5.225 (Urban); ² Number of illiterates: 38 (Rural), 17 (urban)

Table 19 shows characteristics of the subject in the rural, urban, and combined category. Data are to be interpreted by moving down in each column of the table. The table shows varied age-pattern of morbidity in both the rural and urban areas of North Bengal.

Figure 1 also depicts same picture. We see that proportion of male and female population among the morbid persons is almost equal in the rural category. However, the same is inclined to males in the urban category.

Figure 2 also depicts the same fact. Figure 3 shows caste composition of the morbid persons. In the rural areas more than 38 per cent of the cases of illness occurred to people belong to the SC/ST category. The figure is roughly half (17.7 per cent) in the urban areas.

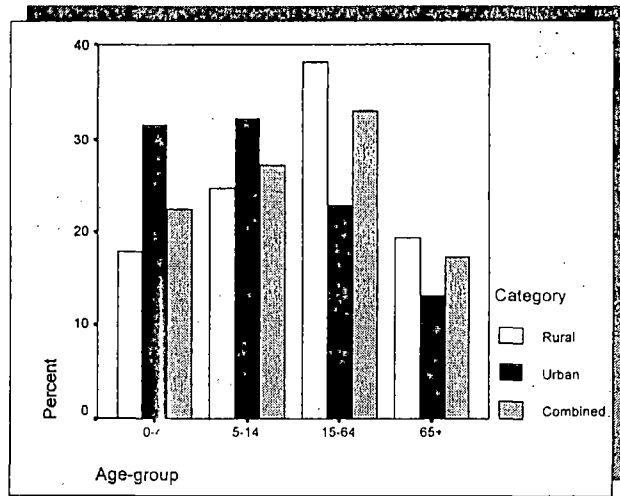


Figure 1. Age-structure of the morbid persons

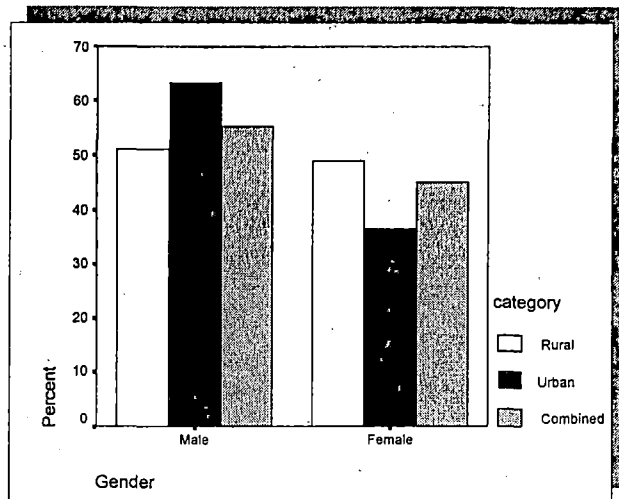


Figure 2. Gender of the morbid persons

Figure 4 shows family size or size of households of the morbid persons. From the table we see the majority of the morbid persons belong to the small families both in the rural and urban areas. However, average sizes of families in the rural and urban areas are: 5.378 and 5.225 respectively.

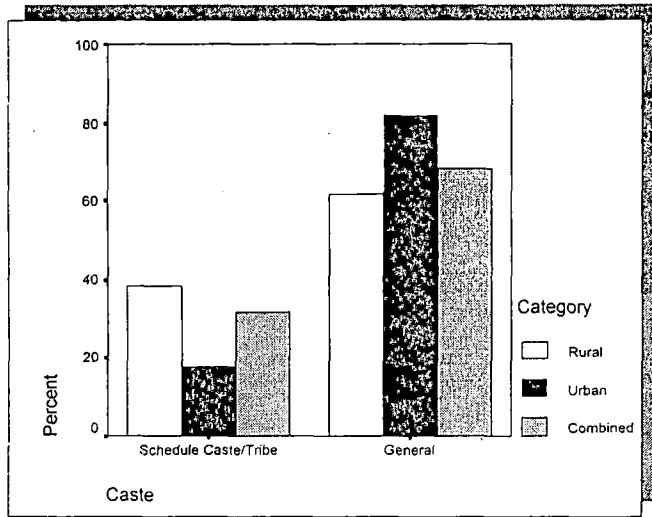


Figure 3. Caste of the morbid persons



Figure 4. Family size of the morbid persons

Educational backgrounds of the most of urban dwellers are poor as compared to those of their rural counterparts. However, the difference in educational background between rural and urban households is that the number (or percentage) of illiterates is less among the latter. Figure 5 depicts normal out-of-door trips by the head of the households of the morbid persons. It is clear that rural people makes more trips than urban dwellers.

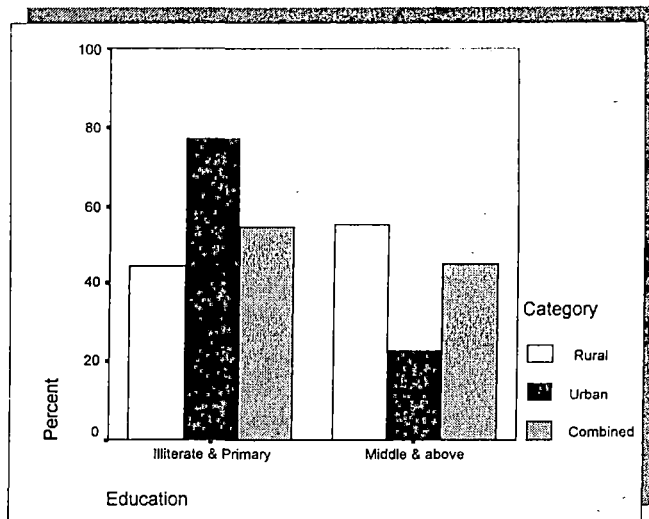


Figure 5. Education of the morbid persons

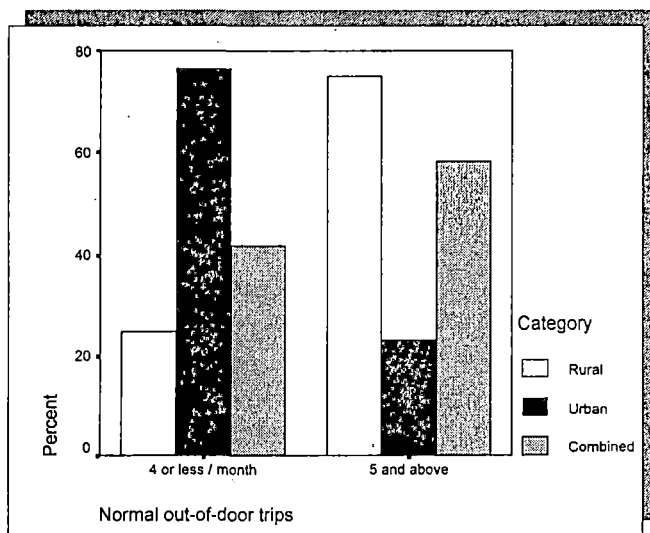


Figure 6. Normal out-of-door trips by the morbid persons

Figure 6 shows long-distance travel by the head of the households of the morbid persons. Urban dwellers are seen to travel more than the rural mass. Standard of living, agricultural possessions, and cash income of the morbid persons are shown in figures 8, 9 and 10 respectively. Agricultural possessions are high among the households in rural areas; and the standard of living, and cash income are high among urban dwellers.

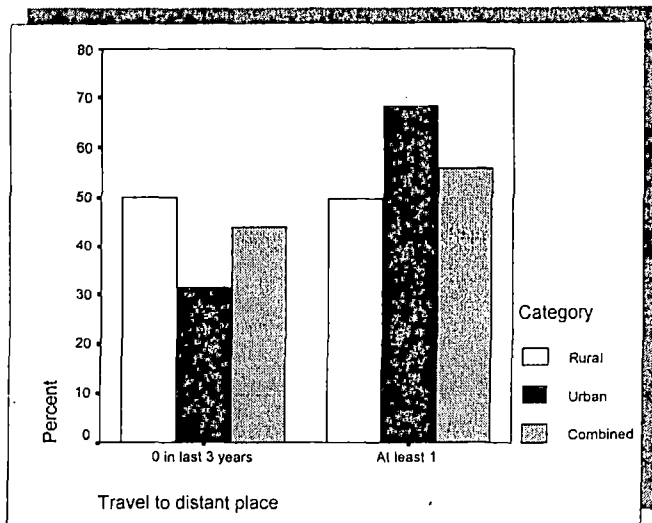


Figure 7. Travel to distant place by the morbid persons

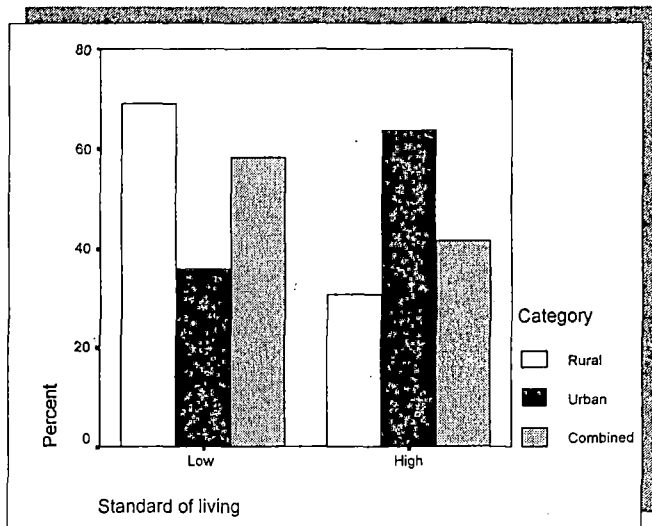


Figure 8. Standard of living of the morbid persons

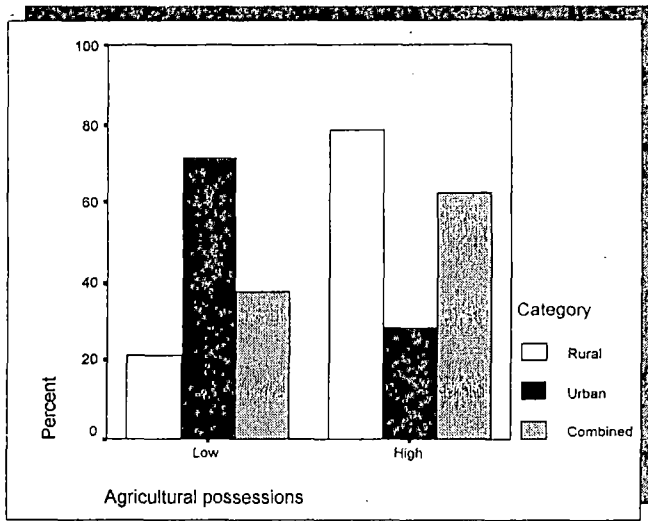


Figure 9. Agricultural possessions of the morbid persons

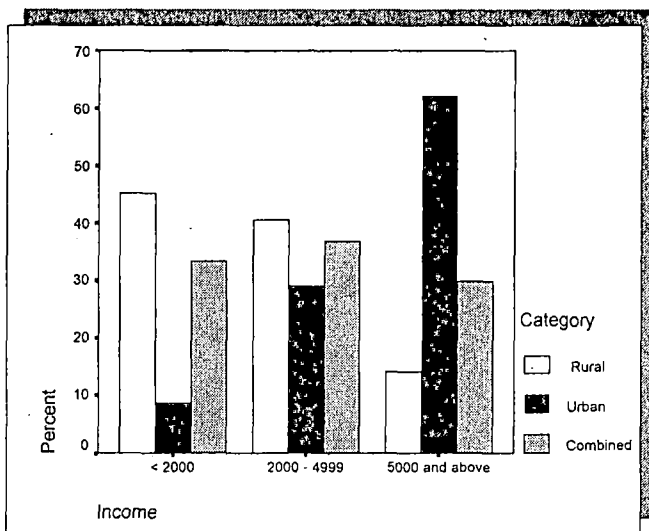


Figure 10. Cash income of the morbid persons

4.3. Characteristics of the service

Table 18 shows characteristics of the service in the rural, urban, and combined category. In both the rural and urban category, most of the cases have been treated under the Allopathic system of medicine. Similarly, for most of the cases households seek care from private health facilities. The information of the table has been represented again in clustered bar charts as shown below. Figure 12 depicts respondent's opinion on quality of care. It is seen that rural people have reported low and the urban dwellers have reported high quality of care. Figure 13 depicts cost of care per episode borne by the households. As the chart shows, for most of the cases households paid less than Rs. 100.

Table 20. Characteristics of the service

Characteristics of the Subject	Category	Rural		Urban		Combined	
		n	%	n	%	n	%
System of medicine	Allopathy	197	60.6	92	58.2	289	59.8
	Homeopathy	70	21.5	44	27.8	114	23.6
	Traditional	58	17.8	22	13.9	80	16.6
	Total	325	100.0	158	100.0	483	100.0
Type of facility	Private	218	67.1	140	88.6	358	74.1
	Public	107	32.9	18	11.4	125	25.9
	Total	325	100.0	158	100.0	483	100.0
Quality of care	Low	248	76.3	70	44.3	318	65.8
	High	77	23.7	88	55.7	165	34.2
	Total	325	100.0	158	100.0	483	100.0
Cost	Low	219	67.4	86	54.4	305	63.1
	Medium	67	20.6	34	21.5	101	20.9
	High	39	12.0	38	24.1	77	15.9
	Total	325	100.0	158	100.0	483	100.0

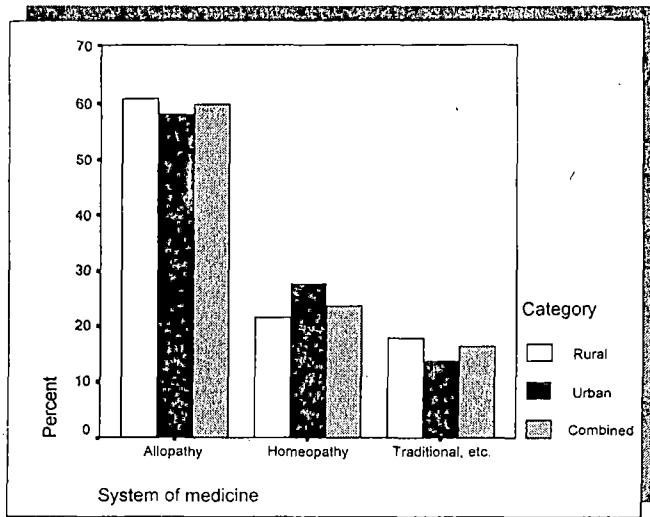


Figure 11. System of medicine preferred by the morbid persons

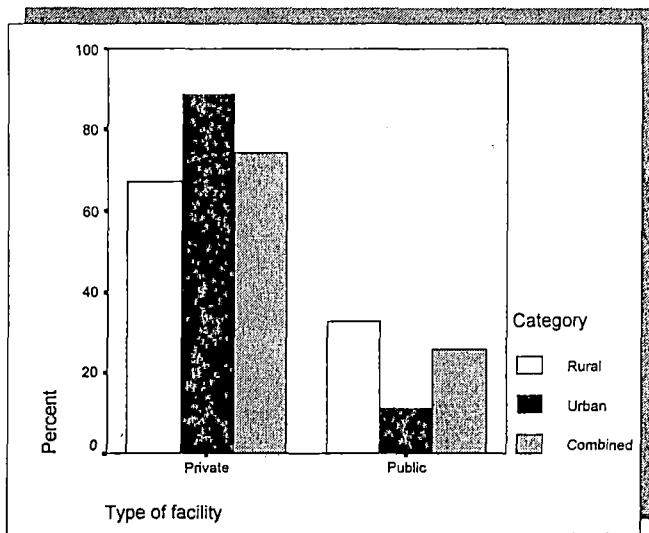


Figure 12. Type of facility preferred by the morbid persons

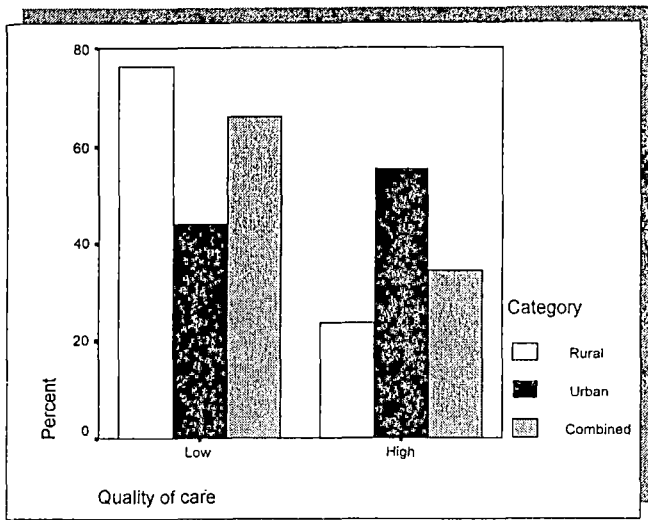


Figure 13. Quality of care perceived by the morbid persons

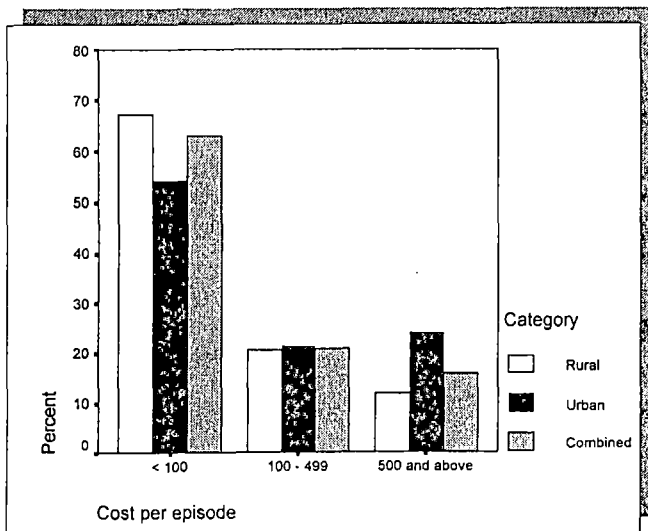


Figure 14. Cost per episode borne by the morbid persons

4.4. Pattern of health care expenditure and income

Table 21 shows cost per illness episode by households in the rural, urban, and the combined categories. In the rural areas each household spends on an average Rs. 242 per illness episode (mean). Half of the households in the rural areas spend Rs. 60 or less per illness episode (median). However, most of the households spend Rs. 50 per illness episode (mode). In the urban areas these figures are Rs. 1468, Rs. 100, and Rs. 200 respectively.

Table 21. Descriptive statistics of cost of treatment per episode (in Rupees)

Category	n	Mean	Median	Mode	SD	Quartile		
						25	50	75
Rural	325	242.06	60.00	50	541.02	20.00	60.00	148
Urban	158	1468.04	100.00	200	3705.47	45	100	500
Combined	483	643.11	65.00	50	2236.21	30.00	65	225

Table 22. Descriptive statistics of cash income (in Rupees)

Category	n	Mean	Median	Mode	SD	Quartile		
						25	50	75
Rural	325	2767.08	2200	1500	1975.40	1500	2200	3500
Urban	158	6842.21	6000	6000	4474.86	3875	6000	8000
Combined	483	4100.21	2900	4000	3578.94	1900	2900	5000

Table 23. Proportion of income spent on health care

Category	n	Mean	Median	Mode	SD	Quartile		
						25	50	75
Rural	325	0.087	0.027	0.033	0.274	0.013	0.027	0.042
Urban	158	0.215	0.017	0.033	0.828	0.012	0.017	0.063
Combined	483	0.157	0.022	0.013	0.625	0.016	0.022	0.045

Table 22 shows average cash income of the households. Table 21 shows proportion of income spent on health care. On an average one rural household spend nearly 9 per cent of its cash income per illness episode. The same for one urban household is 21.5 per cent. However, 50 per cent of the households spend 2.7 per cent or less and 1.7 per cent or less in the rural and urban areas respectively. Most of the households spend 3.3 per cent of the household cash income in the rural as well as urban areas. Seventy-five per cent of the

households spend 4.2 per cent or less and 6.3 per cent or less in the rural and urban areas respectively.

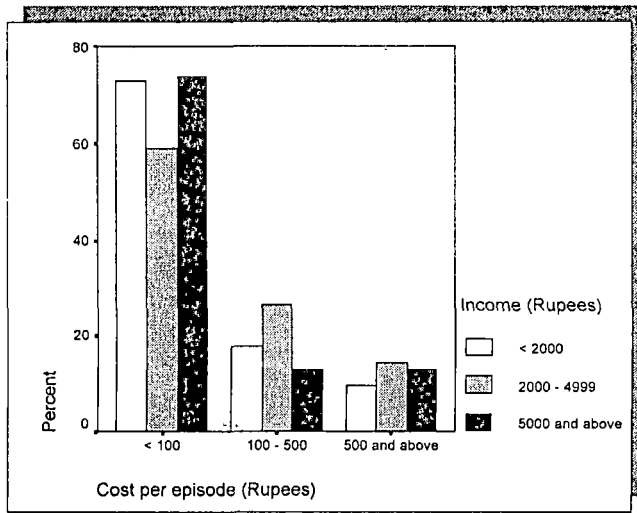


Figure 15. Expenditure pattern by income – Rural

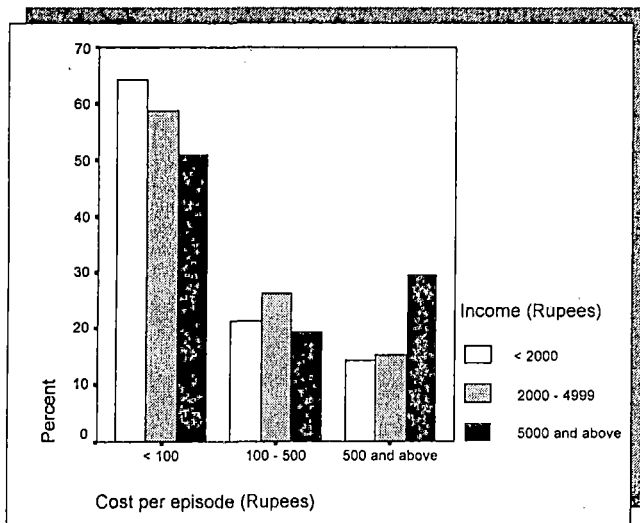


Figure 16. Expenditure pattern by income – Urban

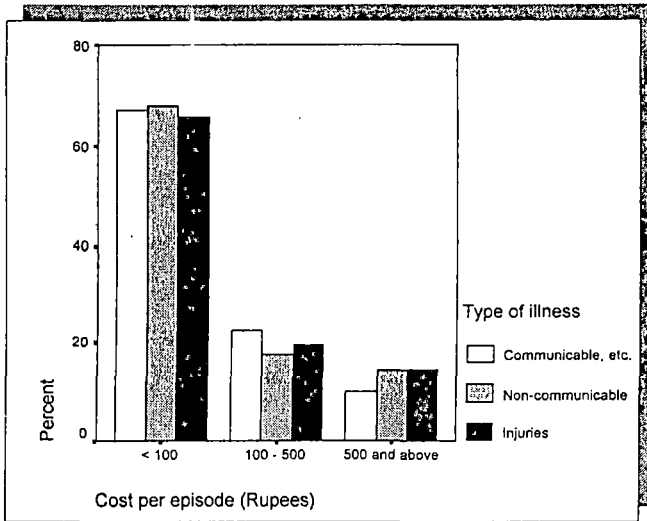


Figure 17. Expenditure pattern by type of illness – Rural

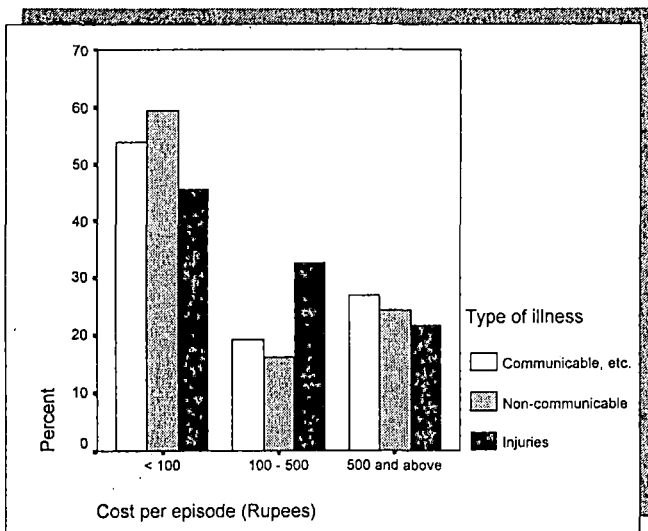


Figure 18. Expenditure pattern by type of illness - Urban

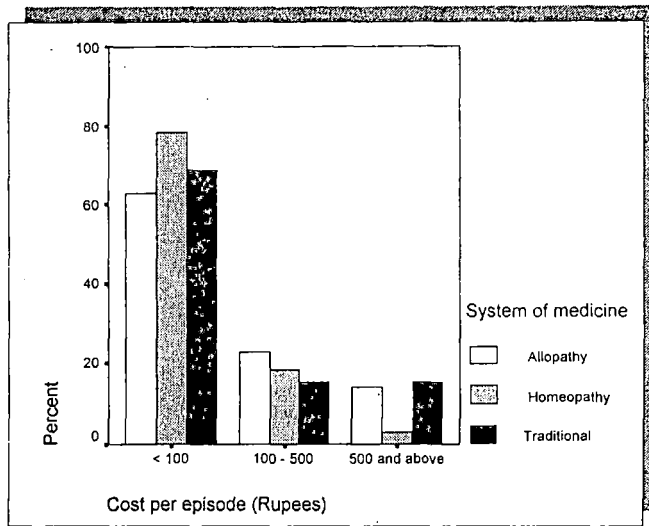


Figure 19. Expenditure pattern by system of medicine – Rural

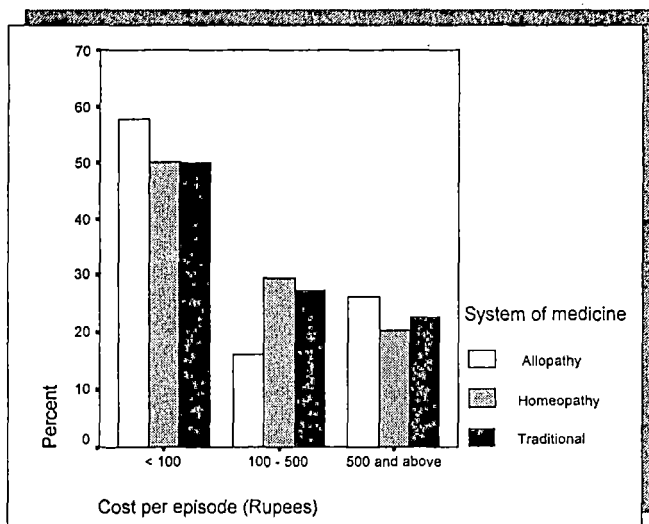


Figure 20. Expenditure pattern by system of medicine - Urban

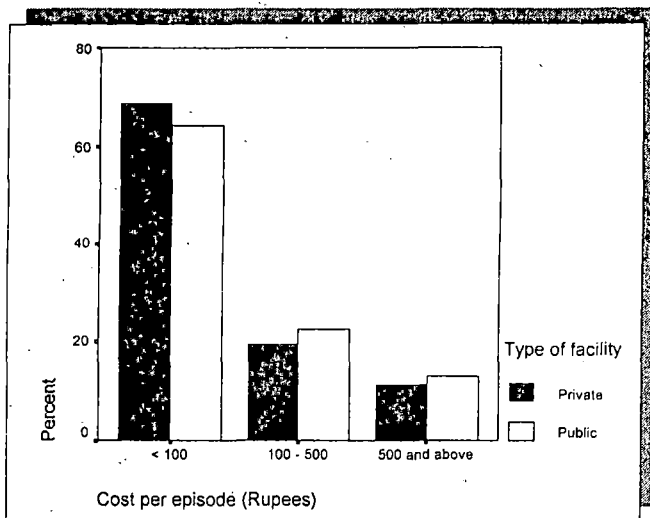


Figure 21. Expenditure pattern by type of facility – Rural

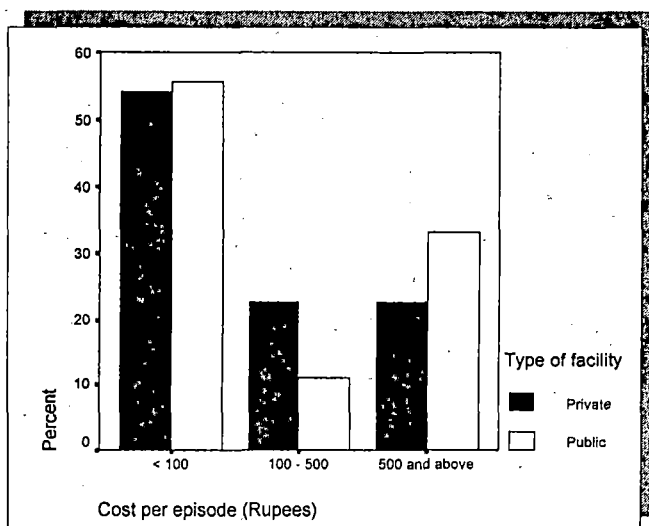


Figure 22. Expenditure pattern by type of facility - Urban

The above figures show that in the rural category poor and rich households have similar pattern of expenditure. In the urban category rich households are seen to spend more. As compared to the rural areas, urban households spend more on traditional system of medicine. Also there is no sharp difference in cost according to types of care. In many cases cost of public type of care exceeds that of private type. For all types of illness in rural areas, nearly 70 per cent of the households spend Rs. 100 or less. In the urban

category households are seen to spend more for the treatment of injuries with other types of illness.

4.5. Summary

In this chapter we get varied age-pattern of morbidity in both the rural and urban areas of North Bengal. In the subsequent chapters we will see how utilisation pattern varies with such age-pattern of morbidity. We have seen that utilisation rates of private sources of care are high in both the rural and urban areas. However, such simple statistical comparison may be very misleading. From the above result we cannot say that rural people prefer private health facilities. In order to make any conclusion we have to depend on the results of the multivariate analysis.