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A COMPARATIVE ANALYSIS OF OUT-OF-POCKET EXPENDITURE ON HEALTH AMONG SOCIO-ECONOMIC GROUPS-A CASE STUDY IN MYSORE DISTRICT

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ABSTRACT:

The objective of this study is to examine the pattern of health expenditure among socio-economic groups in Mysore district and to compare health expenditure and status of health and to analyze the affect of health expenditure on household standard of living. The data used in this study were collected through by issuing the structured questionnaire to the households in Mysore district. Analysis includes descriptive statistics, cross tabulation and chi-square tests which are done with the help of SPSS 14.00 software. Findings of the research reveal that out-of-pocket health expenditure has a significant effect on the standard of living of households among socio-economic groups and there is no difference in health care services among socio-economic groups and there is no significant association between health expenditure and socio-economic groups in Mysore district.

Key words: health expenditure, Out-of-pocket health expenditure, Public Health expenditure

"The health of the nation is more important than the wealth of nation".

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Health care expenditure is very essential social expenditure for all countries. Like other social expenditure health expenditure require a significant involvement from the government. Whether it is developing country or developed country the state's role in developing a good health infrastructure and assuring good health to everybody become very severe and important. Health expenditure is highly unequal across the world. Especially in India there is huge gap between public expenditure and out-of-pocket health expenditure. Nearly 75 percent of health expenditure spends by household and only 25 percent of health expenditure spends by the government. Out-of-pocket health expenditure is one of the major components of the household expenditure. High out-of-pocket expenditure on health care reduces the other household expenditure on other necessaries.

Impact of health expenditure on households has recently become one of the major concerns in developing country like India. There is evidence that socio-economic status affects individual's health outcomes and the health care they receive. People of lower socio economic status are more likely to have worse self-reported health, lower life expectancy, and suffer from chronic conditions when they compared to those higher SES. (Nicholos C. Arpey, Anne H .Gaglioti).

Out-of-pocket (OOP) payment is the major health financing mechanisms across the countries (O'Donnell et al. 2005), often posing an enormous burden on underprivileged households (Sun et al. 2007; Fun et al. 2005; Garg 1998). The costs are frequently high enough so that households are unable to recover them from existing resources, and, hence, ultimately slip deeper into poverty. However, unfortunately, the option of financial protection system to mitigate such burden is very limited (Su et al. 2006; Xu et al.2003). As a result, protecting household's health expenditure continues to remain as a difficult challenge, particularly for countries with high levels of poverty like India.

Socially constructed groups (SC, ST, OBC and GM) has significantly affected by the Household Health Expenditures. From the previous literatures it is clear that: most of the studies are macro in nature and based on secondary data; there is lack of research on the issues of socio-economic groups and household health expenditure, and out of whatever researches exist, most focus on the only gender and location and health expenditure. There is a need for research on the

micro aspects of cast and household health expenditure. In this connection, the present article is a modest attempt to study the group's bias in the household health expenditure based on primary data collected from Mysore district of Karnataka.

Objectives:

1. To compare health expenditure and status of health among socio-economic groups in Mysore district.

2. To analyze the affect of health expenditure on household standard of living among socio-economic groups in Mysore district.

Methodology

The paper mainly depends upon the primary data. The study is conducted in Mysore district of Karnataka state. For the study 350 households are selected as sample respondents from two taluks of the district, namely, Nanjangud taluk and Mysore taluk. The multi-stage random sampling technique has been used to select the sample units. The data was collected through by issuing the structured questionnaire to the households in the study area. Among 350 sample households, 220 households were selected from rural area and 130 households were selected from urban area. To analyze data, descriptive statistics, cross tabulation and chi-square test were used. For this SPSS 14.00 software has been used.

Result and Discussion

In this section results of the study are presented and discussed with reference to the aim of the study, i.e. comparison of out-of-packet expenditure on health among socio-economic groups and its consequence on the standard of living has been discussed.

Sources of Drinking Water

Water is a fundamental human need. And it is very important in the way to have a good health in human life. Each person on earth requires clean, safe water for drinking, cooking, and keeping themselves clean. Accessibility of good water source is one of the determinants of better standard of living. In this background the information regarding water sources are collected.

Table 1: Sources of Drinking Water

Groups	Tap within the house	Public tap	Other sources	Total
SC	97.1%	2.9%	.0%	100.0%
ST	90.2%	9.8%	.0%	100.0%
OBC	91.9%	5.8%	2.3%	100.0%
GM	91.2%	5.9%	2.9%	100.0%
Total	92.6%	5.7%	1.7%	100.0%

Note: N=350, Source: Primary data

In results in table-1 compare sources of drinking water among socio-economic groups in the study area. As per the result almost 90-95 percent of respondents from all socio-economic groups are uses tap within the house. And very less percent of respondents uses public tap and other sources for drinking water, especially, 9.8 percent of respondents of ST category uses public tap as a source of drinking water. By observing it is clears that there is no association between sources of drinking water among socio-economic groups. It means that sources of drinking water not differ with the cast of respondent.

Lavatory Facilities

The overall purposes of good lavatory facility are to provide a healthy living environment for everyone, protect natural and human resources and to provide safety, security and dignity for people. Lavatory use is not just important for the health but also for national progress.

Table 2: Lavatory Facilities

Groups	Yes	No	Total
SC	100.0%	.0%	100.0%
ST	97.6%	2.4%	100.0%
OBC	100.0%	.0%	100.0%
GM	98.5%	1.5%	100.0%
Total	**99.4%**	**.6%**	**100.0%**

Note: N=350, Source: Primary data

The table-2 reveals the situation with respect to lavatory facilities among socio-economic groups. As per the result, in study area all most all respondents except 2.4 percent of ST respondents and 1.5 percent of GM respondents have lavatory facility. In this, it is clear that there is no difference in lavatory facility among socio-economic groups. It means lavatory facility not differ with cast of the respondents.

Sources of Energy Use for Cooking

There is evidence that household air pollution is associated with poor health and this form of air pollution may even be more effect on health than the much-publicized outdoor air pollution. In this background this study examined the use of cooking fuel among socio-economic groups.

Table 3: Sources of Energy Use for Cooking

Groups	Firewood	Electricity	LPG	Total
SC	.0%	.0%	100.0%	100.0%
ST	.0%	.0%	100.0%	100.0%
OBC	.6%	.0%	99.4%	100.0%
GM	1.5%	5.9%	92.6%	100.0%
Total	**.6%**	**1.1%**	**98.3%**	**100.0%**

Note: N=350, Source: Primary data

The table-3 demonstrates the result of comparison between sources of energy use for cooking among socio-economic groups. It is evident from the table that all most all respondents from all groups use LPG as a source of energy for cooking except 0.6 percent of OBC and 7.4 percent of GM respondents. And 7.4 percent of GM respondents use firewood and electricity as a source of cooking fuel. From this it is clear that LPG is the main source of energy for cooking for all households. It means source of energy does not affected by the cast of the respondent.

Results Related to Households Income, Income Sources and Household expenditure

Household income is total income from all people living in a particular household. Household income is often used as an economic indicator for the economic well-being of people. Income sources data is a useful addition to income data as an indicator of socio-economic status. Household expenditure is the amount of final consumption expenditure made by resident

households to meet their everyday needs, such as food, clothing, housing, transport, health costs, leisure, and miscellaneous services.

Table 4: Monthly Income of Respondents

Groups	<Rs10000	Rs10000-25000	Rs 25000-50000	>Rs 50000	Total	χ 2 value
SC	59.4%	29.0%	8.7%	2.9%	100.0%	
ST	51.2%	43.9%	2.4%	2.4%	100.0%	**Chi-square value: 8.942**
OBC	51.2%	36.6%	7.6%	4.7%	100.0%	
GM	41.2%	45.6%	5.9%	7.4%	100.0%	
Total	**50.9%**	**37.7%**	**6.9%**	**4.6%**	**100.0%**	**P. Value: 0.443**

Note: N=350, Source: Primary data

The results of monthly incomes of the household among the socio-economic groups in the study area are presented in the table-4. In this comparison it can be found that 88.4 percent of SC respondents, 95.1 percent of ST respondents, 87.8 percent of OBC respondents and 86.8 percent of GM respondents have Rs 10,000 – 25,000 of average monthly household income. And 11.6 percent of SC respondents 4.8 percent of ST respondents, 12.3 percent of OBC respondents and 13.3 percent of GM respondents have Rs 25,000- 50,000 average monthly incomes per month. From this result it is clear that compared to other groups GM respondents have more income, and ST respondents have less income in the study area.

Calculated chi-square value is 8.942 and its P value is 0.443, which is more than the significance level at 0.10, which implies that average household monthly income and socio-economic groups are independent. It means average household monthly income is not varied with the cast of the respondents.

Table 5: Sources of Income

Groups	Agriculture and allied activities	Non-agriculture activities	Salary	Self employment	Total	χ 2 value
SC	42.0	15.9	26.1	15.9	100.0	**Chi-square value: 16.547**
ST	26.8	26.8	34.1	12.2	100.0	
OBC	47.1	15.7	25.0	12.2	100.0	
GM	38.2	8.8	26.5	26.5	100.0	**P. Value: 0.056**
Total	**42.0**	**15.7**	**26.6**	**15.7**	**100.0**	

Note: N=350, Source: Primary data

The table-5 shows the result of the comparison of source of income among socio-economic groups in the study area. As per the result socio-economic groups have different sources for their monthly household income. In SC respondents majority i.e. 42 percent of respondents receive their income from agriculture and allied activities, 15.9 percent of respondents receive their income from non-agriculture activities, 26.1 percent of respondents receive their income from salary and 15.9 percent of respondents receive their income from self employment. Respondents belong to ST category, 26.8 percent of respondents receive their income from agriculture, the same percentage of respondents receives their income from non-agriculture activities, 34.1 percent of respondents receive their income from salary and only 12.2 percent of respondents receive their income from self employment. Among OBC respondent's 47.1 percent respondents obtain their income from agriculture and allied activities, 15.7 percent of respondents receive from non-agriculture activities, 25 percent from salary and fewer respondents i.e. 12.2 percent of respondents obtain their income from self employment. Among GM respondents' 38.2 percent respondents receive their income from agriculture and allied activities and only 8.8 percent of respondents obtain their income from non agriculture activities, 26.5 percent from salary and the same percentage of respondents receive their income from self employment. All this makes it clear that there is significant difference between sources of income among socio-economic groups.

To measure association between source of income and socio-economic category, chi-square test has been used. Calculated chi- square value is 16.547 and its probability value is 0.056 which is less than the significance level at 0.10, which implies that the sources of income and socio-economic groups are dependent, which means that socio-economic groups affect on source of income.

Table 6: Household Monthly Expenditure

Groups	<Rs 5000	Rs 5000-10000	Rs 10000-15000	>Rs 15000	Total	χ 2 value
SC	29	23	10	7	69	
%	42.0	33.3	14.5	10.1	100.0	
ST	13	21	6	1	41	Chi-square
%	31.7	51.2	14.6	2.4	100.0	value: 7.726
OBC	57	85	20	10	172	
%	33.1	49.4	11.6	5.8	100.0	P. Value:
GM	24	32	7	5	68	0.562
%	35.3	47.1	10.3	7.4	100.0	
Total	123	161	43	23	350	
	35.1	46.0	12.3	6.6	100.0	

Note: N=350, Source: Primary data

The results of monthly household expenditure among socio-economic groups are presented in the above table-6. As per the result in SC category 42 percent of respondents spend less than Rs 5000, 33.3 percent spend Rs 5000-10000, 14.5 percent of respondents spend Rs10000-15000 and only 10.1 percent of respondents spend more than Rs 15000 per month. Respondents belongs to ST, 31 percent of respondents spend less than Rs 5000, majority i.e.51.2 percent spend Rs 5000-10000, 14.6 percent of respondents spend Rs10000-15000 and only 2.4 percent of respondents spend more than Rs 15000 per month. Among OBC respondents 33.1 percent of respondents spend less than Rs 5000, majority i.e.49.4 percent spend Rs 5000-10000, 11.6 percent of respondents spend Rs10000-15000 and only 5.8 percent of respondents spend more than Rs 15000 per month. In GM category 35.3 percent of respondents spend less than Rs 5000, majority i.e.47.1 percent spend Rs 5000-10000, 10.3 percent of respondents spend Rs10000-15000 and

only 7.4 percent of respondents spend more than Rs 15000 per month. From this result it is clear that monthly household expenditure is almost same in all categories except ST.

Calculated chi- square value is 7.726 and its probability value is 0.562 which is more than the significance level at 0.10, which implies that the monthly household expenditure and socio-economic groups are independent, which means that monthly household expenditure not affect by cast of the respondent.

Table 7: Heads of Expenditure by Households

Groups	Food	Medicine	Clothing	Recreation	Education	Other Expenditure	Total	χ 2 value
SC	41	2	1	0	0	25	69	
%	59.4	2.9	1.4	.0	.0	36.2	100.0	
ST	20	1	0	0	0	20	41	
%	48.8	2.4	.0	.0	.0	48.8	100.0	Chi-
OBC	104	6	0	2	2	58	172	square
%	60.5	3.5	.0	1.2	1.2	33.7	100.0	value:
GM	23	2	1	3	0	39	68	26.007
%	33.8	2.9	1.5	4.4	.0	57.4	100.0	
Total	188	11	2	5	2	142	350	P. Value:
%	53.7	3.1	.6	1.4	.6	40.6	100.0	0.038

Note: N=350, Source: Primary data

The table-7 depicts the results of comparison of heads of expenditure by households. As per the result socio-economic groups have different values regarding heads of expenditure. As per the result majority i.e. 59.4 percent of SC respondents spend on food, only 2.9 and 1.4 percent of respondents spend on medicine and clothing and 36.2 percent of respondents spends on other expenditure. In ST category majority i.e. 48.8 percent of respondents spend on food, only 2.4 percent of respondents spend on medicine, and 48.8 percent of respondents spend on other

expenditure. Among OBC respondents majority i.e. 60.5 percent of respondents spend on food, very less percent of respondents spend on medicine, recreation and education, and 33.7 percent of respondents spend on other expenditure. Respondents belongs to GM, 33.8 percent of respondents spend on food, very less percent of respondents spend on medicine, recreation and education, and majority i.e. 57.4 percent of respondents spend on other expenditure. From this result it is clear that heads expenditure is different among socio-economic groups and majority respondents in SC, ST and OBC do not spend on clothing, recreation and education. But only few of GM respondents spend on clothing and recreation.

Calculated chi- square value is 26.007 and its probability value is 0.038 which is less than the significance level at 0.05, which implies that the heads of expenditure and socio-economic groups are dependent, which means that heads of expenditure affected by cast of the respondent.

Smoking and Alcohol Habits

Smoking and drinking are two lifestyle habits which have harmful effect on health and economic conditions of the people. The previous studies (Dr Chia Stanley, 2017) noted that smoking and alcoholic habits injure not only the smokers, but also affects second hand smoker's health. According to Physician's Desk Reference, Smoking is responsible for 80 to 90 percent of all cases of emphysema. According to National Cancer Institute smoking is one of the leading risk factor for lung cancer. These bad habits lead to many dieses like skin diseases, carcinomas, cardiovascular disease, respiratory dieses and metabolic syndrome, high blood pressure, high cholesterol and cirrhosis of the liver etc. Hence, this study examined smoking and alcoholic habits of respondents.

Table 8: Smoking and Alcohol Habits

	Smokers				alcoholics			
Groups	**Yes**	**No**	**Total**	**χ 2 value**	**Yes**	**No**	**Total**	**χ 2 value**
SC	16	53	69		24	45	69	
%	23.2	76.8	100.0	Chi-square	34.8	65.2	100.0	Chi-square
ST	7	34	41	value:	11	30	41	value:
%	17.1	82.9	100.0	2.883	26.8	73.2	100.0	11.895
OBC	43	129	172		48	124	172	
%	25.0	75.0	100.0	P. Value:	27.9	72.1	100.0	P. Value:
GM	11	57	68	0.410	7	61	68	0.008
%	16.2	83.8	100.0		10.3	89.7	100.0	
Total	77	273	350		90	260	350	
%	22.0	78.0	100.0		25.7	74.3	100.0	

Note: N=350, Source: Primary data

The table-8 depicts results regarding smokers and alcoholics among the socio-economic groups. In the above results it is clear that 23.2 percents of SC respondents are smokers and 34.8 percents are alcoholics. Among ST 17.1 percents are smokers and 26.8 percents are alcoholics. From OBC, 25 percents are smokers and 27.9 percents are alcoholics. And in GM 16.2 percents are smokers and 10.3 percents are alcoholics. From this it is clear that smoking habit is more in SC and OBC respondents than ST and GM respondents.

The calculated chi-square value for smokers is 2.883 and its p value is 0.410, which is more than the significance level at 0.10 that means smoking is independent with cast. It reveals smoking habit does not affected by socio-economic condition of the respondents. But calculated chi-square value for alcoholics is 11.895 and its p value is 0.008, which is less than the significance level at 0.01 that means alcoholic habit and cast are dependent. It indicates alcohol habit affected by socio-economic condition of the respondents.

Table 9: Average Amount Spent for Smoking and Alcoholic Habits per Month

Groups	<Rs500	Rs 500-1000	Rs 1000-1500	Rs 1500-2000	> Rs 2000	Total	χ 2 value
SC	15	14	1	0	1	31	
%	48.4	45.2	3.2	.0	3.2	100.0	
ST	7	3	1	0	1	12	
%	58.3	25.0	8.3	.0	8.3	100.0	Chi-square
OBC	35	19	7	4	0	65	value: 12.954
%	53.8	29.2	10.8	6.2	.0	100.0	
GM	5	5	2	0	0	12	P. Value:
%	41.7	41.7	16.7	.0	.0	100.0	0.372
Total	62	41	11	4	2	120	
%	51.7	34.2	9.2	3.3	1.7	100.0	

Note: N=350, Source: Primary data

The table-9 shows the average amount spent on smoking and alcoholic habits per month by socio-economic groups. As per result 48.4 percent of SC respondents spend less than Rs500, 45.2 percent of respondents spend Rs500-1000 and less percent of respondents spend more than Rs1000 on smoking and alcohol in a month. In ST category majority, i.e. 58.3 percent of respondents spend less than Rs500, 25 percent of respondents spend Rs500-1000 and less percent of respondents spend more than Rs1000 on smoking and alcohol. Respondents belongs to OBC 53.8 percent of respondents spend less than Rs500, 29.2 percent of respondents spend Rs500-1000, 10.8 percent of respondents spend Rs1000-1500 and less percent of respondents spend more than Rs1500 on smoking and alcohol. Among GM respondents 41.7 percent of respondents spend less than Rs500 and the same percentage of respondents spend Rs500-1000, 16.7 percent of respondents spend Rs1000-1500 and less percent of respondents spend more than Rs1500 on smoking and alcohol.

Calculated chi- square value is 12.954, and its P value is 0.372 which is more than the significance level at 0.10, which implies that the socio –economic groups and amount spent on

smoke and alcohol are independent, it means that the socio –economic groups not influence on an amount spend on smoke and alcohol.

Results Related to Health Status

People face different health problems. Some are chronicle like asthma, heart disease, stroke, diabetes and arthritis. And some are non-chronicle or communicable diseases like fever, cough, cold etc caused by germs transmits through peoples, animals, food and air. Chronicle diseases need continues treatment, so expenditure on these diseases is more burden than non-chronicle diseases. Thus, to identify the kind of health problems and to analyze the burden, these data was collected.

Table 10: Comparison of Type of Diseases

Groups	Chronicle	Non-chronicle	Total	χ 2 value
SC	15	54	69	
%	21.7	78.3	100.0	
ST	14	27	41	Chi-square
%	34.1	65.9	100.0	value: 6.051
OBC	57	115	172	
%	33.1	66.9	100.0	P. Value: 0.109
GM	28	40	68	
%	41.2	58.8	100.0	
Total	114	236	350	
%	32.6	67.4	100.0	

Note: N=350, Source: Primary data

Table-10 describes the result of comparison of type of diseases among socio-economic groups. As per the result in SC category 21.7 percent of respondents suffer from chronicle diseases and 78.3 percent of respondents suffer from non-chronicle diseases. Among ST, 34.1 percent of respondents suffer from chronicle diseases and 65.9 percent of respondents suffer from non-chronicle diseases. In OBC category 34.1 percent of respondents suffer from chronicle diseases and 65.9 percent of respondents suffer from non-chronicle diseases. Respondents belong to GM category, 41.2 percent of respondents suffer from chronicle diseases and 58.8 percent of

respondents suffer from non-chronicle diseases. In the table it can be notice that, non-chronicle diseases are more than chronicle diseases in all categories.

Calculated chi- square value is 6.051, and its P value is 0.109 which is more than the significance level at 0.10 which implies that the socio –economic groups and kind of diseases are not related, which means that the socio –economic groups not affect the kind of disease.

Table 11: Comparison of Opinion Regarding Taking Medicine

Groups	Yes	No	Total	χ 2 value
SC	60	9	69	
%	87.0	13.0	100.0	
ST	36	5	41	Chi-square
%	87.8	12.2	100.0	value: 0.982
OBC	149	23	172	
%	86.6	13.4	100.0	P. Value: 0.806
GM	62	6	68	
%	91.2	8.8	100.0	
Total	307	43	350	
%	87.7	12.3	100.0	

Note: N=350, Source: Primary data

Table-11 shows medicine consumption of the respondents. It indicates that nearly 87 percent of respondents from SC, ST and OBC category and 91.2 percent of GM respondents opined that they are taking medicine while their illness. But 10-12 percent of respondents from all categories are not taking medicine in the time of their illness.

Calculated value of chi- square is 0.982, and probability value is 0.806 which implies that the socio –economic groups and consumption of medicine are not related, which means that the socio –economic groups and consumption of medicine of the respondents are independent.

Reasons for Not Taking Medicine

Some of the people suffering from health problems but they are not taking medicines due to lack of income and other reasons.

Table 12: Reasons for Not Taking Medicine by the Respondents

Groups	Lack of Money	Lack of Time	Lack of medical Facilities	Any other Reasons	Total	χ 2 value
SC	4	6	7	4	21	
%	19.0	28.6	33.3	19.0	100.0	
ST	2	2	2	4	10	
%	20.0	20.0	20.0	40.0	100.0	Chi-square
OBC	13	8	4	13	38	value: 7.861
%	34.2	21.1	10.5	34.2	100.0	
GM	3	3	2	6	14	P. Value: 0.548
%	21.4	21.4	14.3	42.9	100.0	
Total	22	19	15	27	83	
%	26.5	22.9	18.1	32.5	100.0	

Note: N=350, Source: Primary data

Table-12 describes the result of comparison of the reasons for not taking the medicines by the respondents' while they have illness. As per the result, in SC category 19 percent of respondents not taking medicine due to lack of money, 28.6 percent due to lack of time, 33.3 percent of respondents due to lack of medical facilities and 19 percent due to other reasons respondents not take medicine while they have illness. Among ST category 20 percent of respondents due to lack of money does not take medicine, and the same percentage of respondents do not take the medicine due to lack of money, lack of time and lack medical facilities, and 40 percent of respondents not taking medicine due to some other reasons. In OBC, 34.2 percent of respondents not taking medicine due to lack of money, 21.1 percent due to lack of time, 10.5 percent of respondents due to lack of medical facilities and 34.2 percent due to other reasons respondents not get medicine while they have illness. In GM category majority, 21.4 percent of respondents not taking medicine due to lack of money, and the same percent of respondents due to lack of time, 14.3 percent of respondents due to lack of medical facilities and 42.9 percent of respondents do not get medicine due to some other reasons.

Calculated chi- square value is 7.861 , and its probability value is 0.548 which is more than the significance level at 0.10, which implies that the socio –economic groups and reasons to not using up of medicine are independent, which means that reasons to no using up of medicine does not affect by socio –economic condition of the respondents.

Table 13: Type of Medicine Used by Respondents

Groups	Allopathic	Homeopathy	Ayurveda	Unani	Total
SC	64	1	4	0	69
%	92.8	1.4	5.8	.0	100.0
ST	37	2	2	0	41
%	90.2	4.9	4.9	.0	100.0
OBC	137	21	12	2	172
%	79.7	12.2	7.0	1.2	100.0
GM	60	3	5	0	68
%	88.2	4.4	7.4	.0	100.0
Total	298	27	23	2	350
%	85.1	7.7	6.6	.6	100.0

Note: N=350, Source: Primary data

Table-13 indicates the results of comparison of types of medicine used by socio-economic groups. As per the result almost 85-95 percent of respondents from the entire category use Allopathic medicine, only fewer respondents uses Homeopathy and Ayurveda. Very less respondents from OBC and GM use Unani medicine for their diseases. Homeopathy medicine used by more respondents in OBC category compare to other category. Ayurveda medicine is practiced by OBC and GM groups in the study area.

Distance and transportation cost

Distance of the health care centers and transportation costs affect on obtaining health services for people who suffer from health problem. Access to reliable transportation is important for people with health problem especially chronic patients considering the need for frequent medical visits and for medications from pharmacy. To understand the extent of transportation burden on

the patients' data regarding distance of health centers and transportation cost was collected from respondents.

Table 14: Distance of Health Care Centers

Groups	<5 km	5-10 km	>10 km	Total
SC	34	31	4	69
%	49.3	44.9	5.8	100.0
ST	20	19	2	41
%	48.8	46.3	4.9	100.0
OBC	72	90	10	172
%	41.9	52.3	5.8	100.0
GM	28	35	5	68
%	41.2	51.5	7.4	100.0
Total	154	175	21	350
%	44.0	50.0	6.0	100.0

Note: N=350, Source: Primary data

Table-14 shows the result of distance of health care centers among socio-economic groups. As per result 94.2 percent of SC respondents, 95.1 percent of ST, 94.2 percent of OBC and 92.7 percent of GM respondents have health care centers within 10 km distance. Only few respondents have health care center with more than 10 km. In this it can be noticed that there is no difference in distance of health care center among socio-economic groups.

Table 15: Transportation Cost to Reach Health Care Center

Groups	Rs <10	Rs 10-25	Rs 25-50	Above Rs 50	Total
SC	16	31	15	7	69
%	23.2	44.9	21.7	10.1	100.0
ST	8	25	6	2	41
%	19.5	61.0	14.6	4.9	100.0
OBC	45	84	21	22	172
%	26.2	48.8	12.2	12.8	100.0
GM	18	34	8	8	68
%	26.5	50.0	11.8	11.8	100.0
Total	87	174	50	39	350
%	24.9	49.7	14.3	11.1	100.0

Note: N=350, Source: Primary data

Table-15 shows the result of transportation cost to reach health care center among socio-economic groups. As per the result almost one quarter of respondents from all categories spend

less than Rs 10 to reach health care center. And majority of the respondents i.e. 44.9 percent of SC respondents, 61 percent of ST respondents, 48.8 percent of OBC respondents and 50 percent of GM respondents spend between Rs 10-25 to reach health care center. Fewer respondents from all the categories spend between Rs 25-50 and more than Rs 50 to reach hospital. In this result it is noticed that there is no difference in transportation cost to reach health care center among socio-economic groups.

Table 16: Annual Expenditure on Medical Treatment

Groups	Below Rs 10000	Rs 10000-50000	Rs 50000-100000	Above Rs 100000	Total
SC	55	12	1	1	69
%	79.7	17.4	1.4	1.4	100.0
ST	29	11	0	1	41
%	70.7	26.8	.0	2.4	100.0
OBC	129	33	4	6	172
%	75.0	19.2	2.3	3.5	100.0
GM	53	12	2	1	68
%	77.9	17.6	2.9	1.5	100.0
Total	266	68	7	9	350
%	76.0	19.4	2.0	2.6	100.0

Chi-Square value; 4.291 P value; 0.891

Table-16 shows the results regarding amount spends for medical treatment in a year among socio-economic groups. As per the result 79.7 percent of SC respondents, 70.4 percent ST respondents, 75 percent OBC respondents and 77.9 percent of GM respondents spend less than Rs 10,000 on medical treatment in a year. And 17.4 percent SC, 26.8 percent ST, 19.2 percent OBC respondents spend between Rs 10,000-50,000 on medical treatment. And less percentage of respondents from all categories spend Rs 50,000-1, 00,000 and more than 1, 00,000 for their treatment during the year.

Calculated chi- square value is 4.291 and its probability value is 0.891, which is more than the significance level at 0.10. It indicates that socio–economic groups and amount spends for medical treatment are independent, which means that amount spends for medical treatment is not influenced by the socio –economic condition of the respondents.

Monthly Expenditure to Purchase Medicine

Households bear significant financial burden on account of purchase of medicine which disruption on the living status of households.

Table 17: Monthly Expenditure to Purchase Medicine

Groups	> Rs 1000	Rs 2000-3000	Rs 3000-4000	< Rs 5000	Total
SC	49	15	3	2	69
%	71.0	21.7	4.3	2.9	100.0
ST	29	10	2	0	41
%	70.7	24.4	4.9	.0	100.0
OBC	126	40	4	2	172
%	73.3	23.3	2.3	1.2	100.0
GM	42	26	0	0	68
%	61.8	38.2	.0	.0	100.0
Total	246	91	9	4	350
%	70.3	26.0	2.6	1.1	100.0

Chi-Square value; 12.452 P value; 0.189

Table-17 shows the result of the comparison of monthly expenditure to purchase of medicine among socio-economic groups. As per result 71 percent of SC respondents, 70.7 percent ST respondents, 73.3 percent OBC respondents and 61.8 percent of GM respondents spend less than Rs 1,000 to purchase medicine per month. And 21.7 percent of SC respondents, 24.4 percent ST respondents, 23.3 percent OBC respondents and 38.2 percent of GM respondents spend between Rs2000-3000. But only few of respondents from all categories spend between Rs 3000-4000 and more than Rs 5000 to purchase of medicine per month. As per the result monthly expenditure to

purchase of medicine and category of the respondents are independent. It means monthly expenditure to purchase medicine not affected by category of the respondents.

Calculated chi- square value is 12.452 and its probability value is 0.189 which is more than the significance level at 0.10. It indicates that socio–economic groups and amount to purchase medicine are independent, which means that amount spends to purchase medicine is not influenced by the socio –economic condition of the respondents.

Awareness about Generic Medicine

Generic medicines marketed without brand names are generally less expensive than brand name medicines. Even though they are chemically identical to brand-name medicine and meet the same standards' of the FDA (US Food and Drug Administration) for safety, purity, and effectiveness. This generic medicine may reduce the burden of medicine cost. The knowledge about generic medicine for the respondents in study area is presented in the following table-20.

Table 18: Knowledge about Generic Medicine

Groups	Yes	No	Total
SC	19	50	69
%	27.5	72.5	100.0
ST	9	32	41
%	22.0	78.0	100.0
OBC	49	123	172
%	28.5	71.5	100.0
GM	18	50	68
%	26.5	73.5	100.0
Total	95	255	350
%	27.1	72.9	100.0

Table-18 shows the data regarding knowledge about Generic medicine among socio-economic groups. As per the result only one fourth of respondents from all the categories have knowledge about Generic medicine. It indicates that in the study area respondents have poor knowledge

about Generic medicine among the respondents. And also that knowledge about Generic medicine does not affected by category of the respondents.

Sources of Health Expenditure

To meet health expenditure households have to depend on their income. The households who do not have sufficient income to meet health expenditure, have to borrow money from other sources like friends, relatives, money lenders and banks and also by selling asset. Some are meet their health expenditure through health insurance. Sources to meet health expenditure are reported in table-19.

Table 19: Sources of Health Expenditure

Groups	Family Income	Borrowings From Relatives	Loan From Money Lenders	Loan From Banks	By Selling Assets	Health Insurance	Total
SC	55	8	3	1	1	1	69
%	79.7	11.6	4.3	1.4	1.4	1.4	100.0
ST	30	7	3	1	0	0	41
%	73.2	17.1	7.3	2.4	.0	.0	100.0
OBC	127	22	7	12	0	4	172
%	73.8	12.8	4.1	7.0	.0	2.3	100.0
GM	53	7	4	3	0	1	68
%	77.9	10.3	5.9	4.4	.0	1.5	100.0
Total	265	44	17	17	1	6	350
%	75.7	12.6	4.9	4.9	.3	1.7	100.0

Chi-Square value: 11.184 P Value: 0.739

As per the result 79 .7 percent of SC respondents, 73.2 percent of ST respondents, 73.8 percent of OBC respondents and 77.9 percent of GM respondents meet their health expenditure from family income. Borrowings from relatives are one more sources to meet health expenditure. 11.6 percent of SC respondents, 17.1 percent of ST respondents, 12.8 percent of OBC respondents and 10.3 percent of GM respondents borrow from their relatives to meet their health expenditure.

And only fewer respondents from all groups meet their health expenditure by the loan from money lenders, banks, by selling of assets and also from the health insurances. Here it is noticed that compared to other groups, more OBC and GM respondents used personal loan from banks to meet their health expenditure.

Calculated chi- square value is 11.184 and its probability value is 0.739 which is more than the significance level at 10 percent. It indicates that socio–economic groups and sources to meet health expenditure are independent, which means that sources to meet health expenditure not influenced by the socio –economic condition of the respondents.

Special Diet

Diet is one of the important remedy for health problem. Special diets are the meal plan which is the one of the important therapy for health problems. Some disease like diabetes, sugar, blood pressure and heart dieses etc are required special diet. So expenditure on special diet also one of heads in health expenditure.

Table 20: opinion about Expenditure on Special Diet

Groups	Yes	No	Total
SC	25	44	69
%	36.2	63.8	100.0
ST	16	25	41
%	39.0	61.0	100.0
OBC	72	100	172
%	41.9	58.1	100.0
GM	33	35	68
%	48.5	51.5	100.0
Total	146	204	350
%	41.7	58.3	100.0

Chi-Square value: 2.276 P Value: 0.517

Table-20 shows results of expenditure on special diet among socio-economic groups. As per the result 36.2 percent of SC respondents, 39 percent of ST respondents, 41.9 percent of OBC respondents and 48.5 percent of GM respondents following special diet. This result it is noticed that less respondents from all categories following special diet related to particular diseases.

Calculated chi- square value is 2.276 and its probability value is 0.517, which is more than the significance level at 0.10. It indicates that socio–economic groups and special diet to particular diseases are independent, which means that special diet to particular diseases not influenced by the socio –economic condition of the respondents.

Table 21: Amount of Expenditure on Special Diet

Groups	< Rs1000	Rs 1000-2000	Rs 2000-3000	Total
SC	15	5	1	21
%	71.4	23.8	4.8	100.0
ST	7	9	1	17
%	41.2	52.9	5.9	100.0
OBC	43	21	7	71
%	60.6	29.6	9.9	100.0
GM	24	8	1	33
%	72.7	24.2	3.0	100.0
Total	89	43	10	142
%	62.7	30.3	7.0	100.0

Chi-Square value: 7.417 P Value: 0.284

Table-21 describes comparison result regarding expenditure on special diet related to particular diseases among socio-economic groups. As per the 71.4 percent of SC respondents, 41.2 percent of ST respondents, 60.6 percent of OBC respondents and 72.7 percent of GM respondents spends less than Rs 1000 and 23.8 percent of SC respondents, 52.9 percent of ST respondents, 29.6 percent of OBC respondents and 24.2 percent of GM respondents spends between Rs1000 -2,000 on special diet related to particular diseases. Only few respondents from all categories spend Rs 2,000-3,000 on special diet. In this, it is clear that there is no difference in expenditure on special diet among socio-economic groups.

Calculated chi- square value is 7.417 and its probability value is 0.284, which is more than the significance level at 0.10. It indicates that socio–economic groups and expenditure on special diet to particular diseases are independent, which means that expenditure on special diet not affected by the socio –economic condition of the respondents.

Burden of Out-Of-Pocket Health Expenditure on Households

Out-of-pocket health expenditure is a payment made by individuals to health care providers at the time of service use. Out-of-pocket expenditure on health increase the burden of households by reduces of savings and consumption and also affected on education level of children and investment activities of the households. To analyze the effect of out-of-pocket expenditure on economic status of the households these information was collected.

Table 22: Opinion about Burden of Out-Of-Pocket Health Expenditure on Households Standard of Living

Groups	Yes	No	Total
SC	60	9	69
%	87.0	13.0	100.0
ST	37	4	41
%	90.2	9.8	100.0
OBC	152	20	172
%	88.4	11.6	100.0
GM	62	6	68
%	91.2	8.8	100.
Total	311	39	350
%	88.9	11.1	100.0%

Chi-Square value: 0.742 P value: 0.863

Table-22 shows the result of the opinions about effect of health expenditure on households standard of living. As per the result 87 percent of SC respondents, 90.2 percent of ST respondents, 88.4 percent of OBC respondents and 91.2 percent of GM respondents opined that

health expenditure seriously effect on their family. And only few of respondents from all groups opined that health expenditure dose not effect on their family. It makes clear that, majority respondents from all group opined, health expenditure seriously effect on households.

Calculated chi- square value is 0.742 and its probability value is 0.863, which is more than the significance level at 0.10. It indicates that opinion about burden of health expenditure on households and socio-economic groups are independent, which means that opinion about effect of health expenditure on households' dose not affected by socio – economic condition of the respondents. Because, the majority of the respondents in all social category spends from their own pocket for their health problems.

Table 23: Effect of Out-Of-Packet Expenditure on Economic Status of the Respondents

Groups	It Reduces the Consumption Level	Reduction in Savings	Unable to Spent on Education for Children	Unable to Invest on other Purpose	Lose of Property	Total
SC	26	24	7	2	1	60
%	43.3	40.0	11.7	3.3	1.7	100.0
ST	20	13	2	1	1	37
%	54.1	35.1	5.4	2.7	2.7	100.0
OBC	75	65	8	3	1	152
%	49.3	42.8	5.3	2.0	.7	100.0
GM	28	25	6	2	1	62
%	45.2	40.3	9.7	3.2	1.6	100.0
Total	149	127	23	8	4	311
%	47.9	40.8	7.4	2.6	1.3	100.0

Chi-Square value: 5.828 P value P; 0.925

Table-23 shows the result of reasons for health expenditure seriously effects respondent's economic status among socio-economic status. In the study area 43.3 percent SC of respondents

acknowledge that health expenditure reduces the consumption level, 40 percent of respondents stated that it reduces the savings and 11.7 percent of respondents respond that it unable to spend on education for their children. Among ST respondents 54.1 percent stated that it reduce the consumption level and 35.1 percent of respondents' state that it reduce the savings. Among OBC groups 49.3 percent of respondents stated that it reduces the consumption level and 42.8 percent of respondents stated that it reduces the savings. In GM respondents 45.2 percent of respondents respond that health expenditure reduces the consumption level and 40.3 percent of respondents respond that it reduces the savings. And fewer respondents from all the groups stated that health expenditure unable to spend on education for their children and unable to invest on other purpose and it also leads to lose of property. These all make clear that, health expenditure mainly effect on consumption level and savings. Here, it is also noticed that reasons are not vary with cast of the respondents.

Calculated chi- square value is 5.828 and its probability value is 0.925, which is more than the significance level at 0.10. It indicates that, reasons for health expenditure seriously effects respondents' economic status and socio-economic groups are independent, which means that reasons for burden of health expenditure on economic condition of the households not affected by socio –economic condition of the respondents.

Conclusion

The study compared health expenditure and health status of households among socio-economic groups of Mysore district and measures the effect of out-of-pocket expenditure on household standard of living. The results of the study reveal that there is no significant difference in household's income, household's expenditure, type of health, and expenditure to purchase medicine but it reveals that there is a significant difference in sources of income and heads of expenditure among socio-economic groups in Mysore district. Further, it is found that some of the households suffering from health problems but they are not taking medicines due to lack of income and other reasons. The study indicates that due to because of out-of-packet expenditure on health problems the consumption level and savings has been reduced and it also affected on education level of children and investment activities of the households in the study area. Further the study found that the households were not aware of Generic medicines. Based on these results

the study suggested that the out-of-packet expenditure on health has to reduce by increase in public expenditure by the government and government has to create awareness to increase the use of generic medicines which is expected to significantly reduce health cost.

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