

A **STUDY** ON SOCIO ECONOMIC FACTORS IN UTILIZATION OF HEALTH SERVICES IN A SUB URBAN AREA - CHENNAI

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INDIAN HEALTH SYSTEM

- According to paper published by urban agglomeration by Indian Economic Service **Suburban** towns include urban areas 10 to 50 km from the metropolitan core, and along with the parts of village outskirts.
- Public healthcare spending at **1.29%** of GDP is amongst the lowest in the world. The average of OECD countries was 8.8% of GDP.
- Reason for this study to analyze the impact of the choice of socioeconomic status contributes to the observed **health inequalities** between different sections.
- **Distress financing** was defined as borrowing money or selling assets to meet the OOOPE out of pocket expenditure on healthcare.
- In India people the **out of pocket expenditure** model on healthcare is mostly followed and to understand to the ground reality of health awareness and accessibility

RESEARCH SCHEMA

IDENTIFY

To Identify and analyse the health service utilization and awareness in Chennai - Suburban

MEASURE

The Sample size calculated based on the Slovin's formula and was found to be (n = 141)

SELECTION

The Study participants selected in and around the area like parks , public gatherings , households etc.

PROCESS

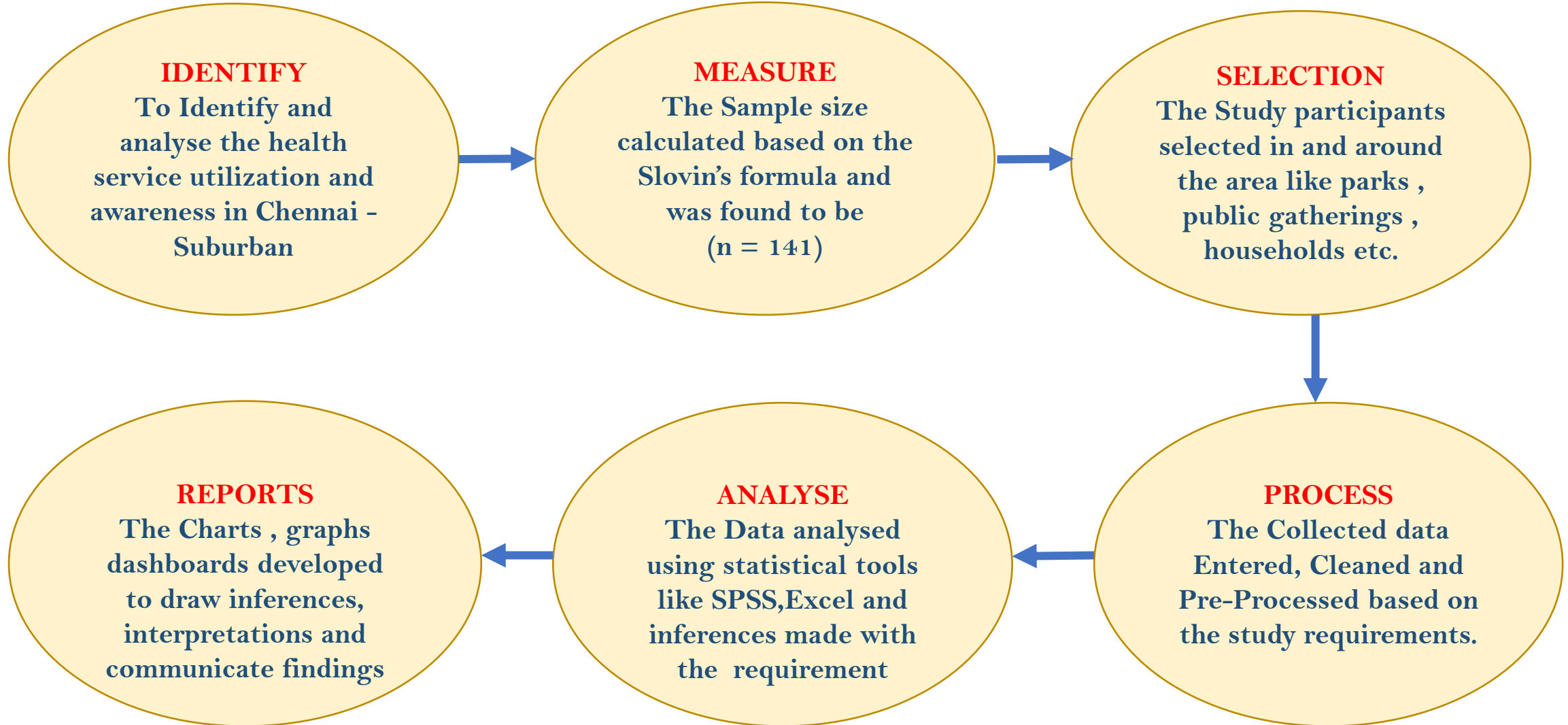
The Collected data Entered, Cleaned and Pre-Processed based on the study requirements.

ANALYSE

The Data analysed using statistical tools like SPSS,Excel and inferences made with the requirement

REPORTS

The Charts , graphs dashboards developed to draw inferences, interpretations and communicate findings



STUDY AIM AND OBJECTIVE

Aim:

To conduct a study on socio-economic factors deciding the utilization of health services in a Suburban area - Chennai

Objective:

- To assess the socio-economic factors and behavior which influences the health service utilization in Porur Garden, Vaanagaram, Chennai Suburban.
- To compare and analyze the awareness and accessibility of healthcare services between different socio-economic group in the above-mentioned region.

METHODOLOGY

Study design : Population Based Descriptive Study - Non-Experimental
Location : Porur Garden, Vaanagaram, Chennai-Suburban
Study Duration : April 2021 - June 2021
Sampling Method : Convenience Random Sampling

DATA ENTRY AND ANALYSIS:

The Collected data will be documented, cleaned, preprocessed in

a) MS EXCEL version 2019

The Statistical Analysis and the Inferences made with

b) IBM SPSS version 23

c) PYTHON version 3.8

ETHICS COMMITTEE APPROVAL

Ethical committee approval was obtained from Sri Ramachandra Institute of Higher Education and Research (**CSP/21/MAR/92/263**).

SAMPLE SIZE

Calculation:

Slovin's Formula to calculate the sample size since unknown information about the population

$$n = \frac{N}{1 + Ne^2}$$

N → Population size

n → Sample size

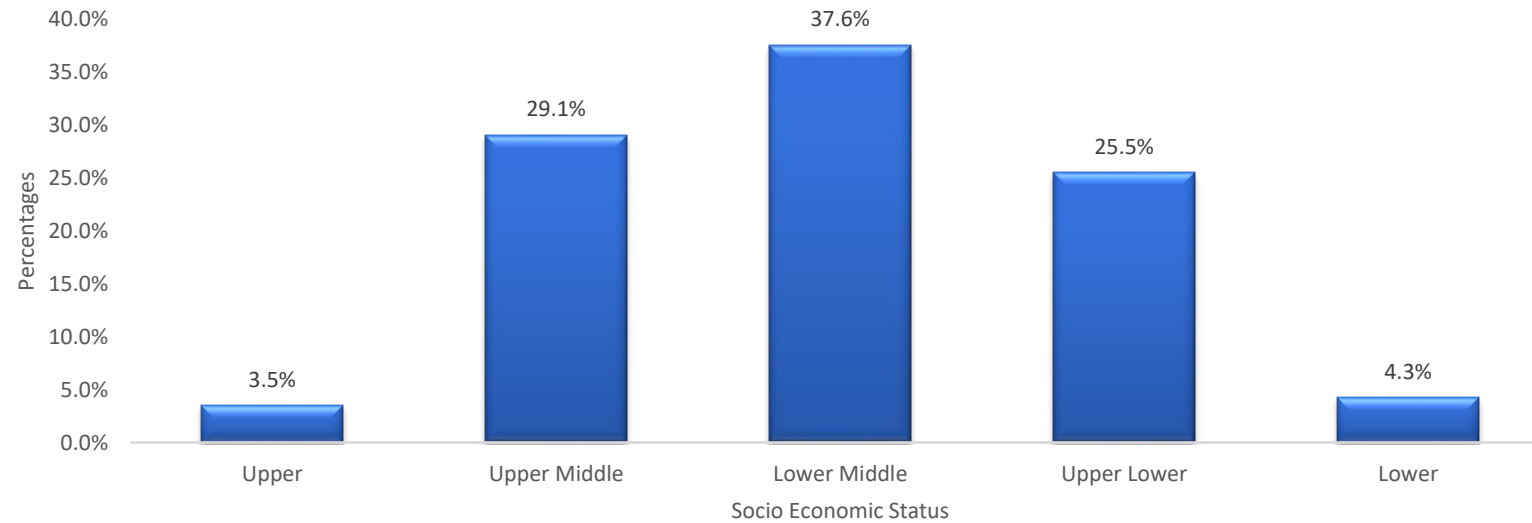
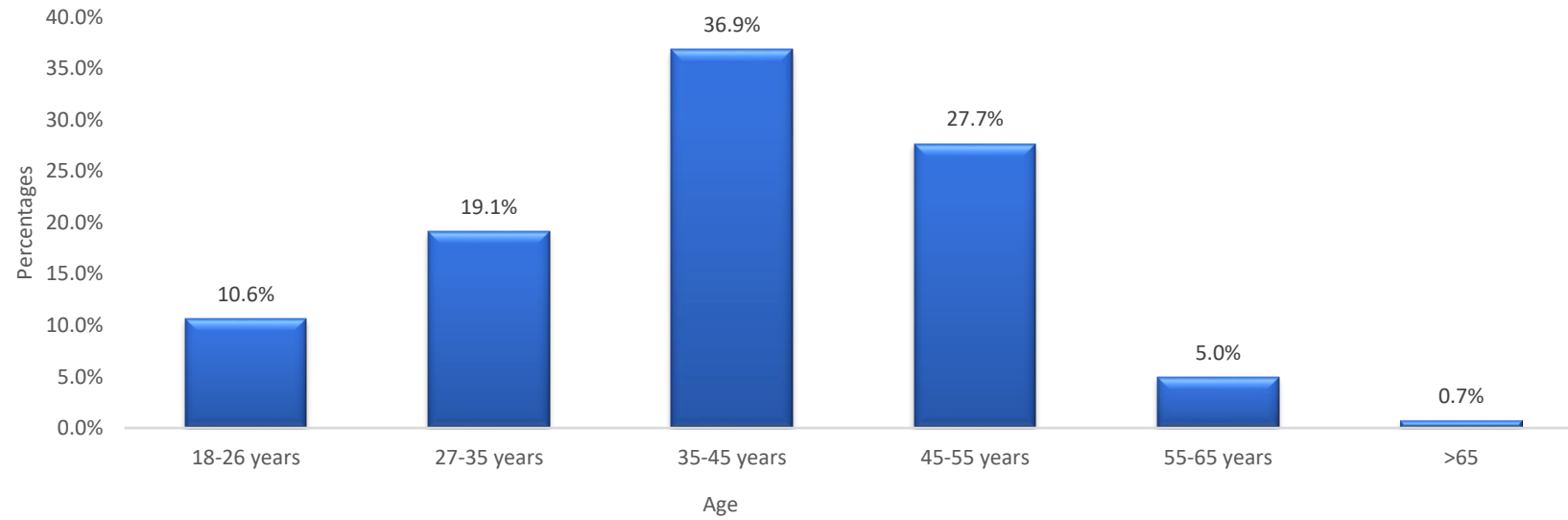
e → Margin of error

$$n = \frac{1451}{1 + 1451 * (0.08)^2}$$

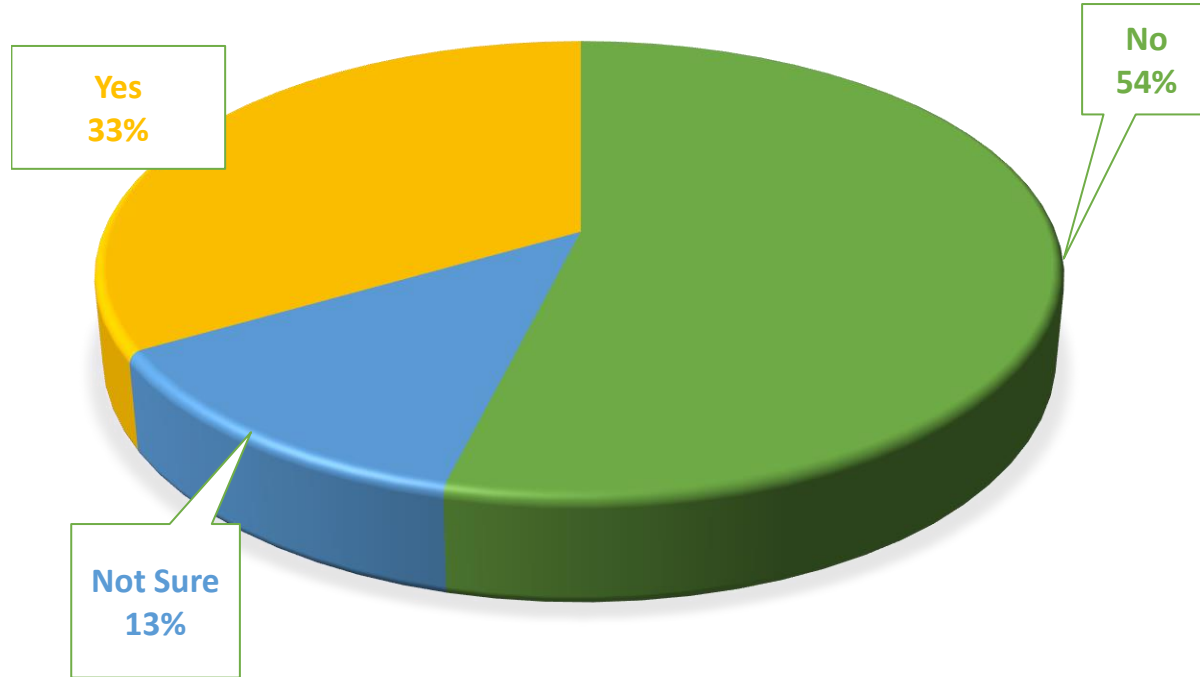
$$n = \frac{1451}{10.2864} = 141.06$$

For study consideration, 95% Confidence Interval with 5% percent significance level and the margin of error is 8% in the allowable range 4 to 8 percent. The sample size found to be 141.06 which is approximated to 141, hence is **sample size n = 141**

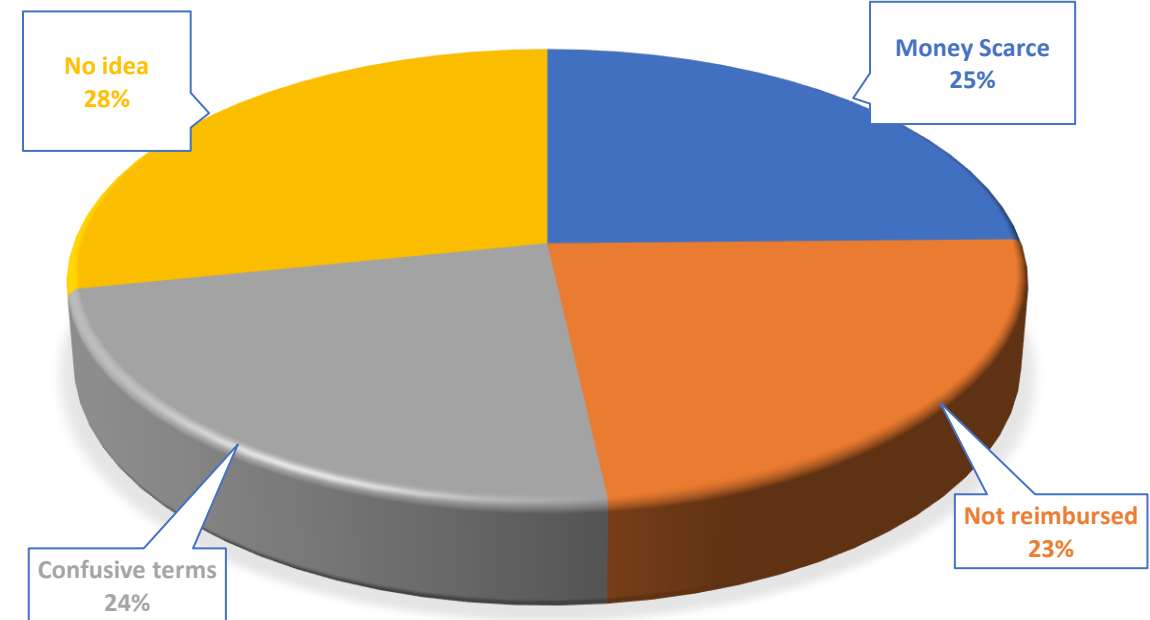
DEMOGRAPHIC CHARACTERISTICS



HEALTH INSURANCE - ACCESSIBILITY

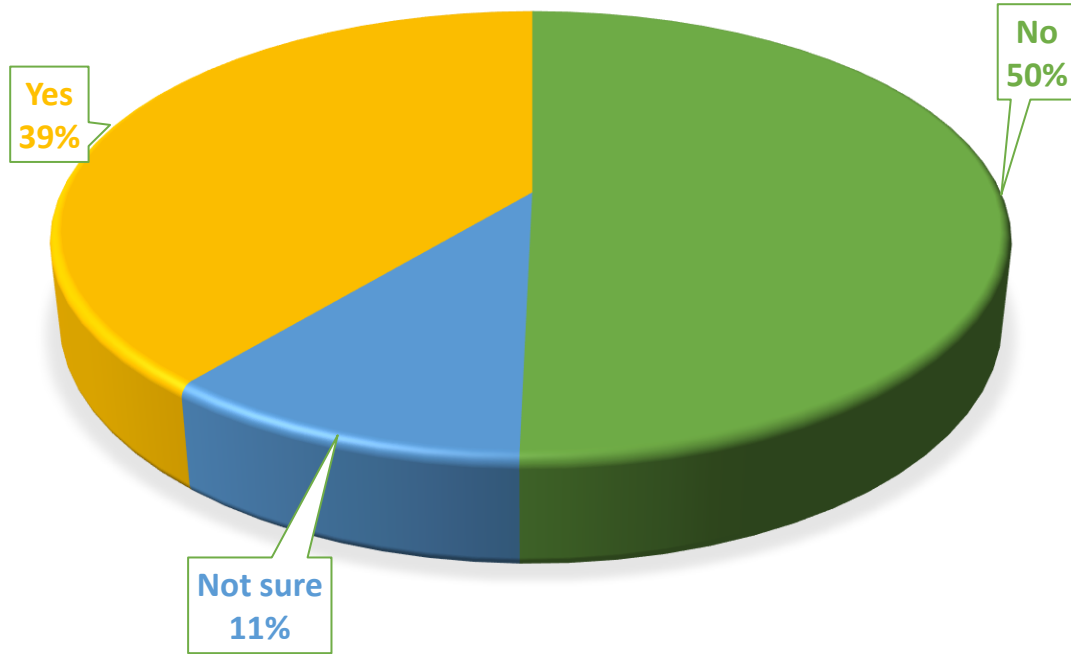


Health Insured Public

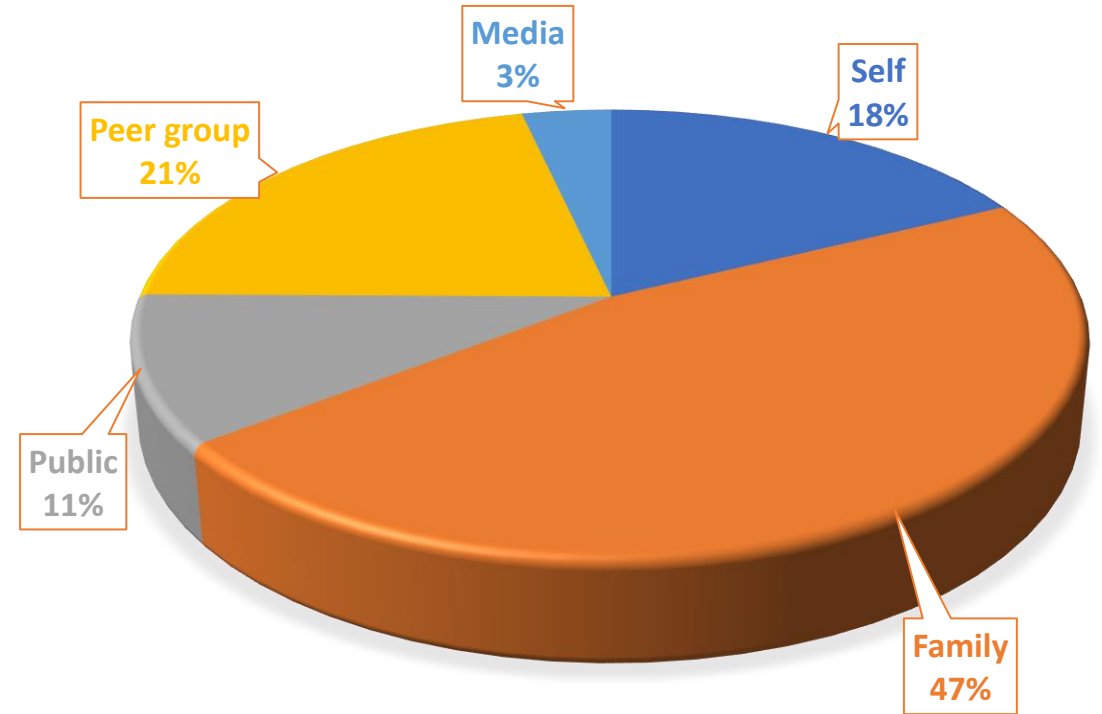


Why not prefer them ?

HEALTHCARE SERVICES

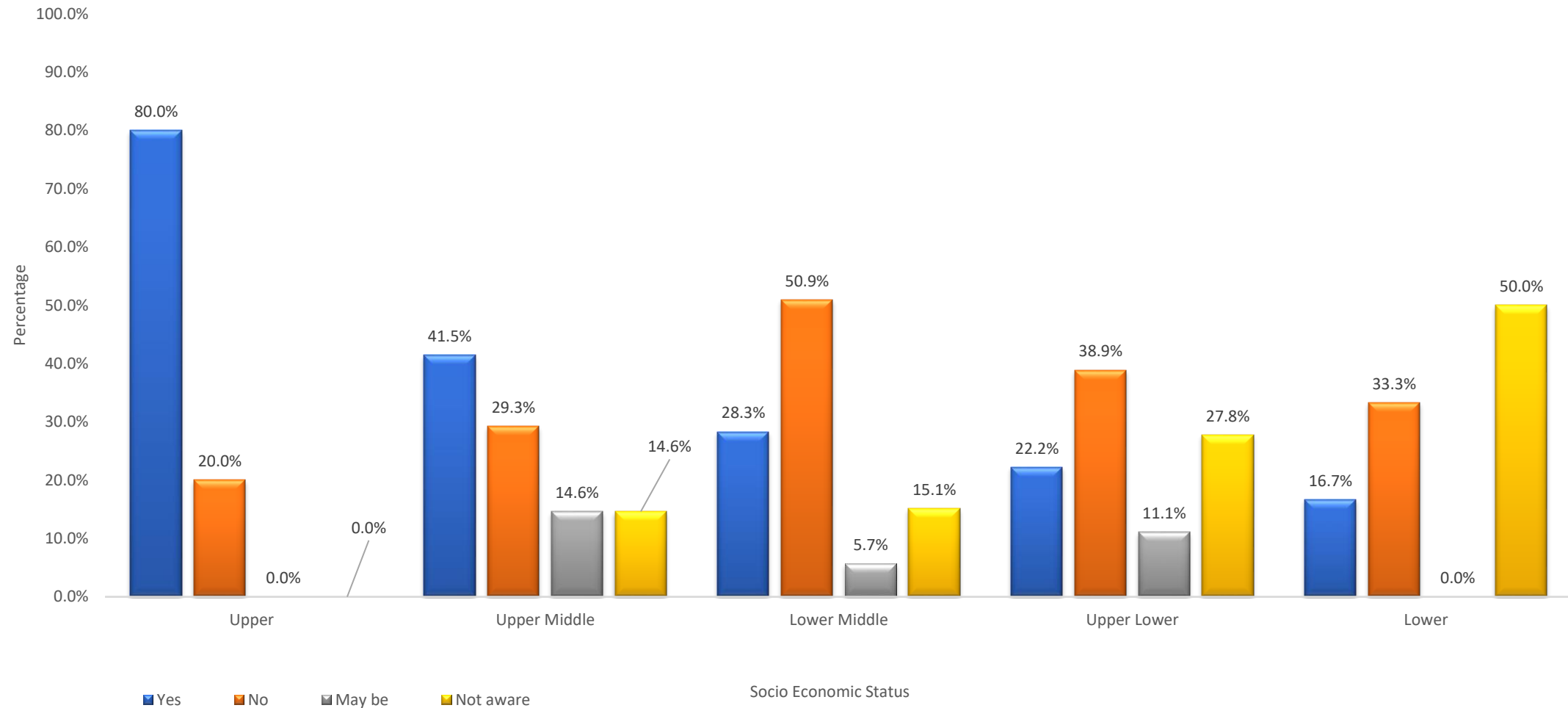


PHC location - Awareness

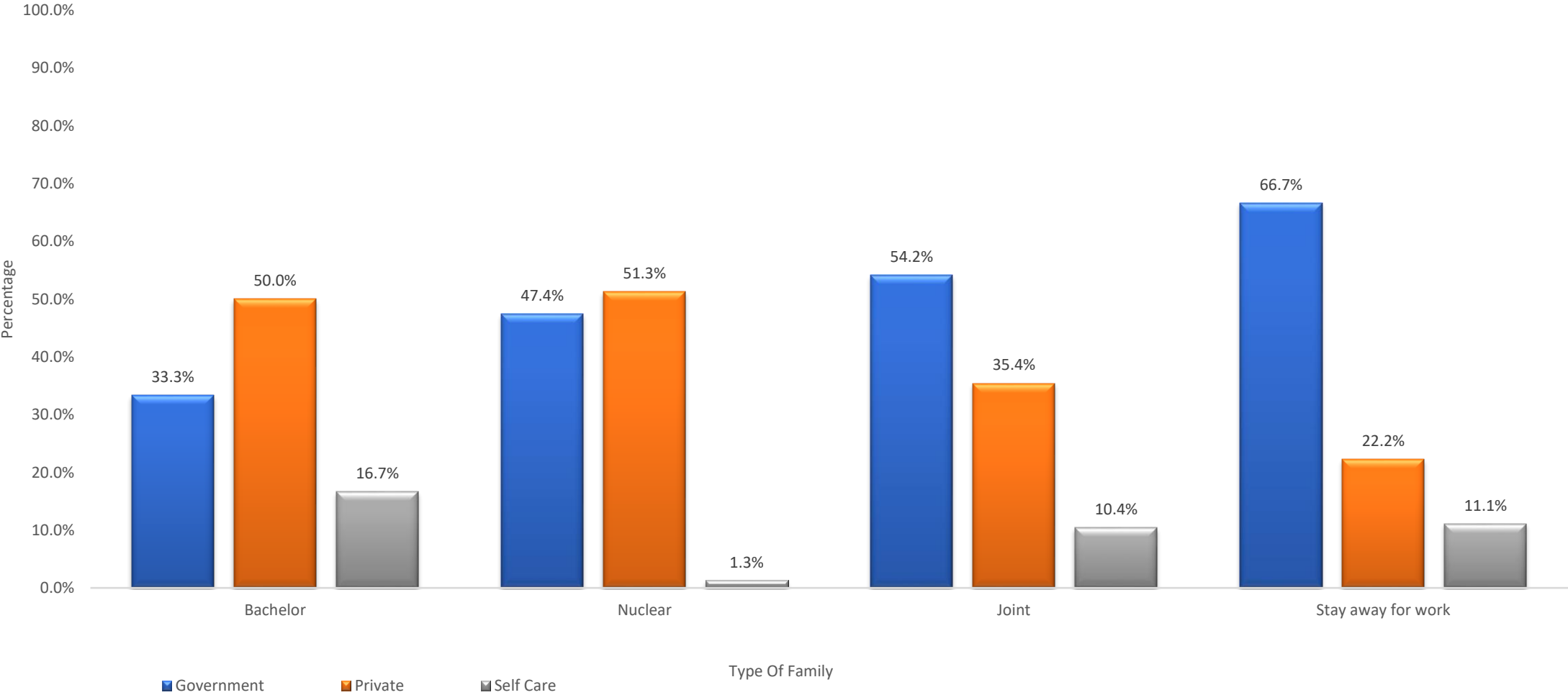


Treatment Facility - Decision

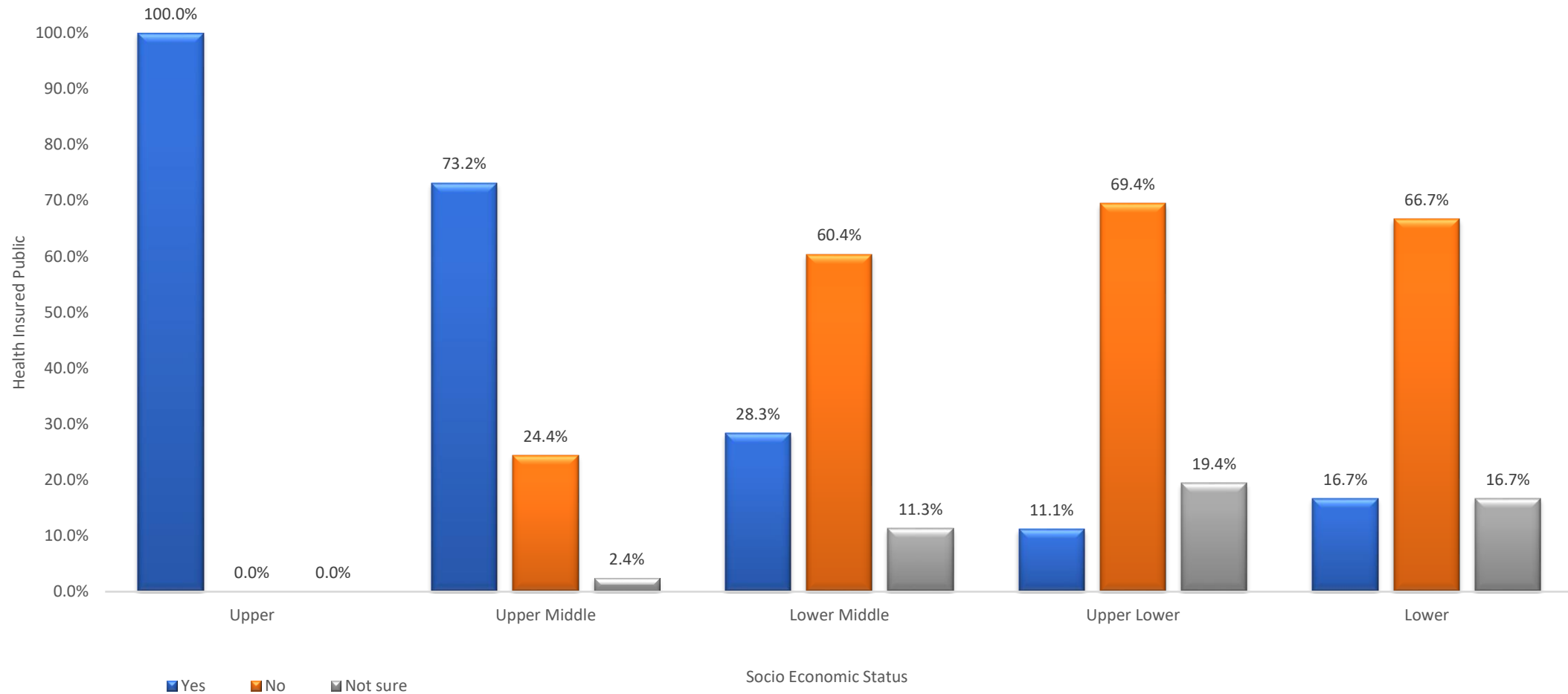
CLUSTER BAR ANALYSIS OF SOCIO-ECONOMIC STATUS VS PREVENTIVE HEALTH SERVICES



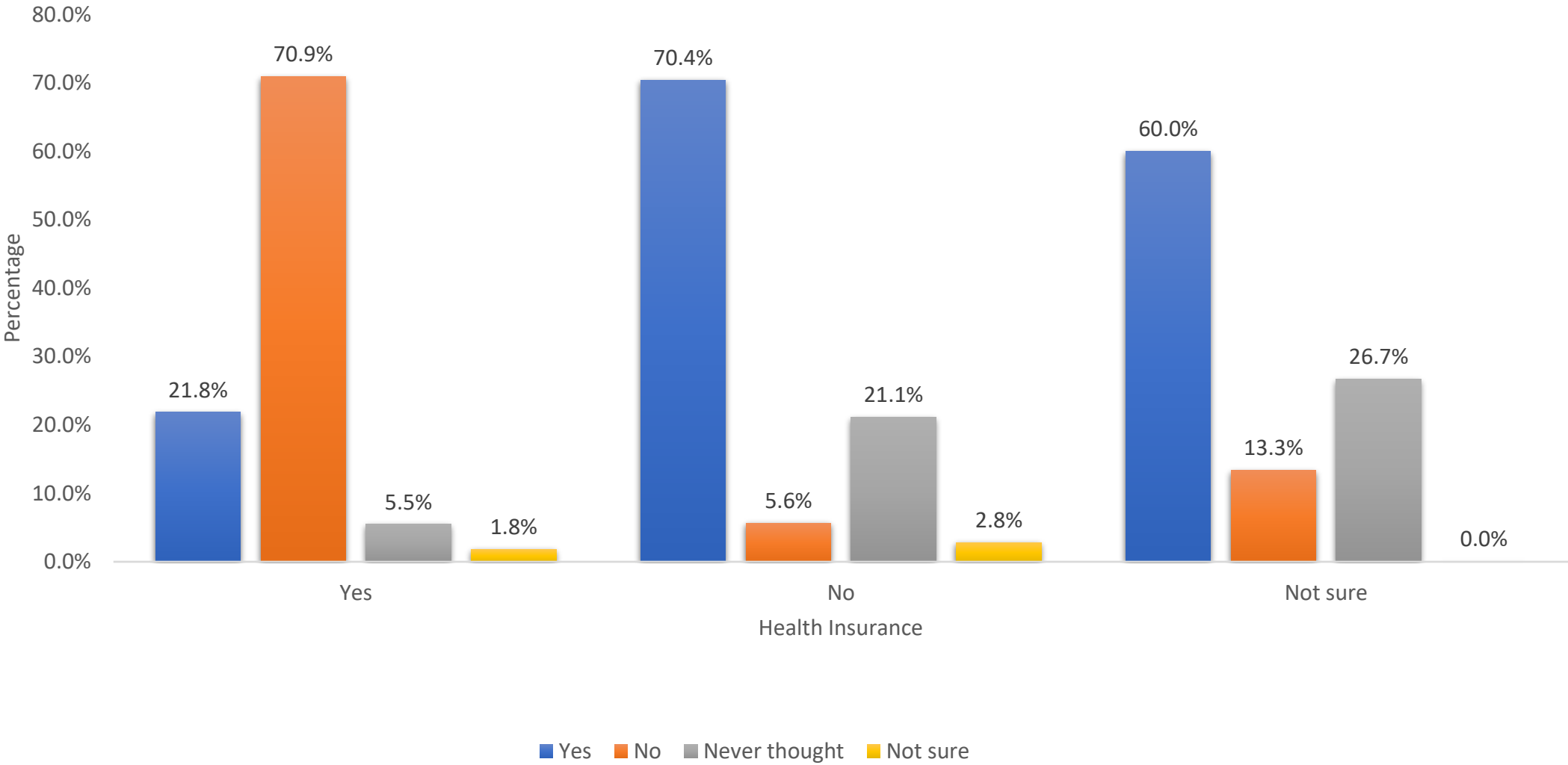
CLUSTER BAR ANALYSIS TYPE OF FAMILY VS ELDERLY CARE ATTENTION



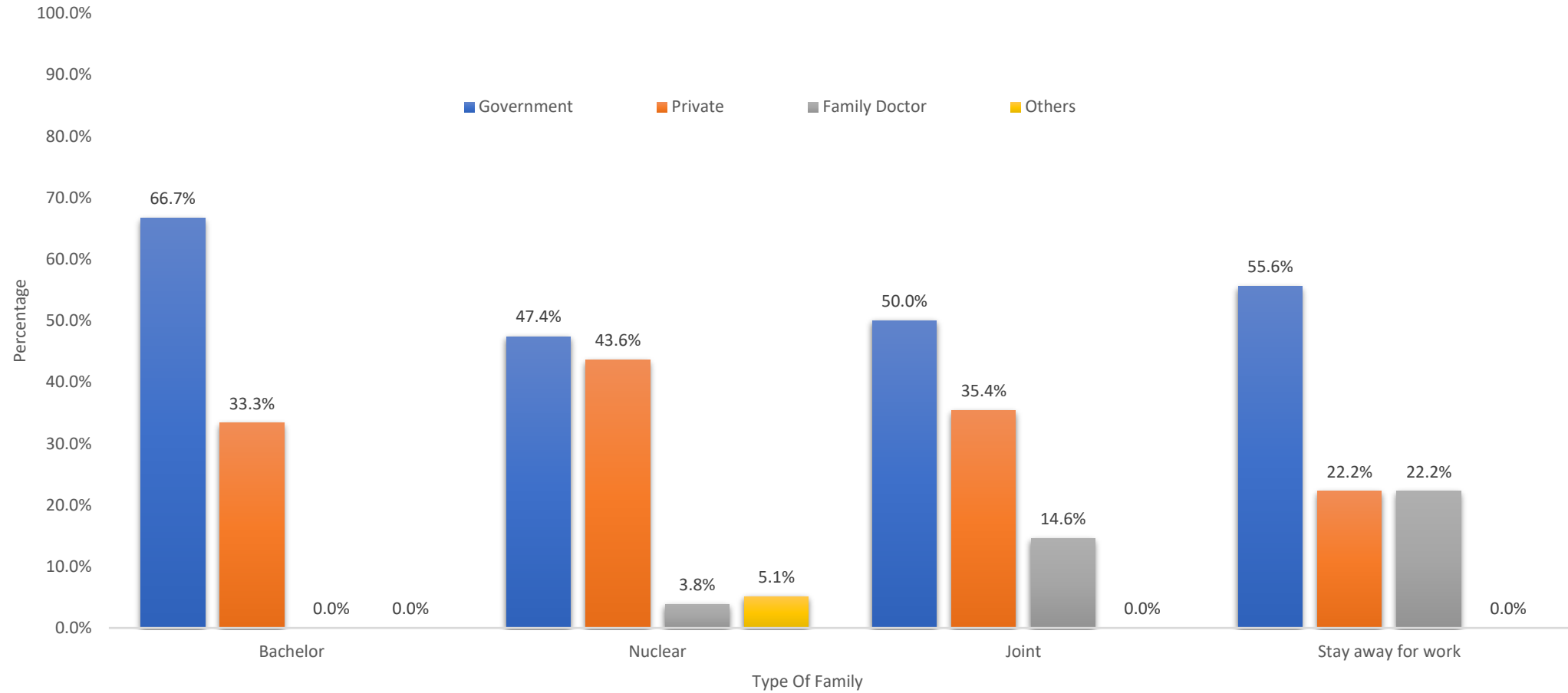
CLUSTER BAR ANALYSIS OF SOCIO-ECONOMIC STATUS VS HEALTH INSURED PUBLIC



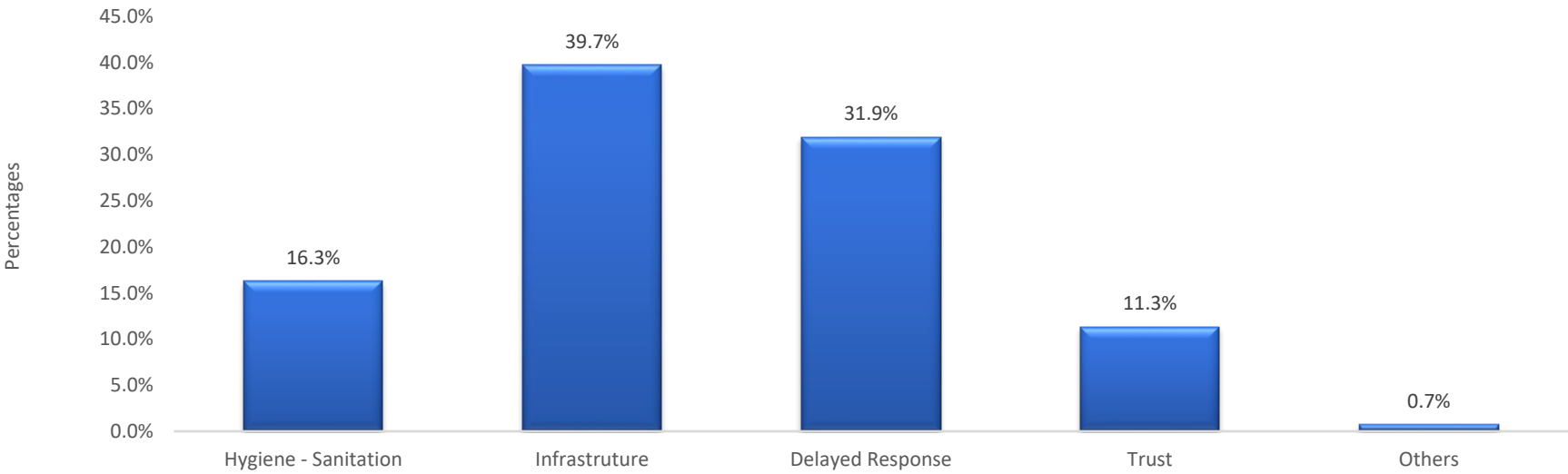
CLUSTER BAR ANALYSIS OF TYPE OF HEALTH EMERGENCIES VS HEALTH INSURED



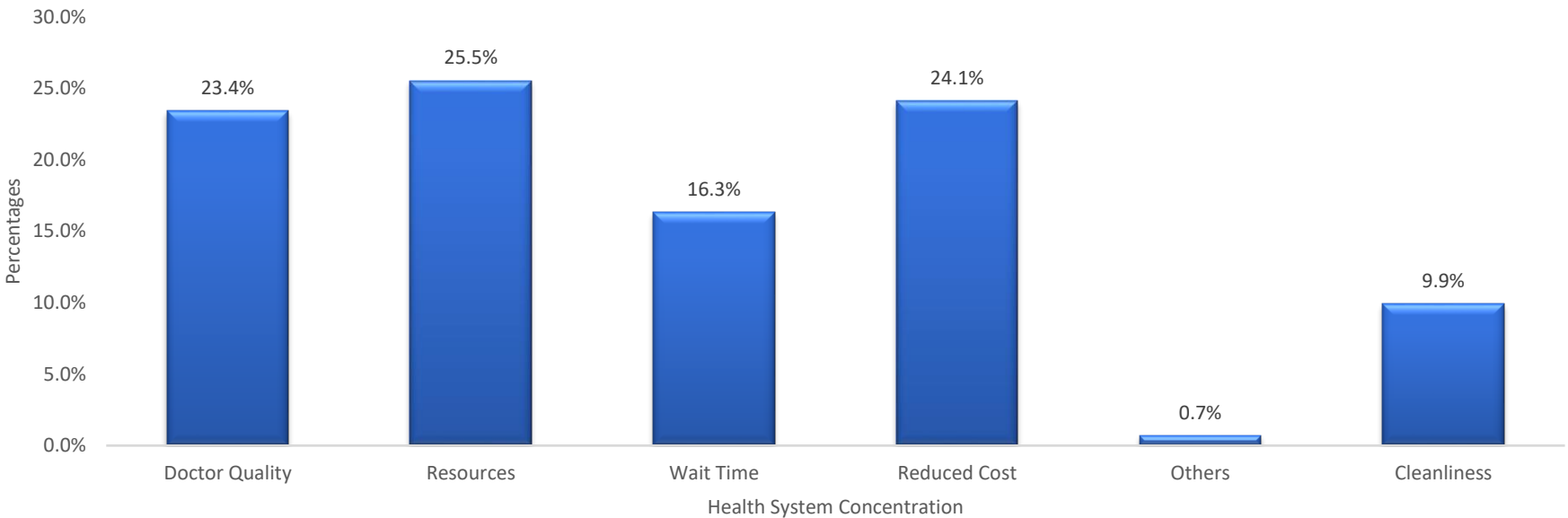
CLUSTER BAR ANALYSIS OF TYPE OF FAMILY VS PREFERENCE OF VACCINATION



PUBLIC HEALTH SYSTEM - ATTENTION



Private Over Public



Health System Concentration

DISCUSSIONS

- Almost 54% of the people does not know their PHC location from the studies and It's the duty of everyone (incl NGOs , media) to make everyone aware about health system
- It also be inferred that accessing towards the private medical facilities there was repulsive behavior among the people in accessing the public health care facilities.
- The study strongly highlights the positive impacts of the certain set of population has good accessibility and awareness towards the healthcare.
- From the study also inferred that 60% of the study population are either they not insured or they are not aware whether they are insured or not.
- It is also inferred that health insured public were actually out of health emergency expenses and non insured people own expenses will also be reduced if their opinion like infrastructure , sanitation etc. improved

RECOMMENDATIONS

- Union Govt. had increased in the allocation for health by **137 per cent** to Rs. 2.23 lakh crore from the previous year's budget estimate of over Rs. 94,000 crore.
- Public Private Partnership **ppp model** in bringing out the issues to the notice of government to promote investments towards the healthcare and **health economics**
- People ready to bear the expenses in the private health facility from their own pocket due to the improper attention of **non medical services** that can be addressed with proper awareness
- Knowledge and importance towards the **health insurance** is very much essential as they can very much prevent the people from the **economic burden**
- Post pandemic the people got some good awareness on **basic hygiene** and sanitation which should not be diluted and they **vaccination** percentage of the state also increased

LIMITATIONS

- It was period of **global pandemic** situation and there are restrictions with the public movement throughout the places.
- Healthcare professionals were actually **excluded** from the study assuming that the decision may be biased.
- One person from the family were interviewed in the study since the **sample size** was actually **reduced** considering the current pandemic situation.
- Understanding and represent the actual face of socio economic health statistically was actually challenging within the study **time duration**
- Many people were reluctant to **disclose** their income and educational information which is actually challenging towards the study and showed a **negligence attitude** in answering the questions

~~THE END~~
BEGINNING