A COMPARATIVE STUDY ON THE HEALTH EXPENDITURE OF DOCTORS IN KERALA AND RAIPUR

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By

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UNDER THE GUIDANCE OF

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CERTIFICATE

This is to certify that the dissertation titled "**A COMPARATIVE STUDY ON THE HEALTH EXPENDITURE OF DOCTORS IN KERALA AND RAIPUR** "submitted to partial fulfilment of the requirement of **MA DEGREE IN ECONOMIC**S to **ST. TERESA'S COLLEGE (Autonomous)** affiliated to **MAHATMA GANDHI UNIVERSITY, KOTTAYAM**, is a record of bona fide research work done by the candidate under my supervision and guidance**.**

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DECLARATION

I hereby declare that the dissertation "**A COMPARATIVE STUDY ON THE HEALTH EXPENDITURE OF DOCTORS IN KERALA AND RAIPUR** " submitted by me for the MA Degree in Economics is my original work.

Signature of the Supervisor

Signature of the Candidate

PLAGARISM RECEIPT

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CONTENTS

CHAPTER-1

INTRODUCTION

The chapter contains an introduction about the topic in the first section, the review of literature in the second section, statement of the problem in the third , objectives of the study in the fourth, scheme of the study in the fifth and limitations and concepts in the sixth and seventh section.

1.1 INTRODUCTION

Health is important for well-being in life and for economic growth. The Human Development Index (HDI) considers health which indicates long life expectancy as one of the most important indicators of human development. Human Development in one way can be defined by the 'Capabilities Approach' put forward by Amartya Sen which can be stated as follows; "enhancing people's capabilities thereby expanding their real freedoms. The capability to function effectively is what matters the most and it goes well beyond the availability of commodities." Hence, expenditure in health is essential in each single person's life.

Kerala has invested much better in the health sector compared to other states of India. It also stands first in the HDI of India with achieving high life expectancy, high female literacy, low infant mortality and fertility. And stands near to the HDI of developed countries in the world. Therefore, the above-mentioned factors such as the high life expectancy of both females and males have led to an increasing aged population in the state with increase in health expenditure and indirectly the demand for doctors in the state. Hence, a better health provision means a good health infrastructure, expenditures, and the health service providers where the doctors play an important role.

Chhattisgarh is a state in the northern part of India as per 2021 HDI report it has 28 rank which is lower than the HDI of Kerala . Chhattisgarh also has lower literacy rate both female and male and high infant immortality and fertility rate. However, it has introduced many schemes to ensure good health of the people such as the Pradhan Mantri Swasthya Bheema

yojana, Swasthya seva raths etc... As mentioned providing better health services requires better condition of the health service providers in the state.

The long and healthy life an indicator of life expectancy which is one of the indices of the HDI implies that health is an important factor for human development or capital formation in a country. Generally, healthy means physical, mental and social well-being. Therefore, a person is said to be healthy when he/she is physically, mentally, and socially stable. The economic theory states that when a person is healthy, he/she can give productive services or in other words they can become good assets in the economy. Whereas, if a person is unhealthy, he/she will be unproductive or a liability in the economy. Therefore, being healthy is necessary for the growth and development of the economy and the country. Hence, if the people of a country have long and healthy life leading to high life expectancy, it means the country has better economic growth and human development

The evolving risks and uncertainty in health has increased the need for doctors and their health expenditure which is essential for providing good health services to the people and improving productivity and their overall well-being. Also, budget allocation on health personally will help in meeting the expenses in a efficient way reducing risks and uncertainties in meeting the expenditure on health.

1.2 REVIEW OF LITERATURE

This section deals with the review of literature taken for the study of the doctor's health expenditure in Kerala. It contains study on the health expenditure by households, the morbidity and out of pocket expenditure in Kerala, The work and life balance in Kerala and poor health expenditure in Chhattisgarh.

Krishnan and Krishnan (2013), conducted a study to know the morbidity and health care expenditure in Kerala. It seeks to understand the prevalence of Acute and Chronic morbidity in Kerala. The study reveals that the total morbidity rate is 13.9% with 13% in males and 14.2% in females. And within them 21.3% are having acute morbidity such as Fever, diarrhoea, respiratory tract infection and the disease morbidity is 29%. According to the study infectious diseases were one of the reasons for acute morbidity which constituted 82%. The percentage of chronic morbidity is 74% during the study period. The consultation fee on average during the period is 72.59. The mean expenditure for acute diseases is estimated to be 100 to 260

percentiles as the minimum and maximum. And the mean chronic disease expenditure is 125 at maximum and the minimum is 450 according to the study. The study also shows that the average total expenditure in private and public hospitals were Rupees 10427 and Rupees 3350. And these expenditures were met by the majority (56.5% as per the study) through the savings kept for other essential needs such as nutrition or education, and a minority (39%) through borrowings.

Hence, it can be concluded that the health expenditure for private and public hospitals have increased within a few years and it exceeds the average income of the families. It requires them to acquire the needed money from other sources. Therefore, there is a need for reducing the cost of health services through government services so that it is affordable to all sections of the society which indirectly leads to economic growth of the state.

NISHA.T. A (2021), conducted a study to know the household expenditure with special reference to Kerala. It explains the trend and tendencies of government and household expenditure on health at the national and state levels. However, the focus of the study is factors related to household expenditure. The study shows that the health expenditure in India ranges from 5671crs to 78209crs between 1985-86 to 2002-03 and it is 82889crs to 537043 for the period between 2003-04 to 2018-19. The per capita household expenditure between the period 1985-86 to 2002-03 ranges from rupees 75 to 741 and 773 to 4047 for the period 2003-04 to 2018-19. The trend of total household expenditure for the period 1995-2004 ranges from 67.45 to 67.85 and it is between 65.90 to 62.42 between the period 2005 to 2014.The trend of out-of-pocket expenditure on health by households between the period 1995-2004 ranges from 91.36 to 89.55 percentage and it is 89.65 to 89.21 percentage for the period 2005 to 2014. It also shows the healthcare financing schemes by different levels of government in India at different periods. It studies the interstate comparison of health status in India and it is different for different states of the country. In Kerala 14 to 7 percent for infant mortality rate (IMR) per 1000 live births and 74.8 to 75.3 percent for life expectancy at birth. The Maternal mortality Rate (MMR) per 1000 live births is 95 to 43 percent. The morbidity rate in Kerala in rural areas is 310 and 306 (2014) and it is 133 and 163(2017-18). The public expenditure on health in Kerala is 1048% (2004-05) and 7522% (2016-17). The government health expenditure per capita in Kerala is 319(2004-2005).

Hence it can be concluded that Kerala has achieved much better in the health sector with improvement in health status and increasing public expenditure on the sector compared to most

states in the country. The out-of-pocket expenditure of the household sector also shows a decreasing trend, the main reason for which is the increase in the percentage of health financing schemes available to the people. However, the morbidity rate in Kerala is always higher in rural areas than the urban areas of the state.

Rupini and Remya (2021), conducted a study to know the work life balance among health care workers during Covid 19. The study was conducted at the taluk hospital in the Ernakulam district. The aim of the study was to identify the factors affecting the work life balance of the doctors, the problems that are faced by the health workers during the covid pandemic and finally to suggest the appropriate measures to improve the work-life balance of health care workers in the state. The factors that were taken as determinants of the work life balance were repeated quarantine, extended working hours, fear of carrying virus to home, repeated shifts, and others. And factors for overall satisfaction of the health workers and the problems faced by them were taken as duration in duty, the availability of safety equipment, availability of the quarantine period, behaviour of colleagues, behaviour of family members, service provided by the doctors and the services provided to them, stress, tiredness, health issues, insufficient safety equipment and others. The study reveals that 94% of the respondents have got covid duty and only 6%where not assigned the duty and among the 94% 20(%) are of the opinion that duty time affects family time occasionally, for 72% it is sometimes only, a 4% says that it affects rarely and remaining 4% duty does not affect their family time. And 38 % increasing the number of staff can improve the duty time.

Hence, it can be concluded from the above study that the duty time consumes the time to spend with families in one or the other way for most of the doctors as only a minority are excluded from long duration of duty.

Raj and Sinha et al. (2018), conducted a study to know the women and Health care in Mumbai. It seeks to understand the morbidity, utilisation, and expenditure on health care by the households of the metropolis. The study found out various illnesses such as reproductive problems, aches, pains, injuries, weakness, fevers, respiratory problems, Gastro-intestinal problems, skin eye ear problems and others. The treatment for them was mostly done in private hospitals rather than in public hospitals. The morbidity rates in females in relation to their living environment i.e., slum or non-slum ranges from 400 to 418 and 349 for women depending on factors such as their age, education, household size, marital status, living children, and their earning status. In Mumbai the public health expenditure is incurred by the municipal

corporation of the city. And it has an efficient health care system. When considering women's health expenditure it depends on their education, earning status, financial stability etc...

Hence it can be concluded that the public health services are efficiently distributed in the state, however, its accessibility to women depends on factors mentioned above such as the living environment and their earnings.

Mukherjee and Haddad et al. (2011), conducted a study to know the social class related inequalities in household health expenditure and economic burden; evidence from Kerala, South India. The main objectives of the study as to assess the caste- based inequalities in per capita health expenditure for health care needs and illness of households, the variation in economic burden of out-of-pocket health expenditure across different caste groups. It divided the households into four according to the hierarchical structure of the society for the purpose of the study. The FC, OBC, Other ST/SC and Paniya households. The per capita health expenditure is highest for the FC while OBC, Other ST / SC and the Paniya households show the lowest for the same.

Hence, it can be concluded that there is inequality in per capita health expenditure between the households belonging to different caste categories of the society. The upper caste has lowest per capita health expenditure and the lower caste have lowest expenditure. Even though the health care needs are lower for lower sections and higher for the higher sections of the society.

Thomas and Jacob et.al (2022), conducted a study to understand the financial burden and catastrophic health expenditure that are associated with the Covid-19 hospitalization in Kerala. It seeks to estimate the out expenditure of households that had catastrophic expenditure on Covid 19 hospitalization. The results obtained from the study indicate that the mean and median out of pocket (OOP) is USD 93.57 and USD 502.60. It also states that 49. 7% were the households having catastrophic expenditure on health and 32.9% have incurred distress financing in public hospitals and in the private sector the household’s catastrophic expenditure was 64.3%.

Hence, we can conclude from the above study that there was catastrophic expenditure incurred by households due to Covid-19 hospitalisation and OOP was higher in the private sector for a large proportion of households than in public sectors.

Krishnan and MC et al. (2016), conducted a study to understand the Increasing out of pocket health care expenditure in India due to Supply or demand. The aim of the study is to study the

out of pocket (OOP) expenditure and factors affecting it, and to understand the impact Public funded health insurance scheme (PHFI) on OOP.The study reveals that the morbidity rate as increased for the age group 30-59 due to increase in non- communicable diseases. Which is in turn due to changes in their life styles.

Priyadarshini and Divya (2022), conducted a study to understand the work life balance of doctors and the impact of key variables. The objective of the study was to examine specific variables that affect work-life balance and to estimate their impact by looking at the effect and a few statistical approaches that are apt for the collection of data. The variables that were taken in the study include, number of working hours in normal days, number of sleeping hours per day, number of hours spent on family and themselves. The study shows that 51% of doctors work for 10-12 hours every day and only a few works more than 12 hours. It also reveals that 63% of them get only little sleep. When considering the hours spending with family it shows that those whose are professionals and continuously upgrade their knowledge have a good work- life balance than those who do not upgrade their knowledge.

Hence, in overall we can say that majority of the doctors do not have a proper work life balance, considering the factors taken for the study and in general.

Anuradha and Pandey (2016), conducted a study on the impact of work- life balance on job satisfaction of women doctors. The aim of the study is to understand the work life balance and the job satisfaction of the women doctors in India. And the study reveals that there much difference in the work life balance between the men and the women doctors. The main reasons that women have much more responsibilities than men considering the work and family life such as taking care of their children and other household works. And the improper work life balance gives them low job satisfaction.

Hence, the study concludes that there is difference in the work life balance of doctors based on gender, marital status, and their age. So, as doctors' women have high imbalance between their work and their life while managing both their profession and households, which also give them low job satisfaction.

Harish and Ravindran et.al (2020), . The study discusses that there is no 100% coverage of various schemes such as the Rastriya Surasha Bhima Yojana (RSBY) in the conducted a study titled, 'Health insurance coverage and its impact on out- of – pocket expenditures at a public sector hospital in Kerala'. It is a cross- sectional study which is conducted at a tertiary care hospital in the state. The study found that the total coverage of health insurance was 74%.

Which implies that a quarter of remain out of the insurance coverage yet. It also reveals that the various awareness campaigns and the activities of the local self – government (LSG) departments were the main reasons that induced these patients to enrol and avail the insurance schemes. It states that out of the 120 patients included in the study only 80.8% were under various covered insurance schemes,31 patients who have participated in the survey are not involved in any insurance schemes, but 77.4% were aware of the scheme and only 22.6% were not aware of any insurance schemes. Out of those enrolled in the scheme 44.9% are not satisfy state.

Therefore, in can be concluded from the above study that even though various activities such as the awareness program on the health insurance scheme are conducted it has still not reached all the people which in turn have resulted in unequal distribution of the health scheme in the schemes. Many have also voluntarily dropped out from the scheme due to various reasons such as un affordability, unsatisfactory services of the schemes etc. Hence a reformation in the provision of schemes must be made to reach in 100 percent coverage of the schemes.

Sonwani and Bhardwaj(2014), conducted a study concluded the following with the health expenditure data. If the basic needs of the people are not good in India it will affect the economic growth of the country. Good health and development are interrelated . if people have good health they will contribute to the economic growth of the nation with their productive services. Whereas, if they don't have a good health status, they will become liability for the government and the nation.

1.3 STATEMENT OF THE PROBLEM

In the present state the world is facing risks and uncertainties with respect to health. The opening up of the economy which have led to movement of people and goods and services through globalisation between countries also facilitates the movement of risks and uncertainties related to health through communicable and non-communicable diseases in the country as well as the world. The present scenario of the risks and spread of health diseases started recently with the advent of the Corona Virus Disease (Covid-19) in the world. In case of India the spread of Covid started in Kerala with the traveling of non-Residents from other counties to Kerala. In the initial stages the spread was large and it also created panic among the public. The number of patients and deaths were also increasing at large numbers in the state.

This increased the demand for the health service providers such as doctors, nurses and helping staffs in the health sector. In other words, the increasing supply of the patients in turn increased the demand for the health service providers. The doctors were one among the important people who played an important role serving these people. Hence, their health was at always risks, they were one of the most vulnerable people who could be easily affected by the pandemic. This scenario continues yet today even though its severity has reduced from the initial stages. There is always a risk for emergence of new diseases which could become a pandemic. In this case the health expenditure of the doctors who are one of the most important service providers of health in the state is an important factor. Also, a predetermined allocation of budget for health expenditure is essential for meeting the expenses without any constraints, risks, or uncertainties on spending for health at the required occasion.

In case of Chhattisgarh the northern part of India. It is trying to bring improvements in its health sector through introduction of new technologies and spread the accessibility of health services through camps in the city. It also introduced many schemes for children and women welfare in the society. It is also one of the cities in India with All India Institute of medical sciences which gives health services to all sections of people free of cost. But, what is the situation doctors especially during the time of covid, is there any schemes for them to protect their health and provide a safe environment.

Therefore, this study aims to understand the health expenditure and their budget allocation and how they cope up with their health insecurities.

1.4 OBJECTIVES

The main objectives of the study are:

1. To analyse the work-life balance of doctors in the study area
2. Identify budget allocation for their health expenditure
3. Asses the insurance and security schemes taken for health care

1.5 METHODOLOGY

The area of study is Trivandrum and Raipur two cities in the state of Kerala and Chhattisgarh. The total taken for the study is 40. There are 20 respondents from the city of Trivandrum and 20 respondents from the city of Raipur. The sources of data are both primary and secondary in which the primary data were collected through google forms , personal interview etc. Whereas the secondary data were collected through journals and articles. The method of sampling used is the snow ball sampling and the tools of analysis are simple ratios, percentages, graphs, diagrams and Likert scale.

1.6 SCHEME OF THE STUDY

This study is divided into four chapters-

Chapter 1:

The chapter includes a brief introduction of the topic. It is followed by the review of literature, statement of the problem, objectives of the study, methodology, scheme and finally it includes the basic concepts and its definitions in the study.

Chapter 2:

The chapter is an overview of the study in the global national and the regional level. It provides an insight into the health expenditure of doctors in the world, in India and finally in Kerala.

Chapter 3:

The chapter deals with the analysis and interpretation of collected for the study through Primary data collection methods such as questionnaire's , google forms , interview etc.

Chapter 4:

The chapter provides the findings, conclusions drawn from the analysis of interview conducted for the study.

1.7 CONCEPTS

1. HUMAN DELAVELOPMENT- It is referred to as increasing the capabilities of human beings, or in other words it is the freedom to choose.
2. HUMAN DEVELOPMENT INDEX- It is a statistical measure of human development, with three main indicators health , education and per capita income.
3. HEALTH SECTOR- This sector provides health related services such as hospitals.
4. HEALTH SERVICE PROVIDERS-They are people who provide health care services such as doctors.
5. PANDEMICS AND EPIDEMICS- A pandemic is a kind of epidemics that spreads over many countries or continents. Whereas, epidemic spreads in a community.

1.8LIMITATIONS

- Lack of sufficient time
- Traveling cost
- Reluctance of respondents to respond
- Include sample population
- Limited area of study
- Inaccuracy in response

CHAPTER-2

THEORECTICAL FRAMEWORK AND AN OVERVIEW OF HEALTH ,HEALTH SERVICE AND ITS PROVIDERS

2.1 HUMAN DEVELOPMENT AND THE HUMAN DEVELOPMENT INDEX

Human development is defined as increasing the capabilities and choices of the people. According to Sen human development can be defined as "the process of expanding the real freedoms that people enjoy."

The United Nations Development Programme (UNDP) introduced the Human Development Index (HDI)in the United Nations development Report. The index was developed by the Pakistani economist Mahbub ul Haq in 1990.It is defined as a static composite index which as three main indices, life expectancy at birth, education, and the per capita income. These indices are having its indicators- long and healthy life for life expectancy, mean years and expected years of schooling for education and Gross National Income (GNI) for the per capita income. Hence, these indicators in the HDI measure the human development, which is generally defined as increasing the capabilities and choices of people in a country.

2.2 HEALTH AND THE DETERMINANTS OF HEALTH

As stated, earlier health is defined as the physical, mental, and social well- being. The World Health Organisation (WHO) defines that "Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity." There are different determinants of health which can be classified as social, cultural, economic, ecological, and political. Different economist different aspects of health at different times and defined it.

The social determinants of health are food, transport, work, social exclusion, early life, unemployment, stress, addiction, social gradient. Ekbal et al in 2012, analysed the social determinants of health in Kerala. It considered the social determinants of health as conditions in which people are born, grow, live, work and age. The study also reveals that the factors such

as distribution of money, power, power relations in politics and availability of resources are the reasons for inequality in health in Kerala.

The socio-economic and political determinants of women in Kerala was studied by Thresia in 2014, The study states the factors is weaking the health progress of women, such as gender, poverty, caste, class, ethnicity, education, employment, income, and politics.

2.3 HEALTH EXPENDITURE AND ITS DETERMINANTS

As stated, earlier health is an important factor for human capital formation, remaining healthy will help us to provide health services to the economy of our country. The factors which determine health are food, nutrition, medicine etc. To acquire these factors, we will have to spent on it. Hence, expenditure on health is an important for maintaining health and in turn providing assets to the economy by providing productive services through better health.

The determinants of health expenditures are different for different countries. For high- income or developed countries the health expenditure includes, GDP per capita, population age above 65, and institutional factors health system such as mixture of public-private funding, inpatient and outpatient care, payment to physicians. Whereas in underdeveloped and the developed countries such as India the main determinants of the health expenditure are per capita income, malnutrition, underweight age etc... In Kerala contrast to other states of the country in India often compared to the developed countries in the world in the HDI.Therefore, the determinants of health expenditure in the state are aged population, illnesses, communicable and non-communicable diseases etc.

2.4 HEATLTH SECTOR IN TRIVANDRUM

Trivandrum the capital in the state of Kerala has better health facilities as it is known as the hub of medical tourism in the state. Thousands and millions of people come in the city as tourist in the for medical treatment and services in the city. The main medical tourist destination in the city is the ayurvedic centres .This shows the growing influence of the hea lth sector and its services in the state. However, a report by Hindu in 2022 states few statements such as that the “budget allocation for health care sector should be enhanced substantially in the light of spreading of the communicable diseases” quoted by Dr. Ramankutty ,Emeritus Professor, Achutha Menon Centre for Health Science Studies. A public lecture series on the title “Kerala Economy in Transition” organised by Gulati Institute of Finance and Taxation and Kerala

Economic Association he also quoted that "inadequate funding has been a major hurdle for the development of public health system in the state especially after 2000."

2.5 HEALTH CARE SECTOR IN RAIPUR

When it comes to health care services Raipur the capital of Chhattisgarh has everything to serve its citizens. From hi-tech hospitals to blood banks and pharmaceutical stores there is everything to cater to the need of the suffering patients. The rise in population and development graph in the city has necessitated the demand for good healthcare facilities. Raipur is one among the list of emerging cities in India. As the capital of Chhattisgarh, the city is fast becoming a hub of industrial and other economic activities. It is actively adding to the revenue generated for the state. This is inevitably leading to rise in population too. The city is increasingly becoming home to the natives of Chhattisgarh keen on migrating to the city as well as people outside the state. Although Raipur is not a metropolitan city, it has a fair number of government, private and multispecialty hospitals to cater to the needs of its people.

Raipur has several good public hospitals. They are run by the government and accessible to the poor people. The state government is taking efforts in strengthening the health infrastructure of the city as well as the state by establishing many public health care hospitals in Raipur. Some of the major government-run hospitals in Raipur are the District Hospital at Pandri and the two Civil Hospitals at Mana and Gudiyari. These hospitals are equipped with modern medical technologies. Pandit Jawaharlal Nehru Memorial Medical College is also another prominent government hospital. Besides, there are a few Community Health Centres across the city.

Ayurveda is an ancient methodology of treatment of India. This branch of medicine is famous worldwide and ayurveda medicines are being used increasingly to cure ailments. Raipur has a few Ayurvedic centres which contribute to the medical facilities in the city. There are Ayurvedic clinics and medicine shops like Patanjali Chikitsalaya and Bhowmik Swadeshi Kendra besides Apollo Pharmacy that sell Ayurvedic medicines.

2.6 DOCTORS AND THEIR HEALTH EXPENDITURE

Doctors have better knowledge on health and how to cope up with the health illness. They also have good knowledge on the precautionary steps to be taken to avoid or reduce the severity of illnesses, as it is often said precaution is always better than cure.

However, we know doctors play an important role in providing health services to the people. They are always vulnerable to risks and uncertainties related to health. Hence, it is often important for them to incur the expenditure on their health. In the present scenario when there is uncertainties and risks related to health, and a possibility that it affects the whole world equally through movement of people from one place to another, increasing the ill population and the need of the health service providers such as the doctors, we can assume that it has also increased the health expenditure of the doctors in the world

The doctors may be working under an institution (Private/Public) or own individual practitioners. Those working under the institutions may avail allowances, or paid leave for illnesses etc. For government employees there is a single allowance called the Non-Practicing Allowance (NPA). Besides the other sources of health expenditure of the doctors can be like the households such as out of pocket, savings, lending etc. They may also have to take self-precautions for which mostly out of pocket expenditure in incurred by them. The available information shows that doctors avail insurance scheme that is available to the public in common such as the health insurance and no special scheme has been introduced for the health expenditure of doctors.

At the times of COVID the major expenditure was for the equipment's such as the personal protective equipment's(PPT kit), covaxin and covi-shield vaccination, reverse transcription polymerase chain reaction(RTPCR),rapid antigen test (RAT)or rapid antigen detection test (RADT).As doctors were more closely in contact with the patients through consultation and other treatments they must have high expenditure on these above mentioned factors for their health security and detection of the disease. They must have met the expenses through allowance or other main sources of income. Also as their health security involves risk and uncertainty joining the health insurance or schemes should be considered essential to meet its varying rate.

CHAPTER -3

ECONOMIC ANALYSIS OF HEALTH EXPENDITURE OF DOCTORS

The doctors are one of the important service providers in the health sectors. The increasing insecurity and uncertainties in the health sectors has also increased the need for service providers in the country .However, to provide better health services to the people, doctors should have better health conditions or working environment .Therefore this chapter seeks to analyse the health expenditure of the doctors which is necessary to maintain good health conditions to provide better services to the people.

3.1 SOCIAL AND DEMOGRAPHIC PROFILE

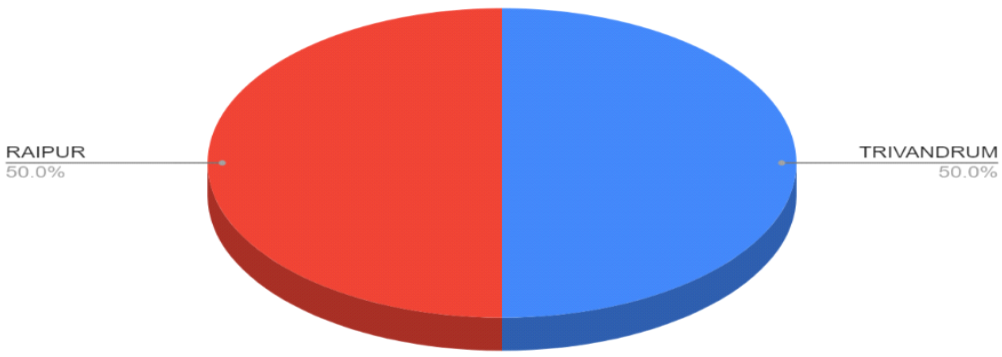
This section includes place , age,sex marital status and work experience

3.1.1PLACE OF DOMICILE

The place of domicile of the respondents includes two cities .Trivandrum the capital city of Kerala and Raipur the capital of the northern state Chhattisgarh, with 20 respondents from Trivandrum and 20 from Raipur making it a total of 40.

Figure 3.1

Place of domicile



SOURCE; -PRIMARY DATA

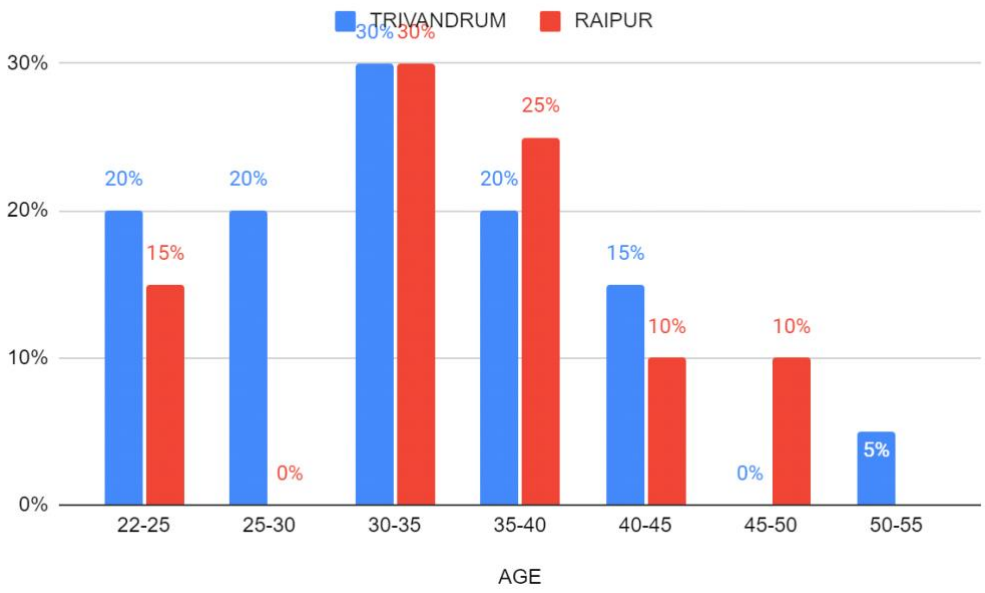
It is evident from the above figure that out of the 40 respondents.50% are from the city of Raipur and 50% are from the city of Trivandrum.

3.1.2 AGE GROUP

The graph shows the composition of various age groups of the respondents.

Figure 3.2

Age group



SOURCE :PRIMARY DATA

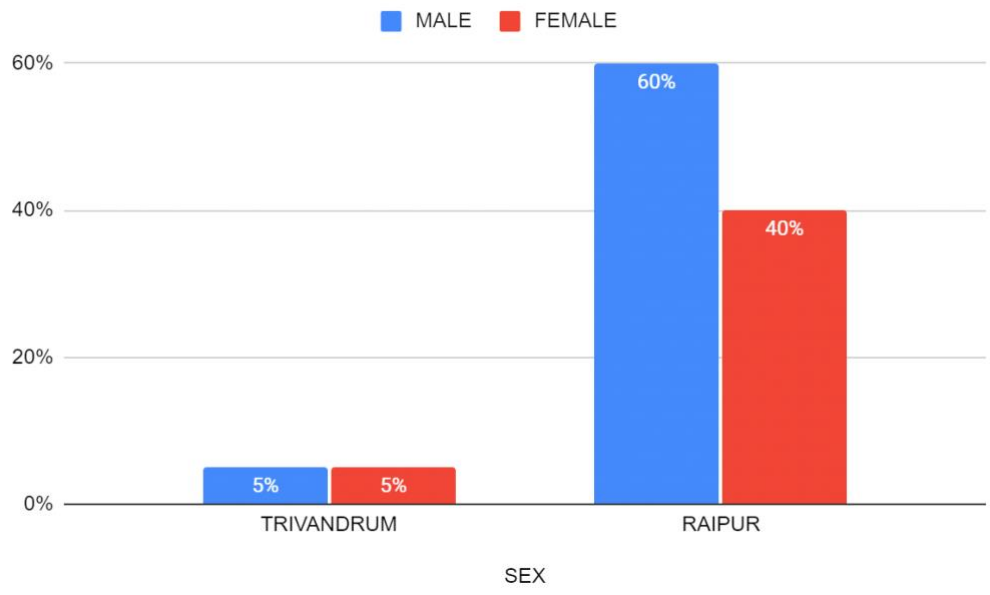
It is evident from the above graph that majority of them falls under the age group of 30-35 with 30% of the respondents from both the city of Trivandrum and Raipur. And the lowest 5% falls under the age group of 50-55 in Trivandrum and there are none from the city of Raipur under this age group. The lowest respondents from the city of Raipur fall under the age group of 45-50 with 10% and there are none from Trivandrum for the same .The remaining age composition includes 20% under 22-25 from the city of Trivandrum and 15% from the city of Raipur,20% from Trivandrum, and none for the same from the city of Raipur,20% and 25% between 35-40 age group in Trivandrum and Raipur and 15% from Trivandrum and 10% from Raipur under the age group of 40-45 years.

3.1.3 SEX COMPOSITION

The below figure shows the sex composition of the respondents as males and females.

Figure 3.3

Sex composition



SOURCE PRIMARY DATA

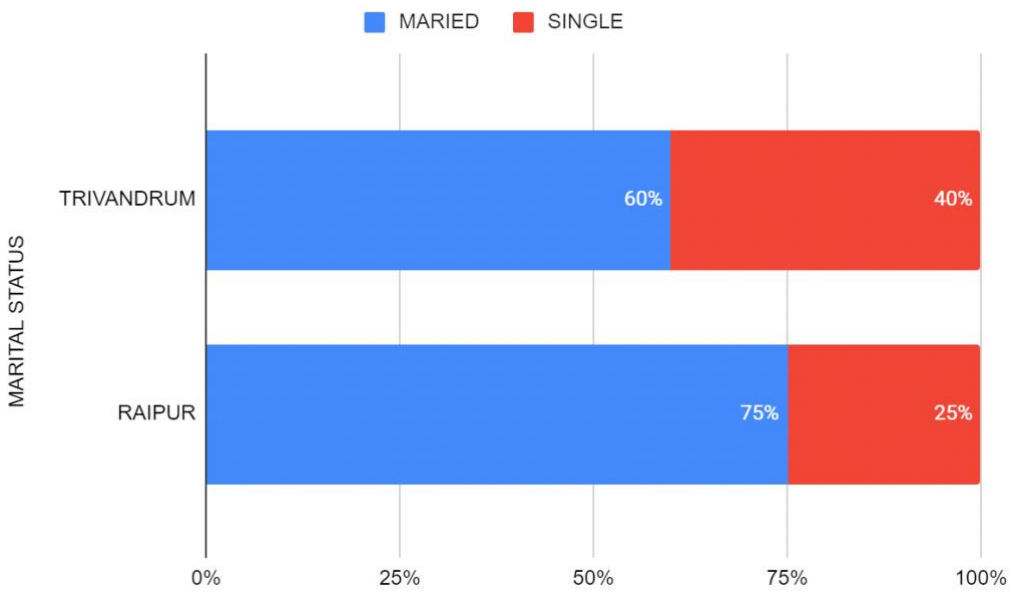
It is evident from the above graph that the majority of 60 constitutes the male population in the city of Raipur, while the remaining 40 constitutes the female population .On the other side 5% include males and 5% include females in the city of Trivandrum.

3.14 MARITAL STATUS

This section shows the percentage of married and single.

Figure 3.4

Marital status



SOURCE -PRIMARY DATA

It is evident from the above graph that out of the total 40 respondents,60% are married in Raipur and 40% are single. While 75% are married and 25% are single in Trivandrum.

3.1.5 DEPARTMENT

This section shows various working departments of respondents and number o respondents from the same department.

Table 3.1

Department

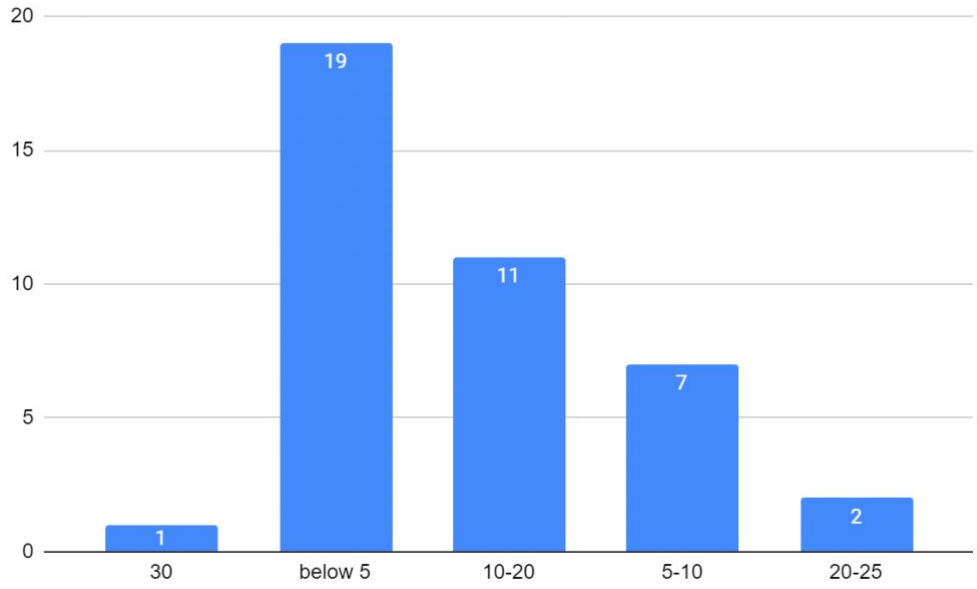
Department	Frequency
Clinical and neuropsychology	1
Medicine	4
PHC	1
General OPD	1
Ophthalmology	2
Homoeopathy	2
Medical	1
INTERNAL MEDICINE	3
Neurology	1
HMC	1
Anaesthesia	1
Radiology	2
Orthopaedic	2
Pulmonary medicine	2
Ent	1
Paediatrics	2
Surgical oncology	2
Head and neck Oncology	1
Cardiology	1
BMS	1
General medicine	2
Medical services	1
General Surgery	1
Physiotherapy	1
OBS gyne	2

3.1.6 WORK EXPERIENCE

This section shows the years of experience in work and number of respondents falling under each working group of years combining the two cities of Trivandrum and Raipur.

Figure 3.5

Work experience



It is evident from the graph that majority have work experience of below 5years combing both the cities of Raipur and Trivandrum.11 of them have a working experience of 10-20 years, the experience of 7 respondents is 5-10 years,2 of them have a experience of 20-25 years and only 1 respondent have an experience of 30 years.

3.2 SOCIAL AND ECONOMIC PROFILE

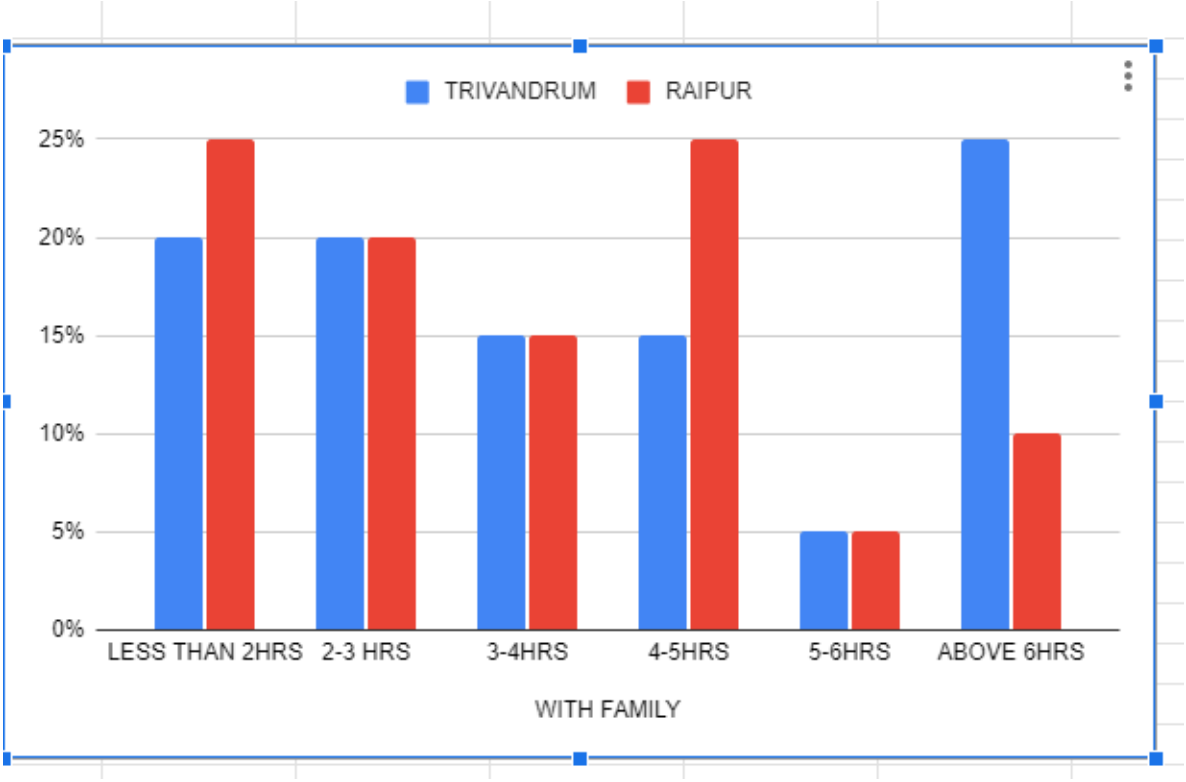
This section seeks to understand the amount of time spend by the doctors for things other than work ,challenges or factors affecting work, the level of satisfaction in their work and between their work and personal life.

3.2.1 SOCIAL PROFILE

TIME SPEND WITH FAMILY

Figure 3.6

Time spends with family



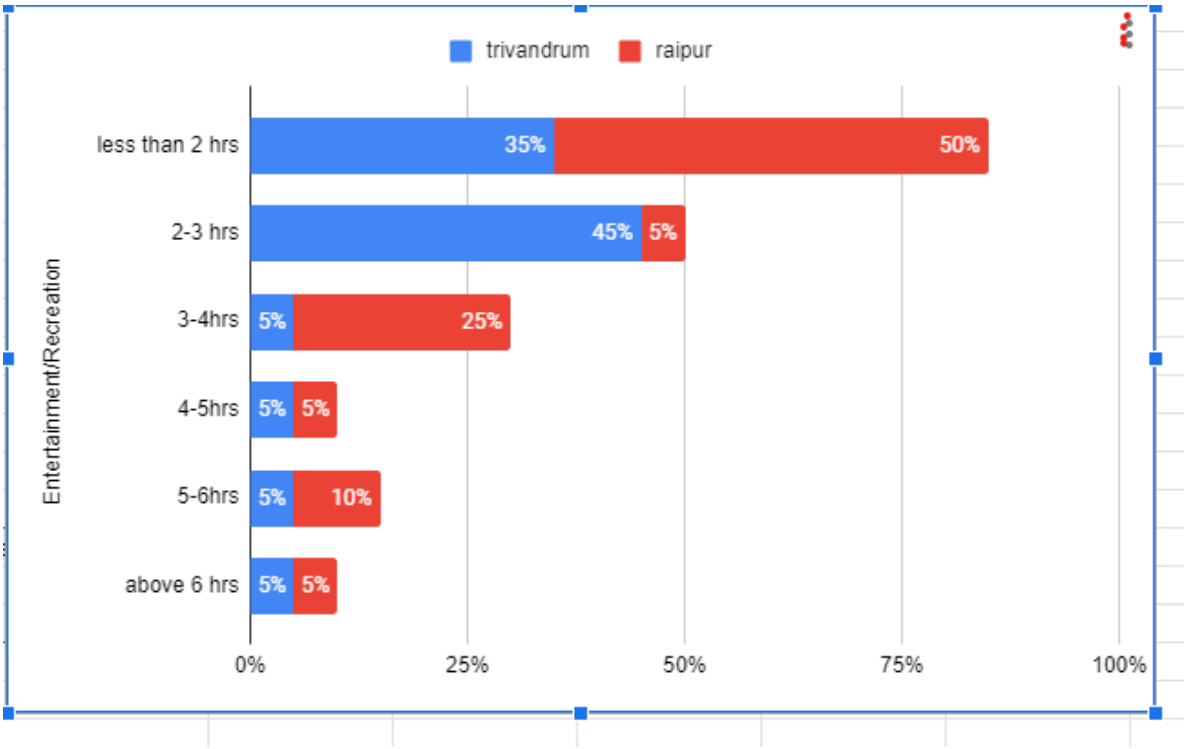
It is evident from the above graph that the majority which constitutes25% of the respondents in Trivandrum can spend time above 6 hours with their family. The lowest 5% spend time with their family between 5-6 hours. The remaining 15% spend time between 3-4 hours, another 15% spend time between 4-5 hours ,20% spend time between 2-3 hours and remaining 20% get to spend less than 2 hours with their family.

While in Raipur 25% which constitute the majority get to spend only less than 2 hours or 4-5 hours with the family and the minority which constitutes only 5% spends 5-6 hours with their family. The remaining 20% spend 2-3 hours, 15% get to spend 3-4 hrs and only 10% can spent time with their family above 6 hours on a weekly basis.

ENTERTAINMENT AND RECREATION

Figure 3.7

Entertainment and Recreation

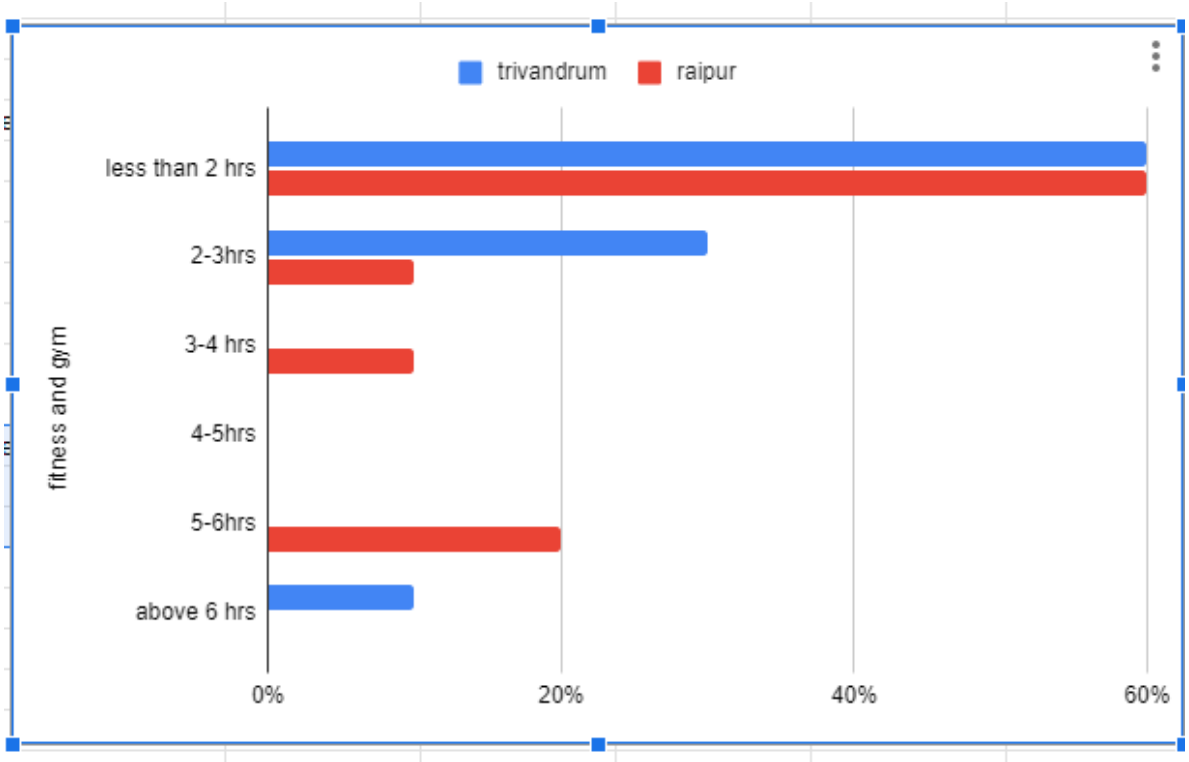


It is evident from the above graph that only 5% of them can spend time for recreation and entertainment above 6 hours and 4-5 hours both in Trivandrum and Raipur .Only 5% spend time between 5-6 hours in Trivandrum and 10% in Raipur. The number of respondents who spend time between 3-4 hours is 5 % in Trivandrum and 25% in Raipur. 2-3 hours of time is spend by 45% in Trivandrum and 5% in Raipur .The remaining 35% in Trivandrum and 50% in raipur spend less than 2 hours for the same on a weekly basis.

FITNESS AND GYM

Figure 3.8

Fitness and gym

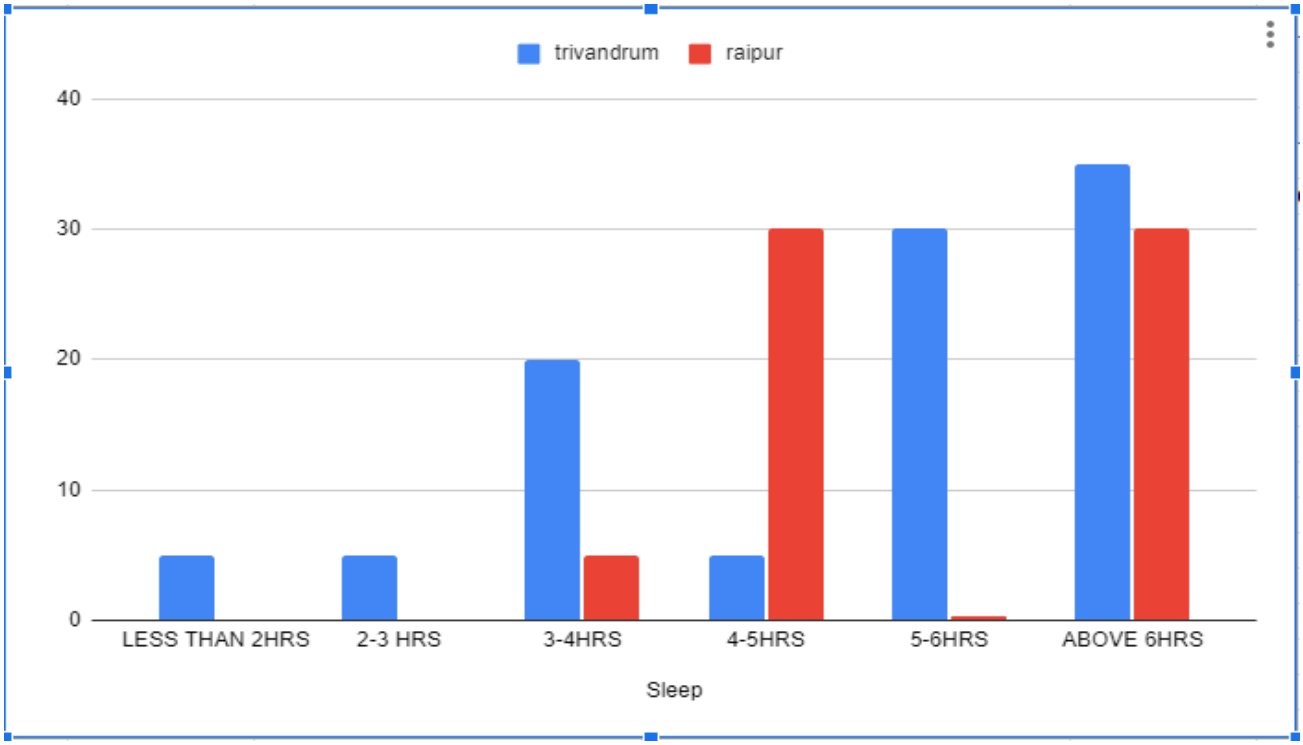


It is evident from the above graph that the majority that constitutes 60% in Raipur and Trivandrum get less than 2 hours to spend for fitness and gym. Between 20% and 40% spend time between 2-3 hrs in Raipur and less than 20% spend time between 2-3 hours in Raipur. No respondents spend time between 4-5 hrs. While only 20% spend time between 5-6 hours in Raipur and none in Trivandrum. Above 6 hour is spend by below 20% in Trivandrum and none in Raipur for the same on a weekly basis.

SLEEP

Fig 3.9

Sleep

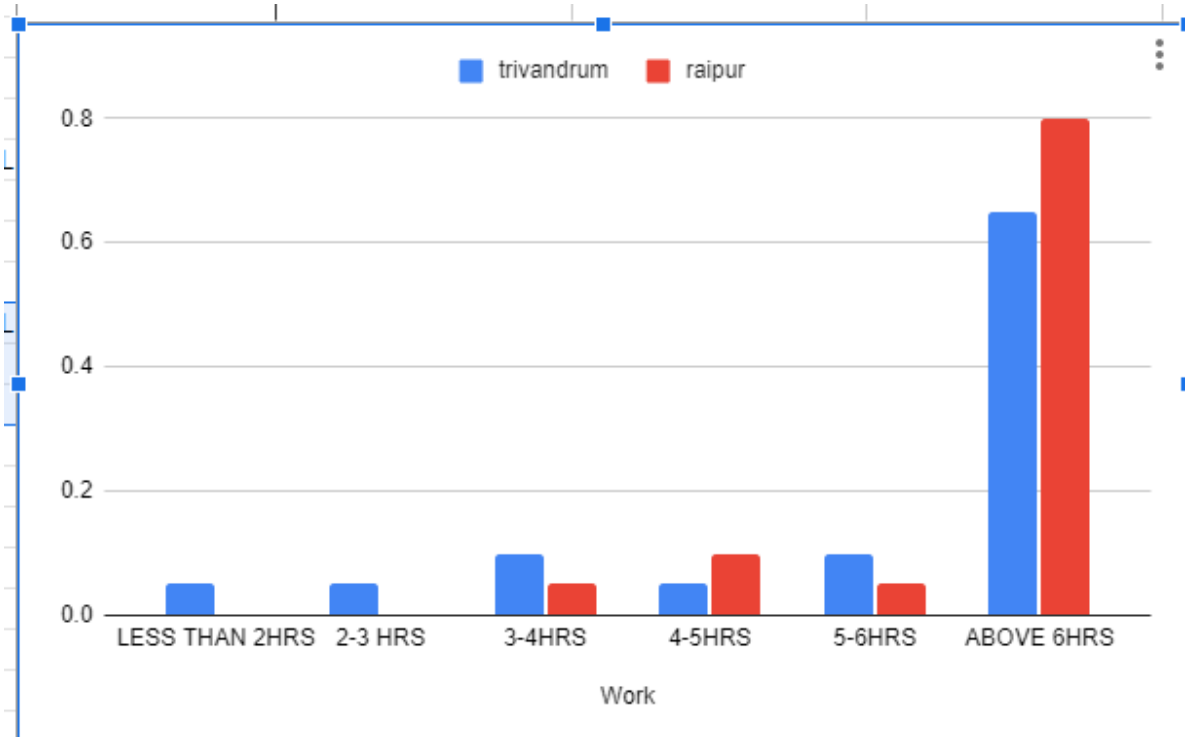


It is evident from the above chart that the majority which constitutes 30% in Raipur and above 30% in Trivandrum get to sleep above 6 hours. 30% in Trivandrum and below 10 % get to sleep between 5-6 hrs. The remaining 30%sleep between 4- 5 hours in Raipur and below 10% sleep 4-5 hours in trivandrum.20% of them in raipur and below 10 % get to sleep between 3-4 hours and only 5% get to sleep between 2-3 or less than 2 hours in Trivandrum while none of them in Raipur.

WORK

Fig3.10

Work

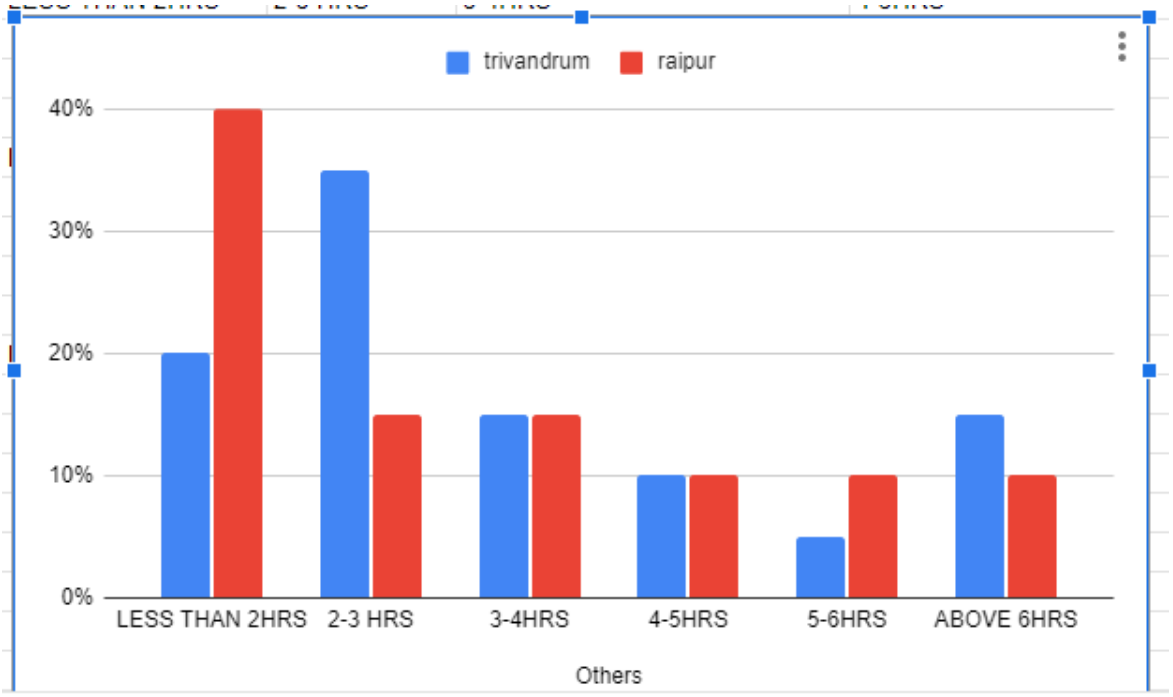


It is evident from the above graph that majority of the respondents from both the city of Trivandrum and Raipur which constitutes 60% in Trivandrum and 80% in Raipur work above 6hours.A minority of 5% work less than 2 hours or 2-3 hours in a week . The remaining 10% in Trivandrum and 5% in Raipur work 3-4 hours .Also 5% in in Trivandrum and 10% in Raipur work between 4-5 hours or 5- 6 hours in both the cities on a weekly basis.

OTHERS

Fig3.11

Others



It is evident from the above graph that the majority which constitutes 40%in Raipur and above 30% in Raipur get to spend less than 2 hours or 2-3 hours for others. While above 10% only spend between 2-3 in Raipur. Those who spend 3-4 hours constitutes above 10% in both Trivandrum and Raipur. Another 10% spend 4-5 hours in both the city of Raipur and trivandrum.5-6 hours of time is spend by 5% in Trivandrum and 10% in Raipur, while those who spend above 6 hours of time are above 10% in Trivandrum and 10% in Raipur for the same on a weekly basis.

3.2.2 FACTORS AFFECTING WORK AND PERSONAL LIFE

NATURE OF JOB

Table 3.2

Nature of job

It is evident from the the above table that majori

NATURE OF JOB	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	
Trivandrum	30%	35%	15%	10%	10%	
Raipur	55%	20%	15%	10%	0	

ty in the city of Trivandrum which constitutes 30 or 35 percent strongly agree or agree that nature of job is factor that challenge their work- life balance. On the other hand 10% disagree and the remaining 10% strongly disagree the factor as challenging to their work or personal life . And the remaining 15% which is a minority remain neutral for the same.

LACK OF FAMILY SUPPORT

Table 3.3

Lack of family support

LACK OF FAMILY SUPPORT	STRONGLY AGREE,	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	20%	10%	25%	20%	25%
RAIPUR	20%	20%	20%	30%	10%

From the above table it is evident that the majority of 25% or 20% strongly disagree that lack of family support is a factor which affect their work life balance. While the remaining 20% or

10% strongly agree or agree that the above mentioned factor is a challenge between their work and personal life. And the remaining 25% remain neutral for the same.

On the other side, in Raipur city majority of 30% disagree or 10% strongly disagree that nature of job is a challenging factor in their work life balance. While 20% of them strongly agree or agree that the above factor is challenging between work and personal life. The remaining 20% stand neutral for the same.

PERSONAL NEEDS

Table3.4

Personal needs

PERSONAL NEEDS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	25%	25%	20%	5%	25%
RAIPUR	35%	30%	25%	0	10%

The above table shows that a majority of 25% strongly agree or agree that their personal needs is not a challenging factor which affect their work life balance. While the remaining 25% strongly disagree or 5% disagree that the above factor is a challenge in their work life balance. And the remaining 25% stand neutral for the same in the city of Trivandrum.

While in Raipur City a majority of 35% or 30% strongly agree or agree that personal needs is a challenging factor which affect their work life balance. The respondents who strongly disagree that personal needs is a challenge in their work life balance constitute 10% and those who disagree include nil. The remaining 25% stands neutral for the same .

WORKING HOURS

Table 3.5

Working hours

WORKING HOURS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	30%	25%	25%	5%	15%
RAIPUR	55%	35%	0	10%	0

The above table shows that majority of 30% strongly agree or 25% agree that the factor working hours is a challenge which affect their work life balance. While 15% of them

strongly disagree or 5% of them disagree that it is a challenge. And the balance of 25% choose to stand neutral for the same in the Trivandrum city.

On the other hand, in the Raipur city the majority of 55% strongly agree or 35% agree that the above factor is a challenge. While the remaining 10% disagree that it is a challenge. And none of them strongly disagree or remain neutral for the same.

STRESSFUL INTERPERSONAL RELATIONSHIP BETWEEN COLLEAGUES

Table 3.6

Stressful interpersonal relationship between colleagues

Stressful and interpersonal relationship between colleagues	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	25%	20%	25%	10%	20%
RAIPUR	20%	55%	15%	10%	0

From the above table it is evident that a majority of 25% strongly agree or 20% strongly disagree that the factor stressful interpersonal relationship between colleagues is a factor which affect their work and life balance. While 20% of them strongly disagree or 10% of them disagree that the above factor is a challenge. And 25% of them stands netural in the city of Trivandrum.

In Raipur 20% of them strongly agree or 55% of them agree that the above factor is a challenge. While 10% of them disagree and 15% of them stands neutral.

VERBAL OR EMOTIONAL ABUSE

Table 3.7

Verbal or emotional abuse

Verbal /emotional abuse	Strongly AGREE	Agree	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	15%	20%	20%	25%	20%
RAIPUR	10%	45%	5%	20%	20%

The above table shows that 15% strongly agree or agree that the factor verbal or emotional abuse is a factor which affect their work life balance. While 25% of them disagree or 20% of them strongly disagree that the factor affects their work or personal life. And 20% choose to stand neutral in the Trivandrum city.

While in the city of Raipur 10% of them strongly agree or 45% of them agree that the above factor is a challenge in their work life. The remaining 20% strongly disagree or disagree that it is a challenge for them. And 5% remain neutral.

PHYSICAL ABUSE FROM PATIENTS/CAREGIVERS

Table 3.8

Physical abuse from patients/caregivers

Physical abuse from patients /caregivers	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	20%	10%	20%	25%	25%
RAIPUR	20%	15%	10%	35%	20%

From the above table it is evident that 20% of them strongly agree or 10% of them agree that physical abuse from patients or caregivers is a challenge which affect work life. while 25% of them strongly disagree or disagree that the factor is a challenge. and the remaining 20% stands neutral in the city of Trivandrum.

While in Raipur 20% of them strongly agree and 15% of them agree that the factor affect their work life. on the other hand 35% of them disagree or 20% of them strongly disagree that the above factor is a challenge and 10% remain neutral.

SUPERIORS /SENIORS

Table3.9

Superiors /seniors

SUPERIORS /SENIORS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
TRIVANDRUM	15%	25%	10%	20%	30%
RAIPUR	25%	30%	20%	25%	0

It is evident from the table that 15% strongly agree and 25% agree that the superiors or seniors are a challenging factor in their work life. While 20% disagree and 30% strongly disagree or 10% remain neutral for the same in Trivandrum city.

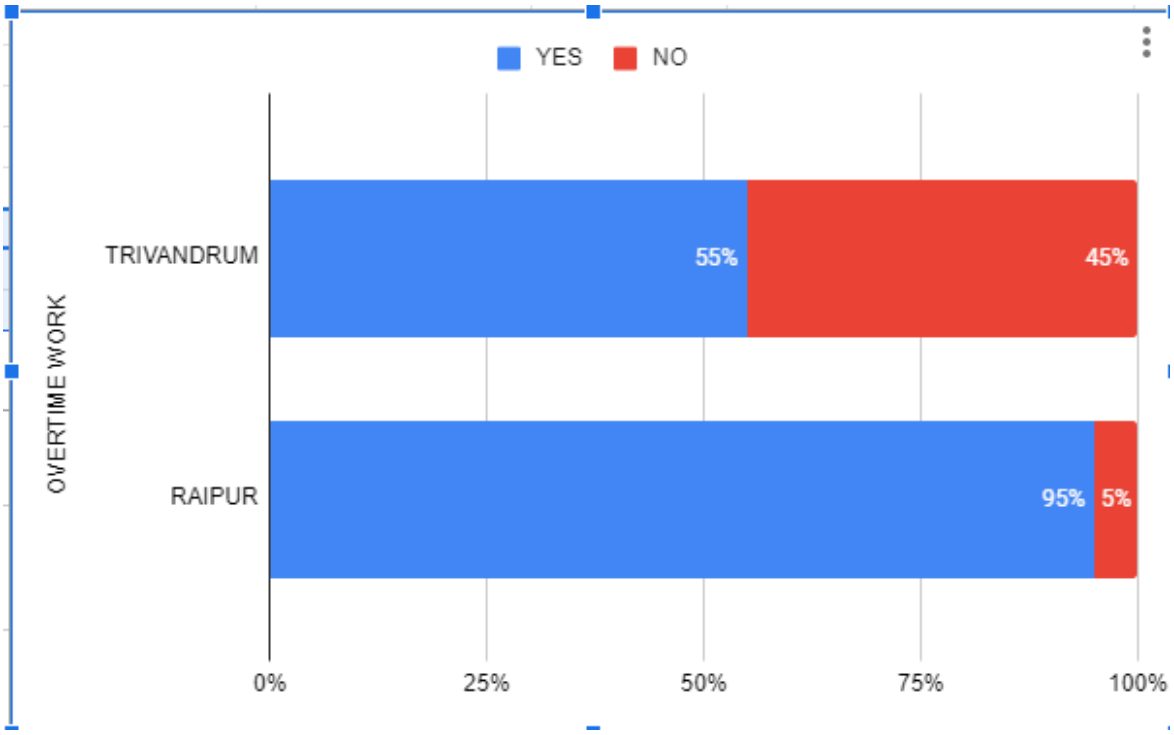
On the other hand, in Raipur 25% strongly agree and 30%agree that the above factor is a challenge for them. While 25% of them disagree and 20% remain neutral for the same .

3.2.3 ECONOMIC PROFILE

OVERTIME WORK

fig 3.12

overtime work



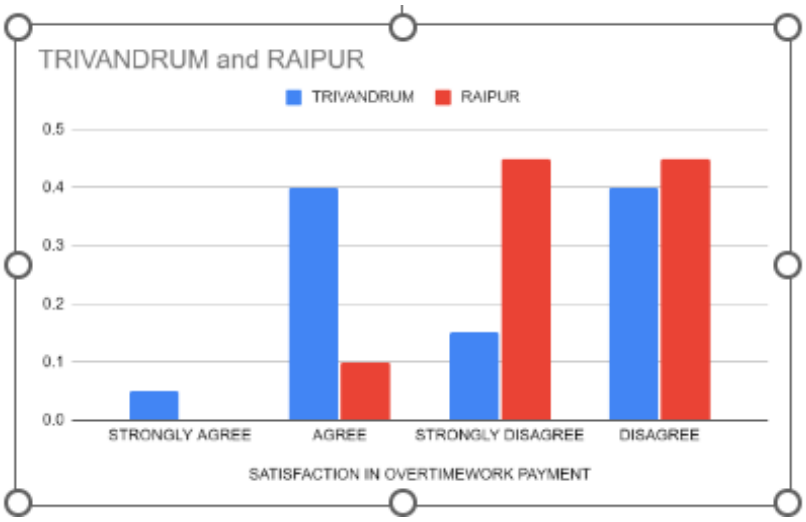
It is evident from the above graph that a majority of 55% do work overtime only 45% do not have overtime work in Trivandrum city.

On the other hand in Raipur 95% have overtime work and only 5% donot have any overtime work.

SATISFACTION IN OVERTIME PAYMENT

Fig 3.13

SATISFACTION IN OVERTIME PAYMENT



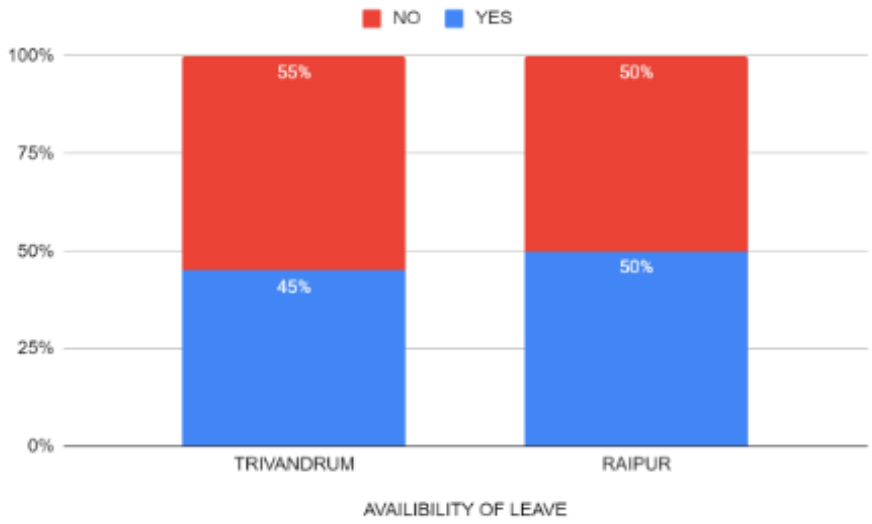
The above graph shows that below 10% of them strongly agree that the overtime payment is satisfactory. While 40% of them agree the same. Another 40% of them disagree and remaining 10% strongly disagree that the payment from overtime work is satiesfactory in Trivandrum city.

While in Raipur only 10% of them agree that the overtime payment is satisfactory. Above 40% of them strongly disagree or disagree that the overtime payment is satisfactory.

AVAILABILITY OF LEAVE

Fig3.14

Availability of leave

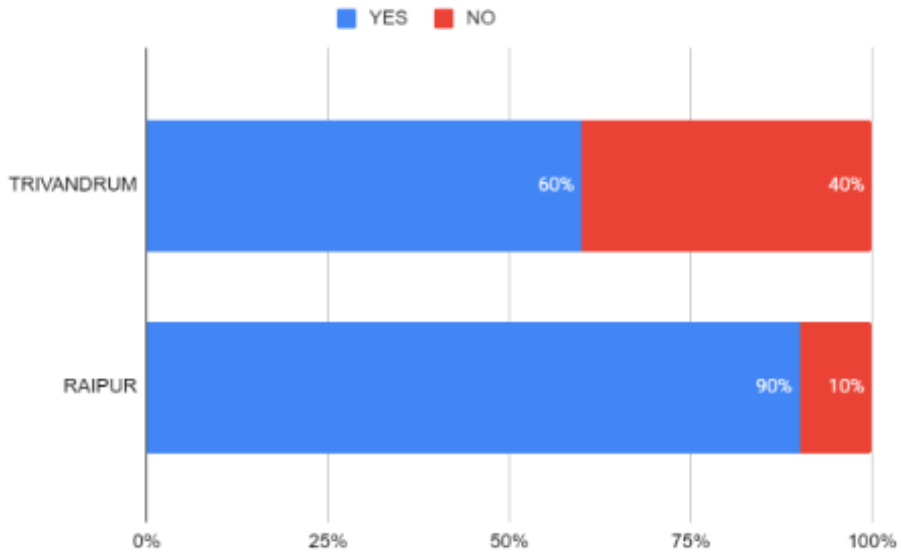


From the above figure it is evident that 55% of them donot get the availability of leave when needed. While 45% of them avail leaves when needed in Trivandrum. While in Raipur 50% of them says that they can avail leave when needed and another 50% says that they are not able to get the same.

WORK ON LEAVE.

Fig 3.15

Work on leave

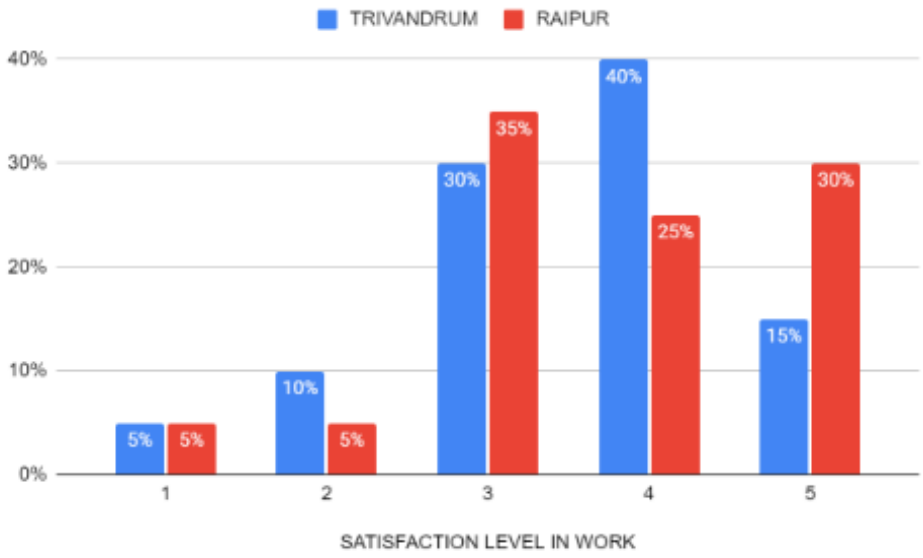


It is evident from the above figure that 60% of the respondents had to work on leave, while 40% do not have to work on their leave in Trivandrum. On the other hand 90% of respondents have to work on leave and only 10% don't have to work on leave in Raipur.

SATISFACTION LEVEL IN WORK

Fig 3.16

Satisfaction level in work

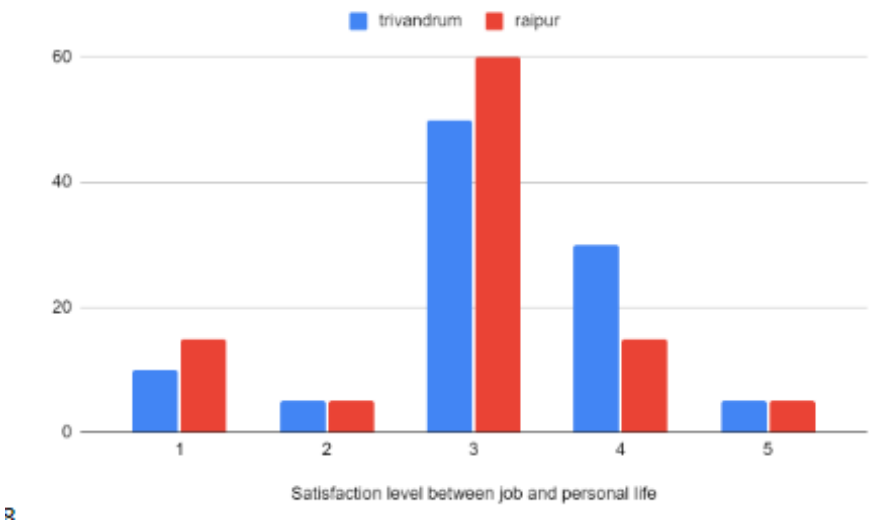


The above graph shows the satisfaction level of respondents in their work . 15% of them in Trivandrum and 30% of them in Raipur has the highest satisfaction level of 5. While 5% in Raipur and another 5% in Trivandrum has lowest satisfaction level of 1 in their work . Majority of 40% in Trivandrum has a moderate satisfaction level of 4, while only 25% of them has the moderate satisfaction level of the same and 35% of them in Raipur and 30% in Trivandrum has the satisfaction level of 3. And only 10% in Trivandrum and 5% in Raipur has the satisfaction level of 2.

SATISFACTION LEVEL BETWEEN JOB AND PERSONAL LIFE

Fig 3.17

SATISFACTION LEVEL BETWEEN JOB AND PERSONAL LIFE

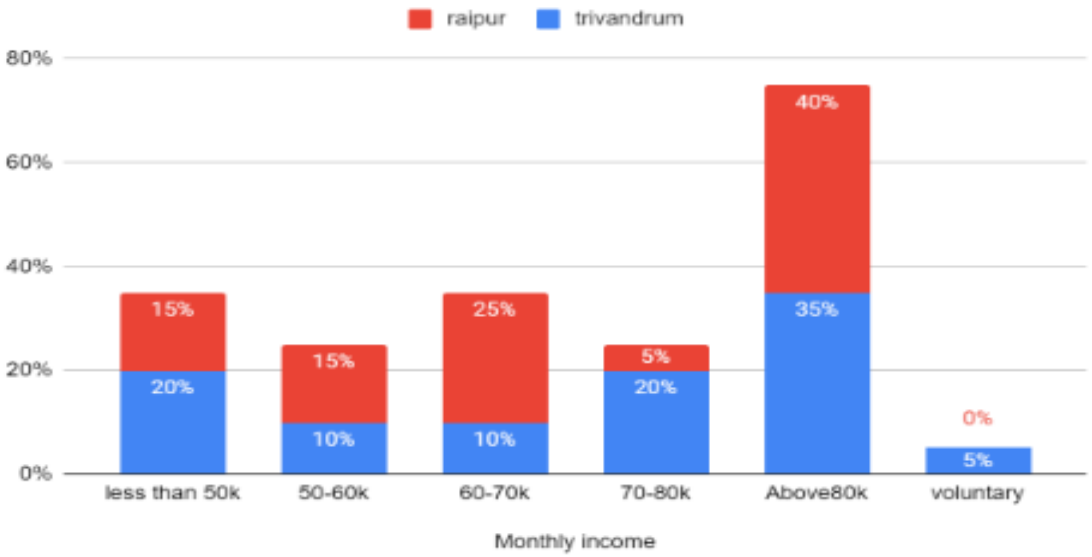


This graph shows that above 40% in Trivandrum and 60% in Raipur has moderate satisfaction level of 3 between their job and personal life. While only a percentage of below 20 has the highest satisfaction level of 5 and moderate satisfaction level of 2 in both cities. While below 20% of respondents has the lowest satisfaction level of 1 and above 20% in Trivandrum and below 20% in Raipur has the satisfaction level of 4.

MONTHLY INCOME

Fig 3.18

Monthly Income

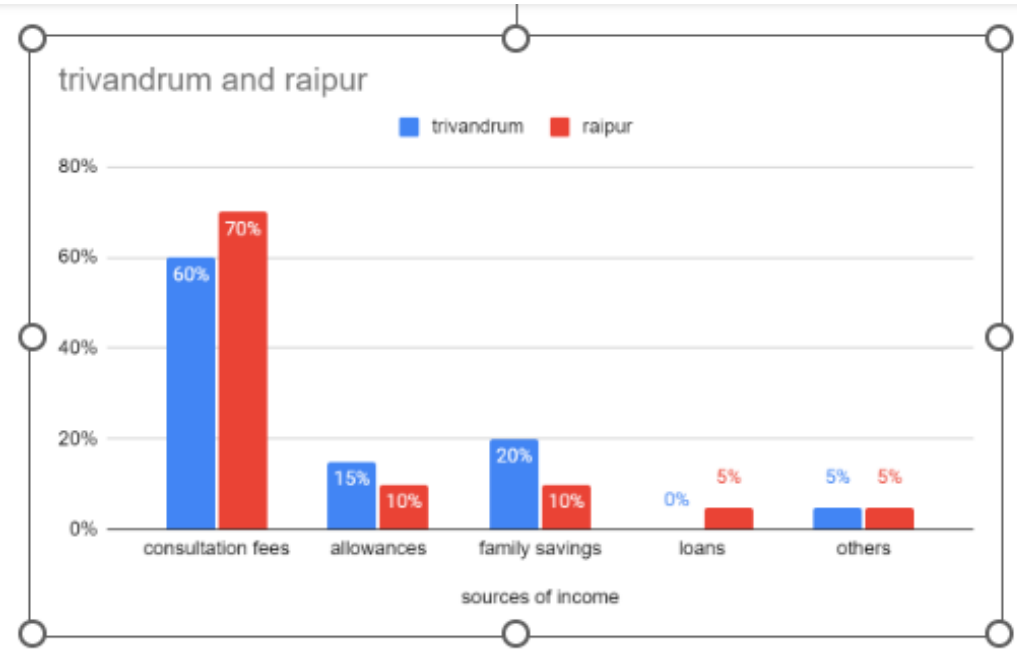


It is evident from the above figure that 20% of them in Trivandrum and 15% of them in Raipur earn an income less than 50,000/. While 10% in Trivandrum and 15% in Raipur earn an income of between 50 to 60k. 10% in Trivandrum and 25% in Raipur earn income of 60 to 70k . On the other hand 20% in Trivandrum and 5% in Raipur earn between 70 to 80k. And 35% in Trivandrum and 40% in Raipur earn income above 80k and remaining 5% earn income voluntarily.

SOURCES OF INCOME

Fig 3.19

Sources of Income



In the above graph the highest 60% in Trivandrum and 70% in Raipur earn t heir income through consultation fees. While 15% of their income is earn as allowances in Trivandrum and 10% earn their income as allowances in Raipur and 20% in Trivandrum has their source of income as family savings while 10% in Raipur has family savings as income. 5% of their income is through loans in Raipur and none of them has loan in Trivandrum. The remaining 10% has other source of income combining both Raipur and Trivandrum.

RATE OF INCOME SPEND

On Household expenditure

Table 3.9

On Household consumption

HOUSEHOLD EXPENDITURE	1	2	3	4	5
TRIVANDRUM	35%	25%	15%	15%	10%
RAIPUR	5%	30%	40%	10%	15%

This table shows the level of income spend on household expenditure. A majority of 35% has the lowest level of spending with 1 as the rating. 25% of the respondent have a moderate level of spending at 2. Only 10% of them have highest level of spending on household expenditure rating at 5 and the remaining 15% and another 15% has moderate level of spending on household expenditure at a rate of 3 and four in the city of Trivandrum.

While in Raipur 15% has the highest level of spending at a rate of 5. Only 5% has the lowest rate of spending at 1. Remaining 30%, 40% and 10% has a moderate level of rating on household expenditure at 2,3 and 4.

On service expenditure

Table 3.10

On Service expenditure

SERVICE EXPENDITURE	1	2	3	4	5
TRIVANDRUM	35%	30%	25%	5%	5%
RAIPUR	20%	45%	10%	25%	0

The above table shows the level of expenditure for different services. Only 5% has the highest level of expenditure on different at a rate of 5.While a majority of 35%has the lowest rating of 1 which implies low level of expenditure. For service expenditure on the other hand remaining 25,5%and5% have moderate level 2,3 and 4.in the city of Trivandrum.

In the city of Raipur, none of them has rated at the highest level of 5 for service expenditure and 20% have rated 1 which implies lowest expenditure for the same. The remaining 80% have moderate level of expenditure at the rate of 2,3 and 4.

On health expenditure

Table 3.11

On Health expenditure

HEALTH EXPENDITURE	1	2	3	4	5
TRIVANDRUM	50%	25%	10%	10%	5%
RAIPUR	20%	30%	25%	20%	5%

In the Trivandrum city, 50% of the respondents have lowest expenditure on health with the rated 1 which implies that they have the lowest expenditure on health. 5% have rated 5 which implies that they incur highest expenditure on services whereas remaining 45% have rated 2,3 and 4 which implies moderate spending.

In Raipur city, 20% have rated 1 which means that they have lowest expenditure on health, 5% have rated 5 which means they have highest expenditure, remaining 75% have rated as 2, 3and 4 which implies moderate spending.

On interest payments

Fig 3.12

On interest payment

INTEREST PAYMENTS	1	2	3	4	5
TRIVANDRUM	45%	25%	20%	5%	5%
RAIPUR	35%	15%	30%	5%	15%

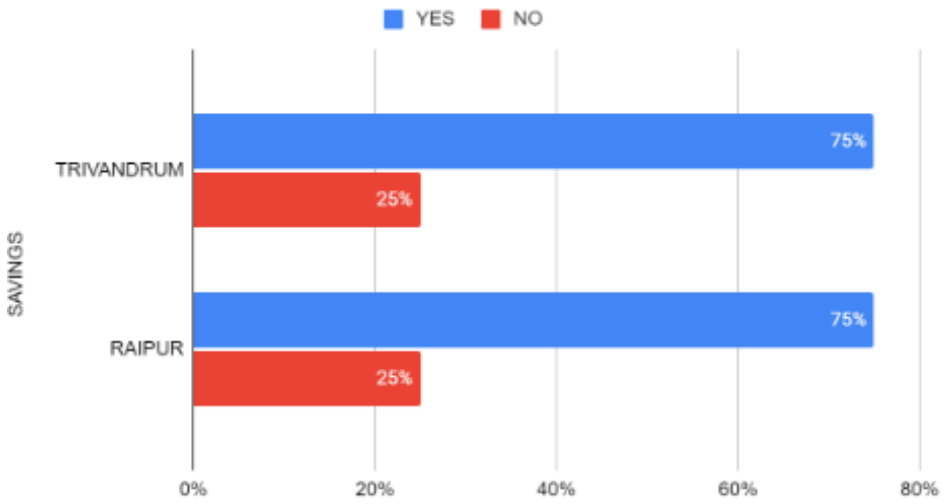
In Trivandrum, 45% have rated 1 which implies lowest spending on interest payments, 5% have rated 5 implying highest expenditure on interest payments. The remaining 50% have rated as 2,3 and 4 implying moderate spending.

In Raipur, 35% have rated as 1 implying lower spending, 15% rates 5 implying highest, remaining 50% have moderate spending.

SAVINGS OF THE RESPONDENTS

Fig 3.20

Savings of the respondents

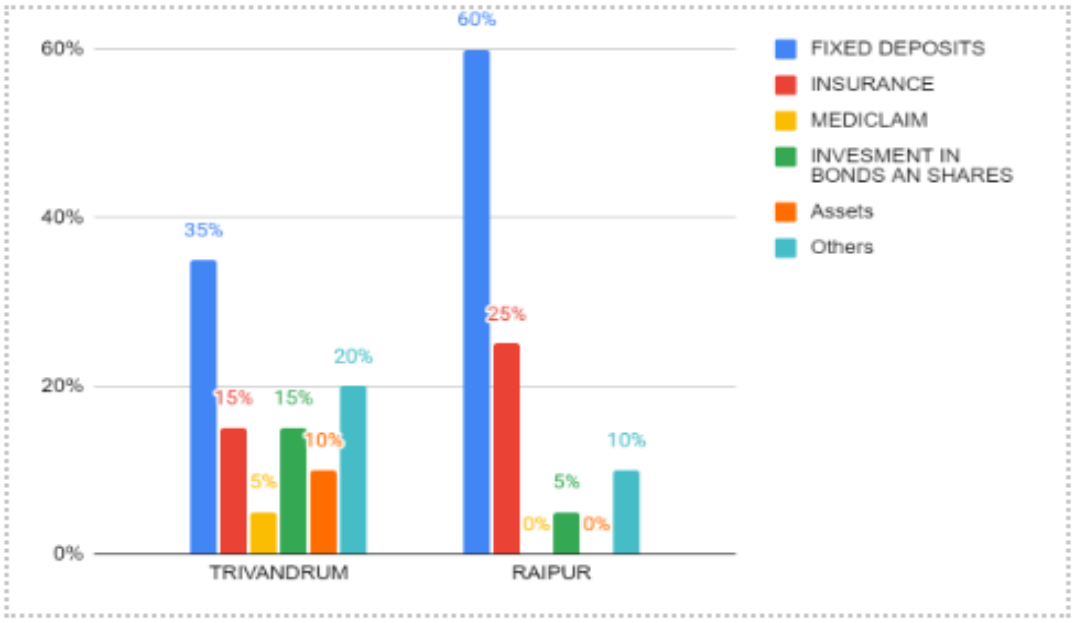


It is evident from the above graph that 75% of respondents in Trivandrum own savings and 25% do not own any savings. While in Raipur, 75% of then own savings and 25% do not own any kid of savings. This means that majority of the respondents own some kind on savings to meet their transitionary and precautionary needs.

KINDS OF SAVINGS WITH THE RESPONDENTS

Fig 3.21

Kinds of savings with the respondents



In Trivandrum, majority of 35% own fixed deposits as their savings, while the lowest 5% earn Mediclaim as their source of savings , 15% have investment in bonds and shares as their savings, 10% have various forms of assets at their disposal which includes financial and physical assets such as gold, land, inheritance from their parents etc.

In Raipur, majority of 60% have fixed deposits, 25% have insurance which they could clainm during emergency,5% have investments, !0% other kinds of savings This implies that a majority has fixed deposits as their savings in both the cities.

DEBTS OWNED BY DOCTORS

Personal loans

Table 3.13

Personal loans

PERSONAL LOAN	YES	NO
TRIVANDRUM	15%	85%
RAIPUR	20%	80%

In Trivandrum only 15% own personal loans while the remaining 85% do not own any personal loans.

In Raipur, 20% own personal loans while 80% do not own any personal loans.

In both cities majority of the respondents do not on any kind of personal loans. That is, majority of their needs can be met through tjeir earnings and other sources than loans.

Home loans

Table 3.14

Home loans

HOME LOANS	YES	NO
TRIVANDRUM	15%	85%
RAIPUR	20%	80%

In Trivandrum only 15% own home loans and 85% do not own any home loans

In Raipur, while only 20% own home loans, remaining 80% do not own any home loans implying that majority of the respondents do not own any home loan.

Educational loans

Table 3.15

Educational loans

EDUCATION LOAN	YES	NO
TRIVANDRUM	5%	95%
RAIPUR	30%	70%

In Trivandrum, Only55 own educational loan while, 95% do not own any educational loan.

In Raipur only 30% own educational loan while remaining 70% do not own any educational loan.

Equity loan

Table 3.16

Equity loans

EQUITY LOAN	YES	NO
TRIVANDRUM	5%	95%
RAIPUR	0	100%

In Trivandrum, only 5% own equity loans remaining 95% do not own any equity loans.

In Raipur, none of the respondents own any equity loans.

Credit building loan

Table 3.17

Credit building loans

Credit building loan	yes	no
Trivandrum	0	100%
RAIPUR	10%	90%

In Trivandrum, None of the respondents on any credit building loans

In Raipur, only 10% of the respondents own credit building loans.

This implies that majority of the respondents do not own any kinds loans . In most cases they are able to meet their needs through other sources rather than loans.

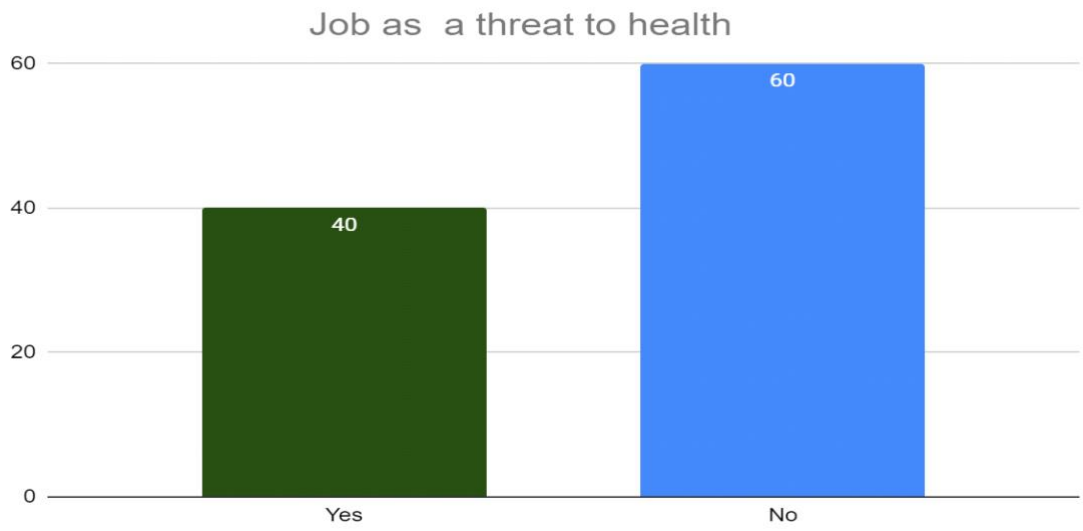
3.3 JOB INSECURITY AND SECURITY MEASURES

This section deals with the types of insecurities faced by doctors and the measures taken by the doctors to tacle those insecurities.

3.3.1 JOB AS A THREAT TO HEALTH

Fig 3.22a

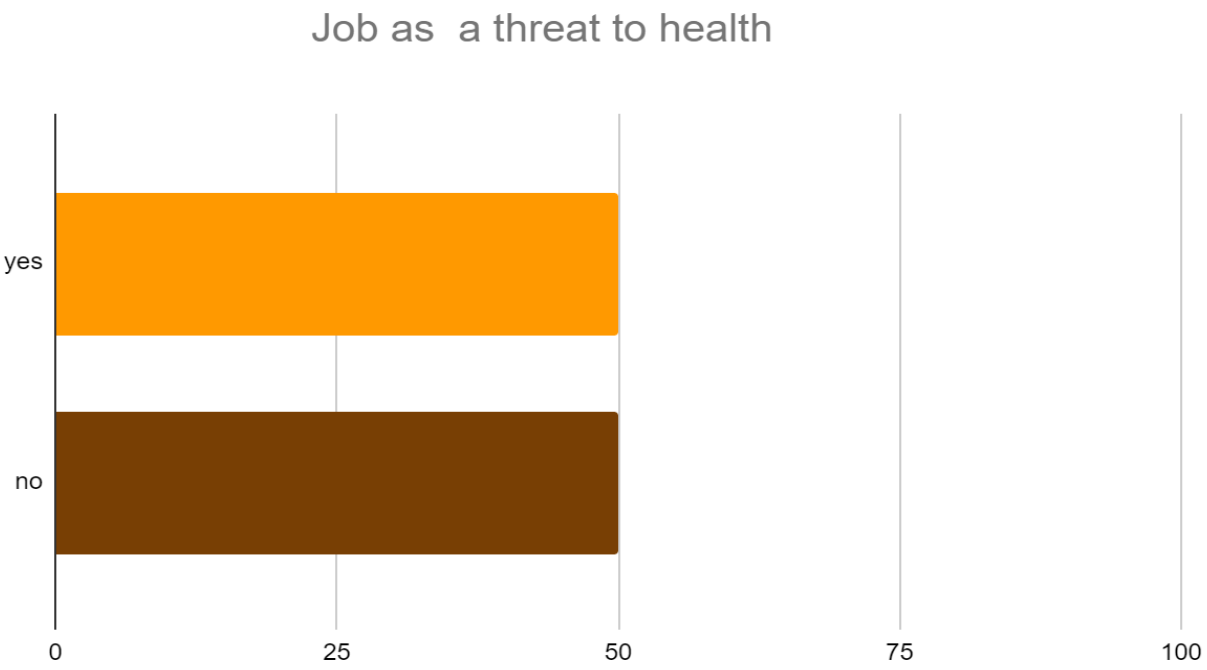
Job as a threat to health(Trivandrum)



The above graph shows that 40% of the respondents in Trivandrum does have a threat to health hile 60% do not face any threat to health in their job.

Fig 3.22b

Job as a threat to health(Raipur)



In the city of Raipur 50% do not have any threat to health while the remaining 50% do face a threat to their health in their job. This means that while majority of the respondents in Trivandrum do not face any threat to health ,half of the respondents in Raipur face a threat to their life while doing their job.

3.3.2 RATE THE FACTORS LEADING TO INSECURITY AT JOB

CONTACT WITH PATIENTS

Table 3.18

Contact with patients

CONTACT WITH PATIENTS	1	2	3	4	5
TRIVANDRUM	20%	20%	30%	15%	15%
RAIPUR	20%	20%	20%	10%	30%

In Trivandrum, 20% of the respondents rate contact with patients as lowest, while 15% rate it as the highest factor causing insecurity to health. The remaining 65% rate it to moderate level as a factor causing insecurity to health.

In Raipur, 20% of the respondents rated it as the lowest, while 30% rate it the highest factor, remaining 50% rate it at a moderate level as a factor causing insecurity to health.

PANDEMIC AND EPIDEMICS

Fig 3.19

Pandemic and epidemics

PANDEMIC AND EPIDEMICS	1	2	3	4	5
TRIVANDRUM	5%	15%	30%	20%	30%
RAIPUR	5%	20%	15%	20%	40%

In Trivandrum, 5% rate Pandemic and epidemics as a lowest factor causing insecurity to health hile 30% rate it as a highest factor causing insecurity to health. the remaining 65% rate it at a moderate level.

In Raipur, 5% rate it at a lowest factor while 40 % rate it as a highest factor, remaining 55% rate it at a moderate level.

LACK OF SUFFICIENT REST

Fig 3.20

Lack of sufficient rest

LACK OF SUFFICIENT REST	1	2	3	4	5
TRIVANDRUM	5%	10%	45%	20%	20%
RAIPUR	5%	10%	10%	30%	45%

In Trivandrum, 5% rate lack of sufficient rest as a lowest factor causing insecurity to health, while 20% rate it as a highest factor, remaining 75% rate it at a moderate level.

In Raipur, 5% rate it as a lowest factor, 45% rate it as a highest factor, remaining 50% rate it at a moderate level.

INSUFFICIENT AND UNTIMELY FOOD INTAKE DUE TO WORK PRESSURE

fig 3.21

insufficient and untimely food intake due to work pressure

Insufficient and untimely food intake due to work pressure	1	2	3	4	5
Triv andrum	5%	20%	30%	30%	15%
Raipur	5%	10%	10%	30%	45%

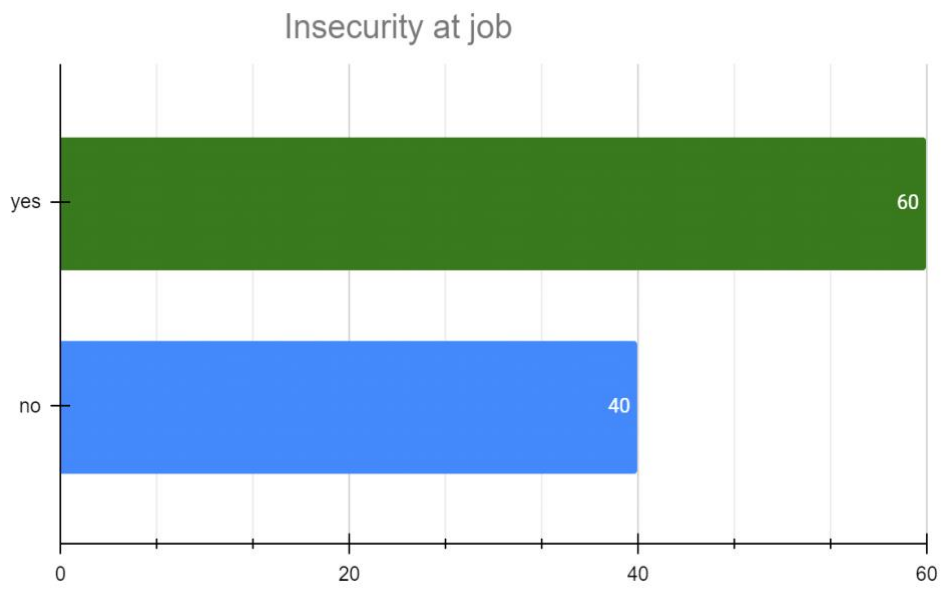
In Trivandrum, 5% rate insufficient and untimely food intake due to work pressure as a lowest factor causing insecurity to health while 15% rate it as a highest factor and the remaining 80% rate it at a moderate level.

In Raipur, 5% of the respondents rated it as a lowest factor of insecurity to health, while 45% rate it as a highest factor leading to health insecurity. The remaining 50% rate it at as a moderate

INSECURITY AT JOB

Fig 3.23a (Trivandrum)

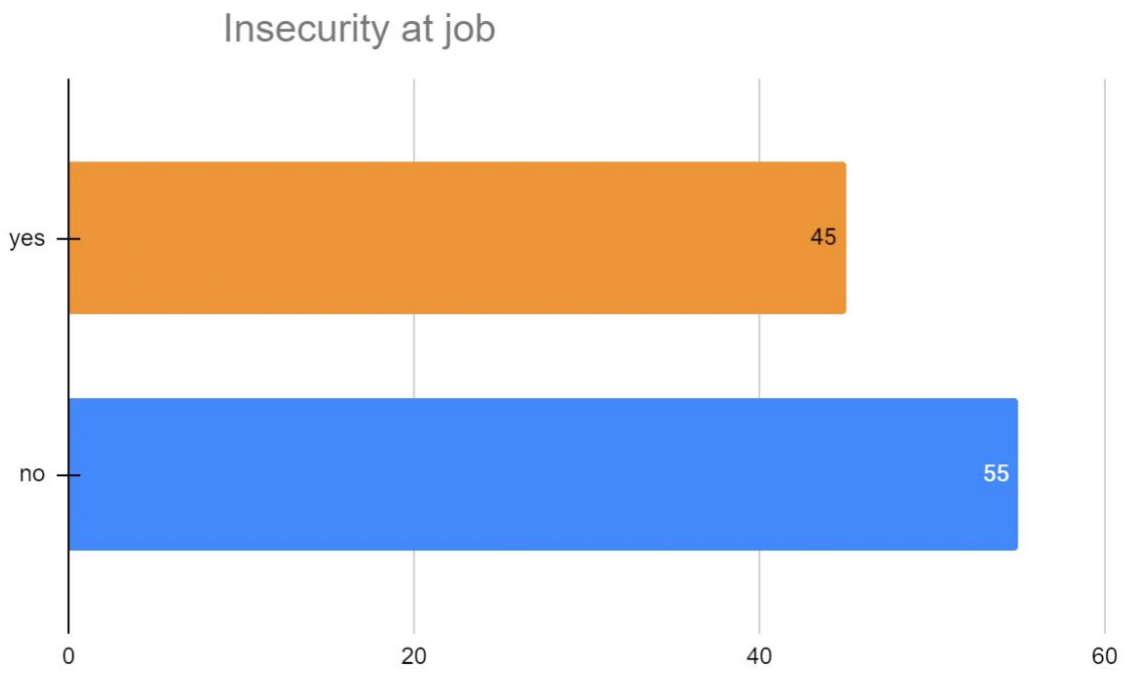
Insecurity at job



In the Trivandrum city, a majority of 60% do feel insecure while doing their job .These insecurities include affecting your physical and mental health, bad treatment from patients or bystanders. long and rigid working hours. While only 40% do not feel any kind of insecurity.

Fig 3.23b

Insecurity at job

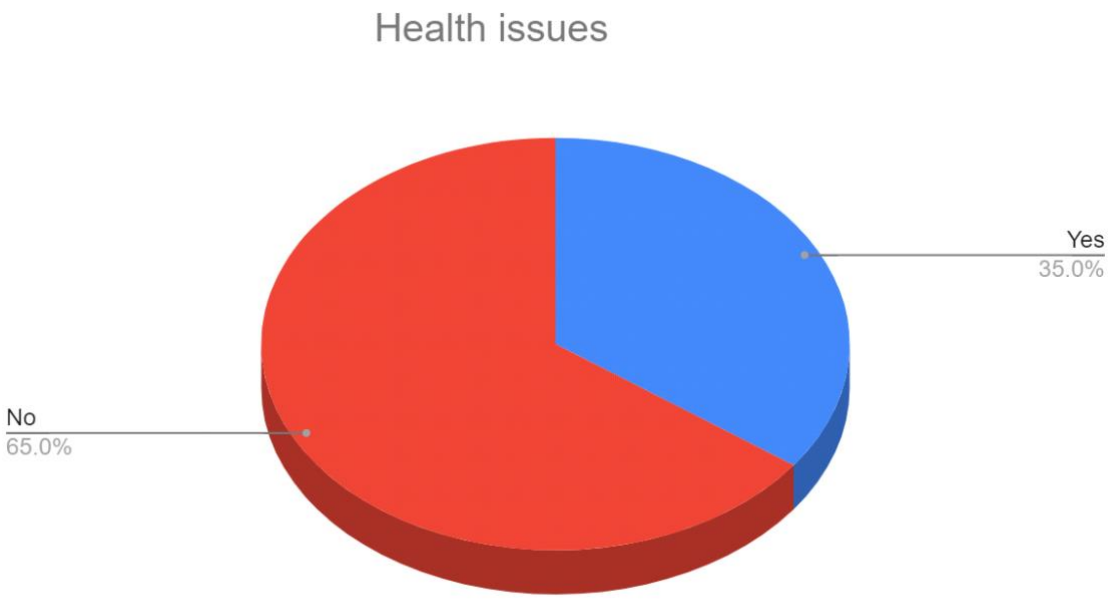


In Raipur, 55% of the respondents do not feel any kind of insecurity at their job while 45% of them face some kind of insecurities at their job .This could be because majority of the respondents in this city either work from home or have their own hospitals . while in Trivandrum majority of the respondents work in either Private or Government hospitals.

HEALTH ISSUES

Fig 3.24a

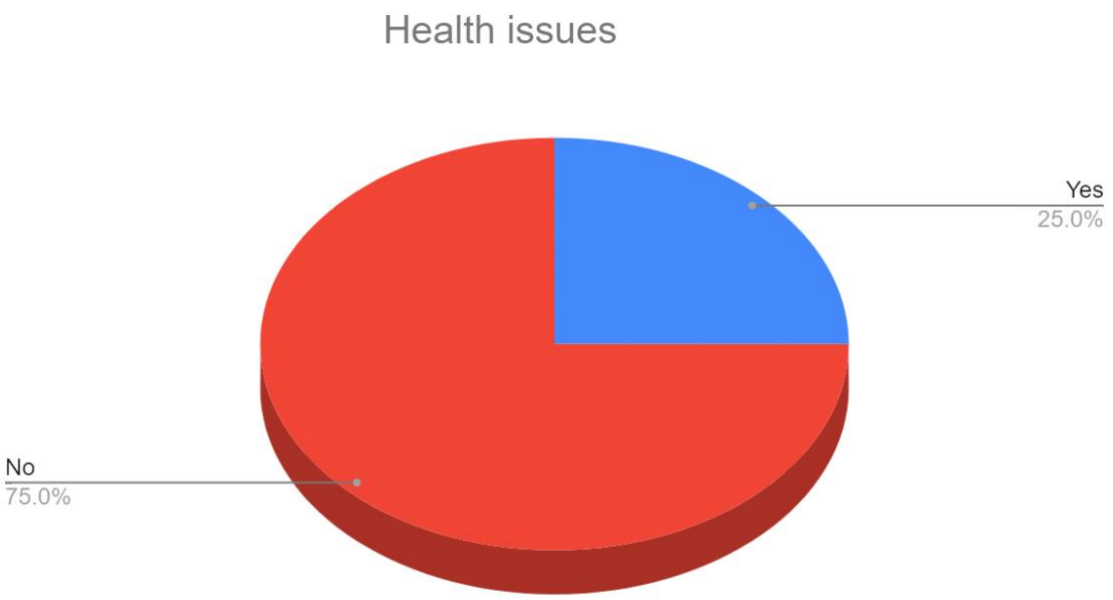
Health issues(Trivandrum)



In Trivandrum, 65% do not face any health issues specifically due to their job, while 35% do face health issues specifically due to their job.

Figure 3.24b

Health issues(Raipur)

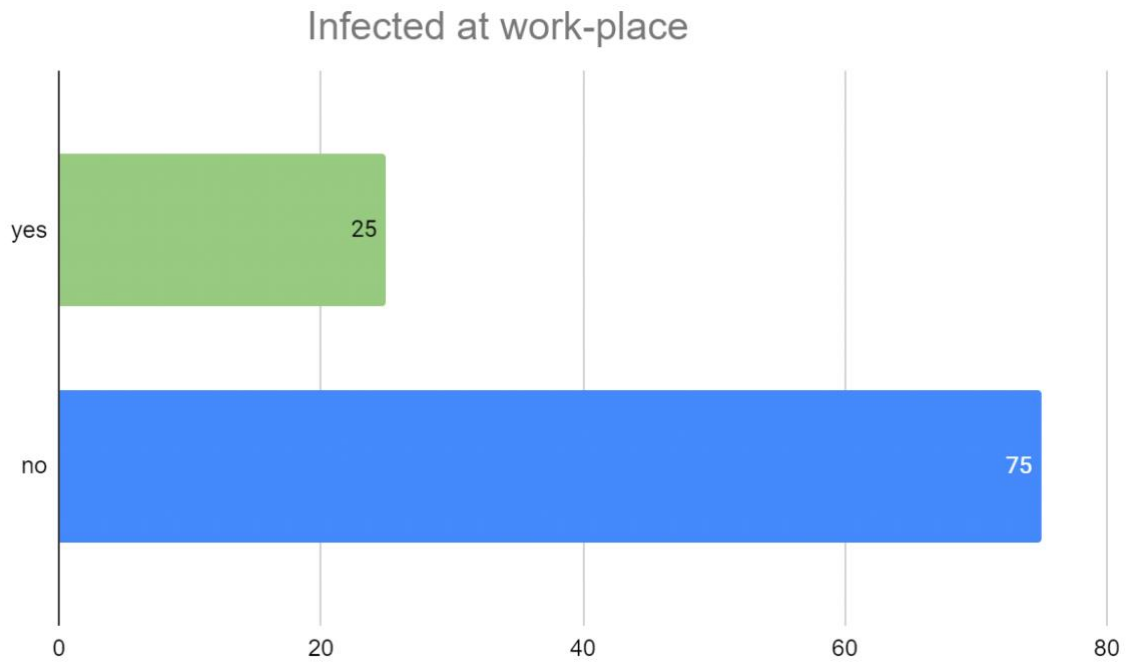


In Raipur, 75% do not face any health issues specifically due to their job while the remaining 25% do face some health issues specifically due to their job. In both cases the majority of the respondents do not face any health issues specifically due to their work while a small percentage of respondents do have work related health issues.

COVID INFECTION AT WORK PLACE

Fig 3.25a (Trivandrum)

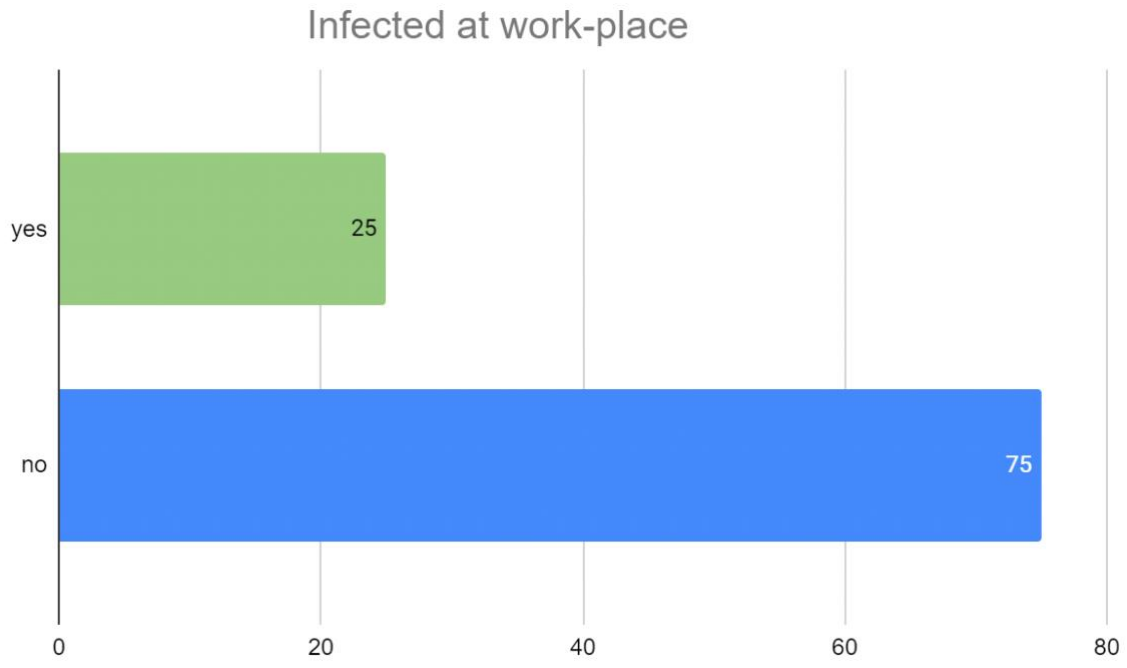
Infected at work place



In Trivandrum only 25% got infected while from their work-place i.e., hospitals while, 75% did not get the infection from their work place. The later includes members who were never infected or got infected from other places.

Fig 3.25b

Infected at work place

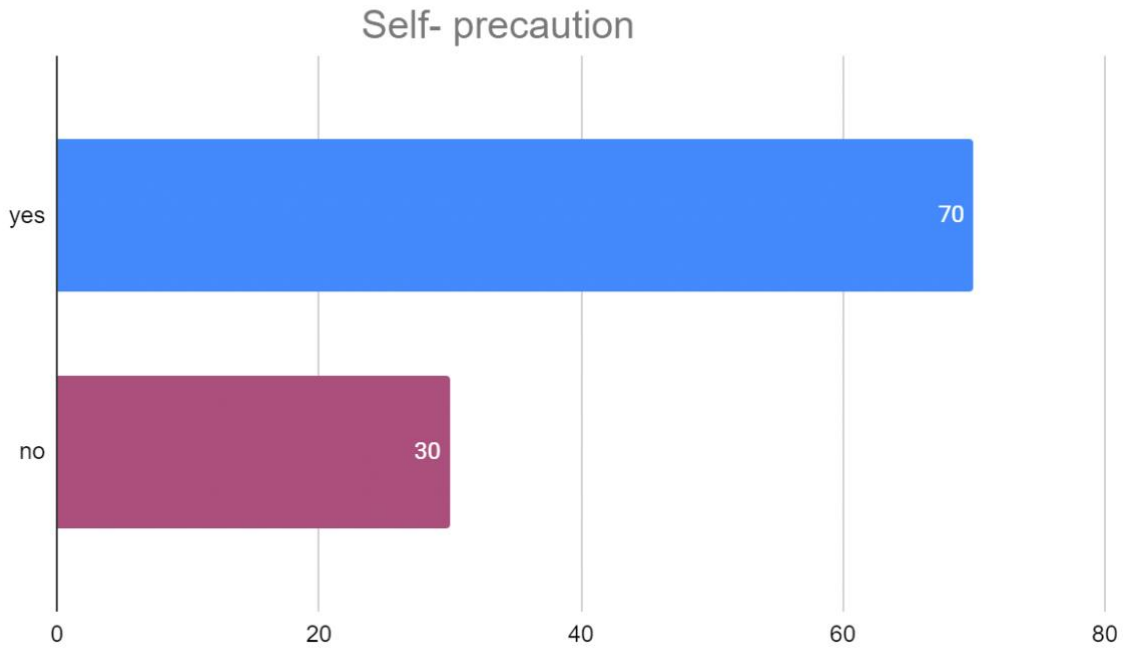


In Raipur, while 25% got infected from their workplace the remaining were not infected from their work place. This implies that majority of the respondents had not infected from their work place but if infected, from other places.

SELF PRECAUTIONAS AS A REMEDY AGAINST COVID

Fig 3.26a (Trivandrum)

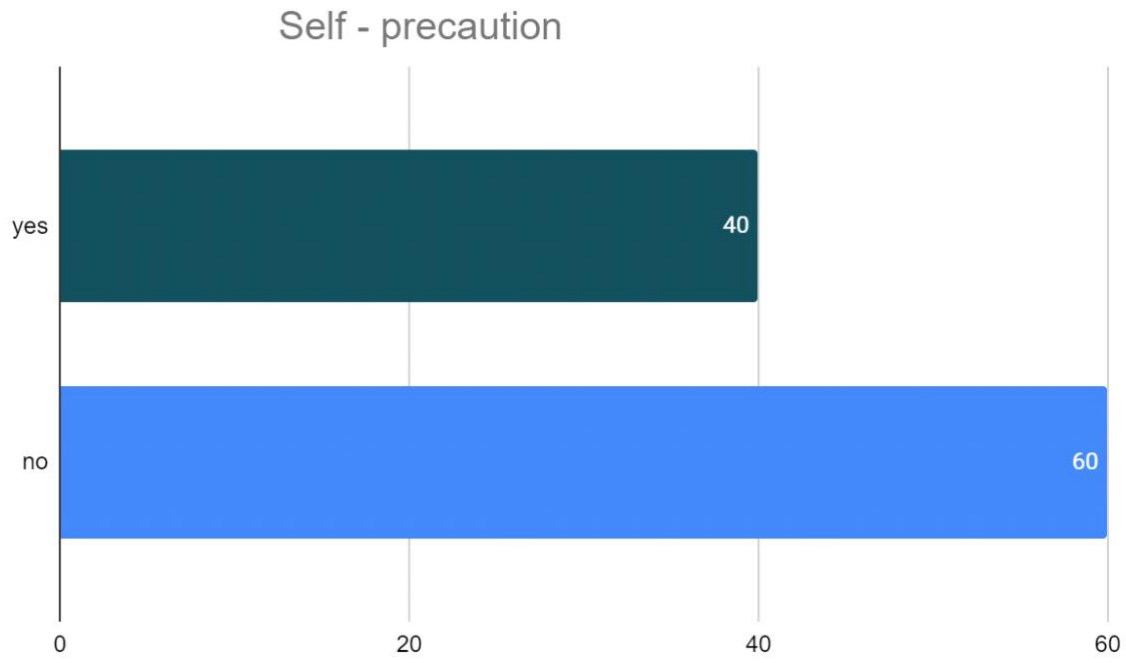
Self-precaution



In Trivandrum, 70% of te respondents did take seal-precautions against covid.,while 30% didnot take any kind of self precautions.

Fig 3.26b (Raipur)

Self-precaution



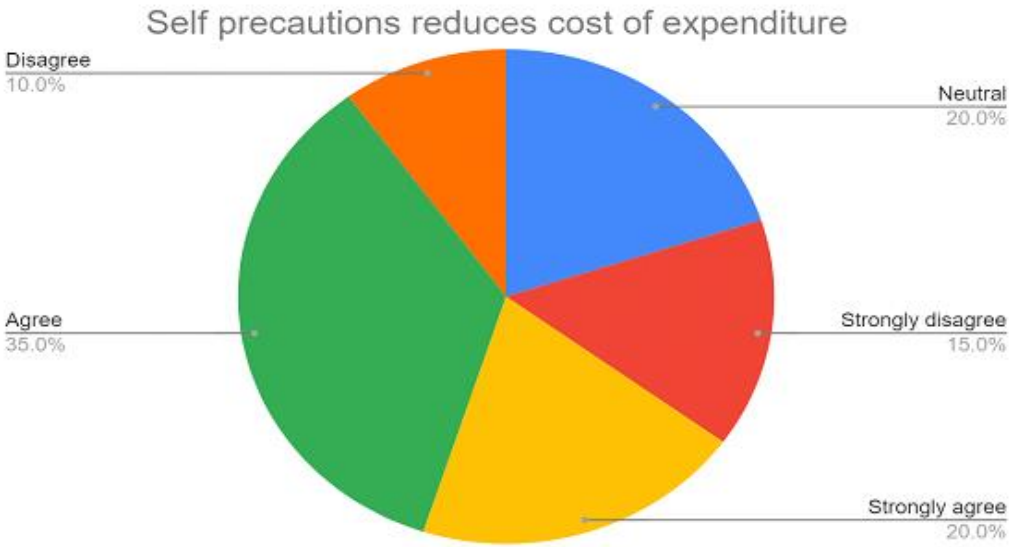
In Raipur, only 40% took self-precaution while a majority of 60% did not take any kind of self-precaution.

SELF-PRECAUTION REDUCES THE COST OF EXPENDITURE

This section tries to find out based on the primary survey if taking self-precaution helps in reducing the cost Of expenditure of health related problems.

Fig 3.27a

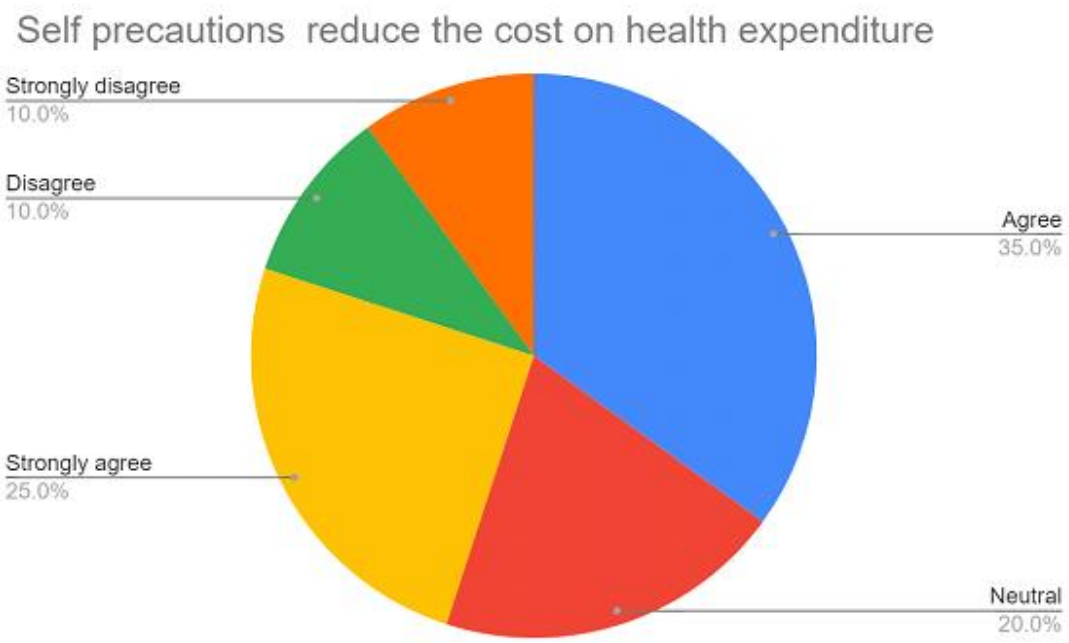
Self-precaution reduces the cost of expenditure



In Trivandrum, 20% strongly agree and 35% agree that self-precaution reduce the cost on health expenditure, while 15% strongly disagree and 10% disagree that self-precaution reduce the cost on health expenditure and the remaining 20% choose to stand neutral for the same.

Fig 3.27b

Self-precaution reduces the cost of expenditure



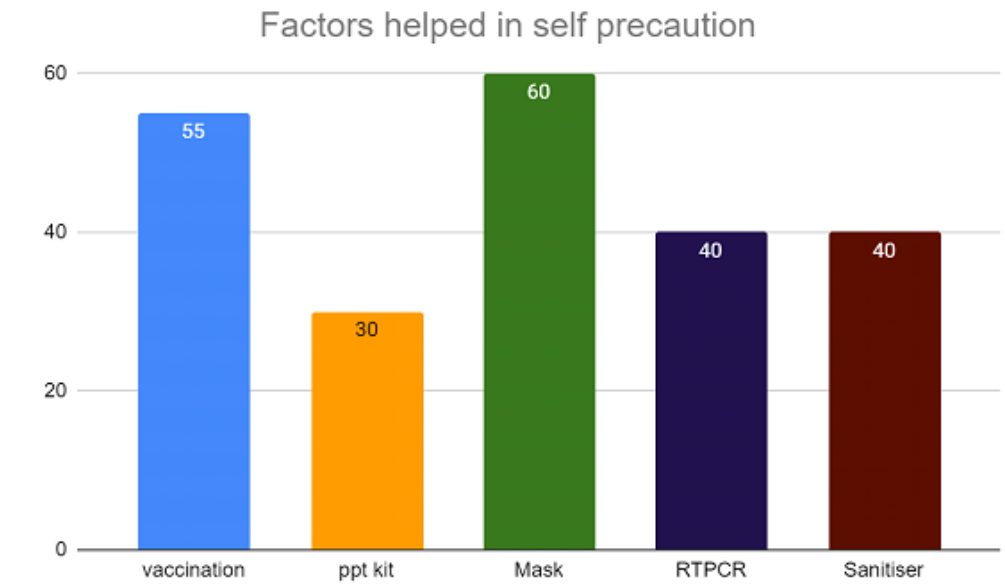
In Raipur, 25% of the respondents strongly agree and 35% agree that self-precaution reduce the cost on health expenditure, while 10% strongly disagree or disagree that self-precaution reduce the cost on health and the remaining 20% stands neutral on the issue.

FACTORS THAT HELPED IN SELF-PRECAUTION

This section inquires what were the tools or methods used for self-precaution during Covid such as wearing mask while travelling outside or using sanitiser regularly. respondents were asked to mark more than one response.

Fig 3.28a

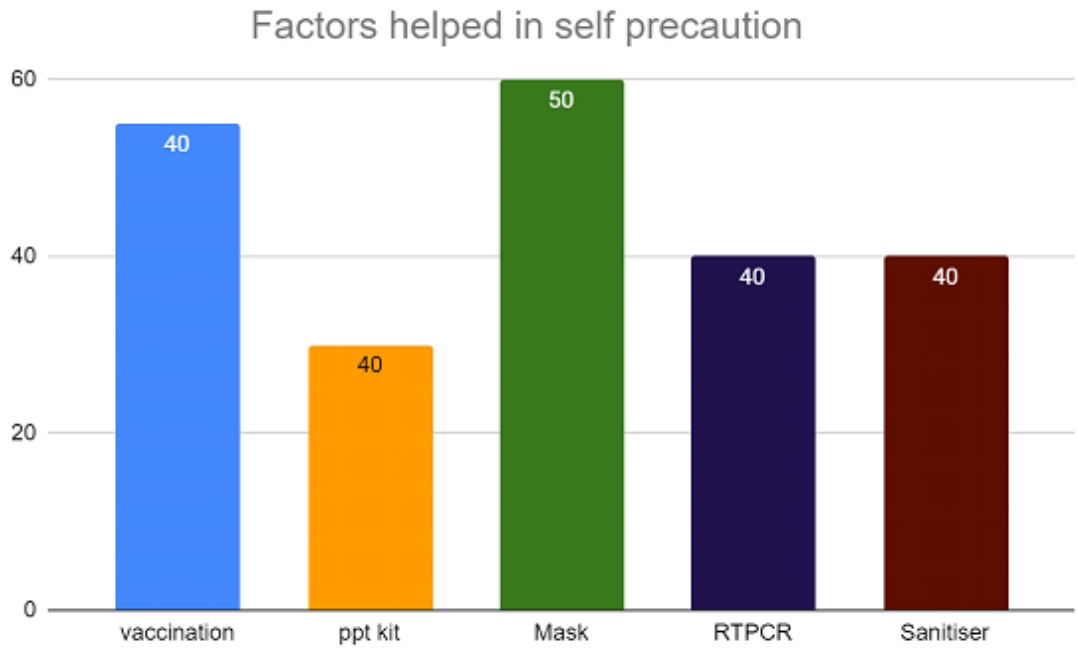
Factors that helped in Self precaution(Trivandrum)



In trivandrum,60% of the respondents used mask as self-precaution, 55% of the respondents took vaccination as a part of self-precaution, 40% depended on RTPCR and another 40% of the respondents depended on sanitiser, only 30% used ppt kit for precaution.

Fig 3.28b

Factors that helped in Self precaution(Trivandrum)



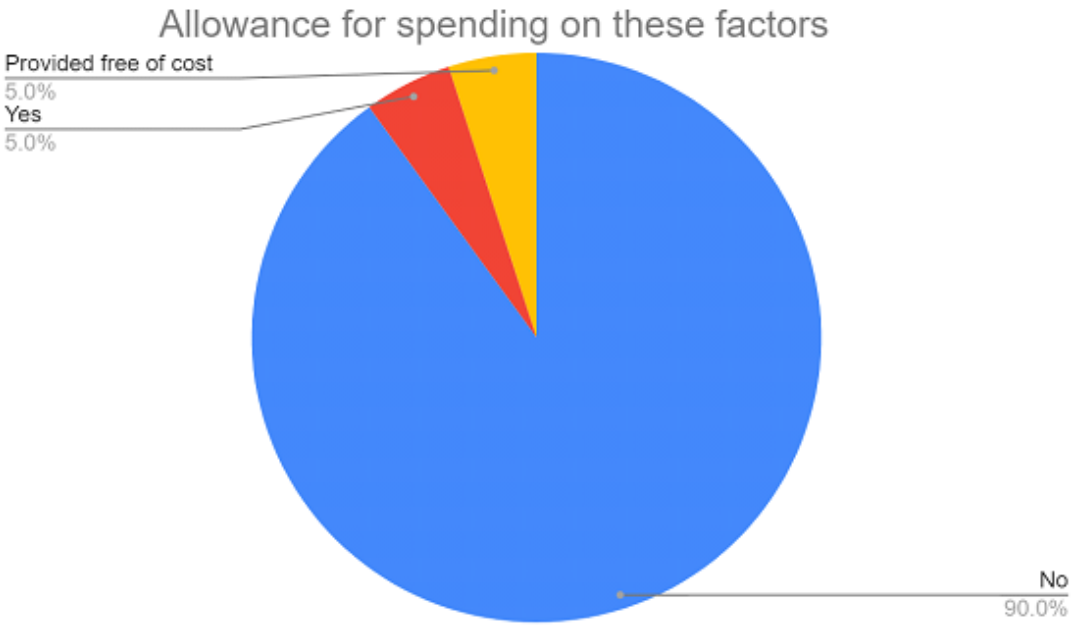
In Raipur, 50% depended on Mask, 40% took vaccination, 40% depended on RTPCR, sanitiser and ppt kit

ALLOWANCE FOR SPENDING ON SELF-PRECAUTION

In this section, the respondents were asked if they received any kind of allowances to meet covid related expenses .

Fig 3.29a

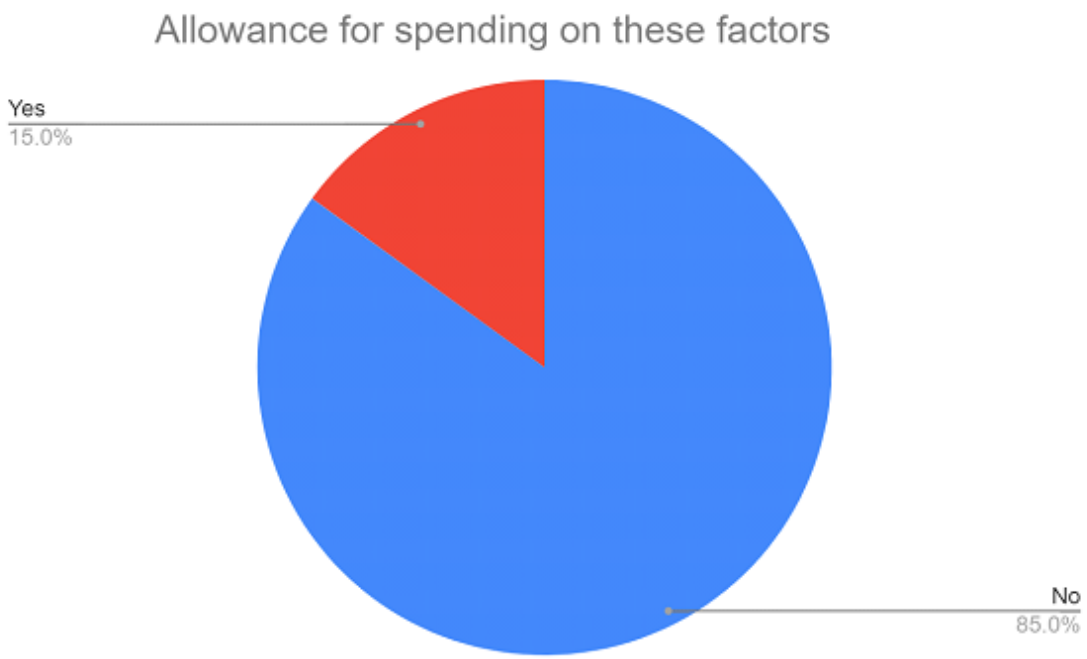
Allowance for spending on self-precaution



In Trivandrum, 90% of the respondents did not receive any kind of allowance while only 5% received some kind of allowance and the remaining 5% were free treatment for covid

Fig 3.29b

Allowance for spending on self-precaution

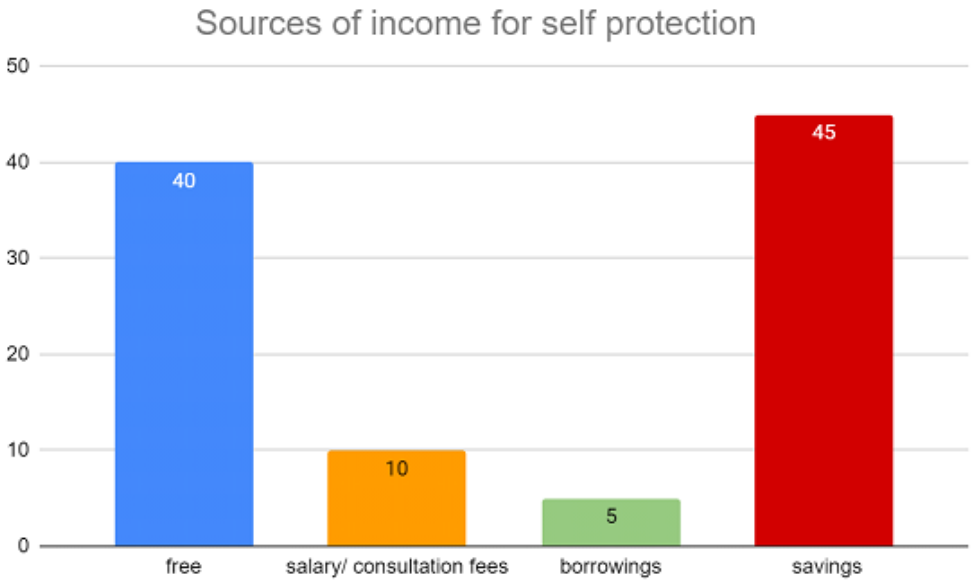


I Raipur, 85% didnot receive any kind of allowances foer meeting covid related expenses. While only 15% received some kind of allowance from their institution.

SOURCES OF INCOME FOR MEETING COVID RELATED EXPENSES

Fig 3.30a(Trivandrum)

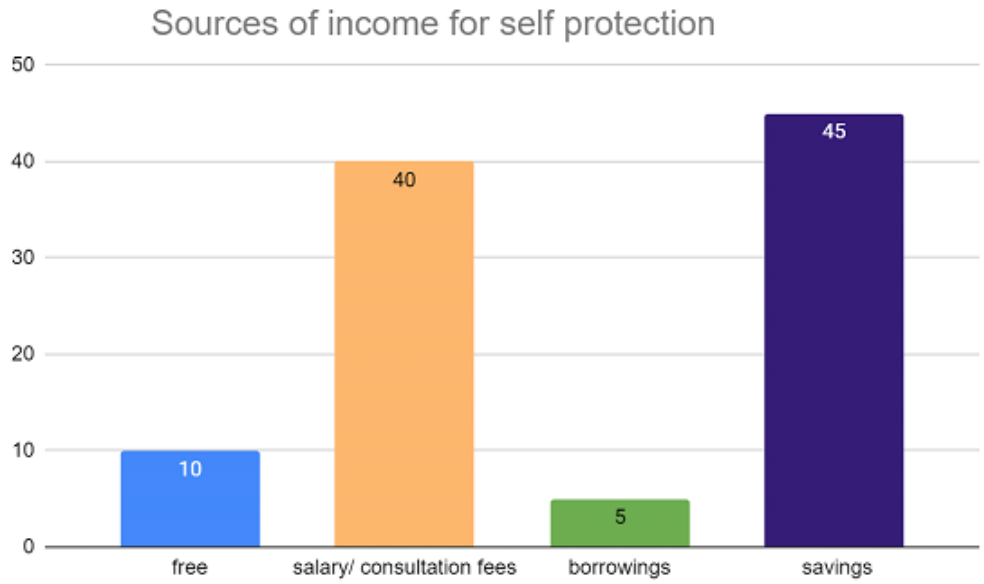
Sources of income for self-precaution



In Trivandrum, a majority of 45% used their savings to meet the expenses on self-precaution, 40% obtained free treatment from their institution, 10% used their salary or consultation fees and yet another 5% met it through borrowings.

Fig 3.30b

Sources of income for self-precaution

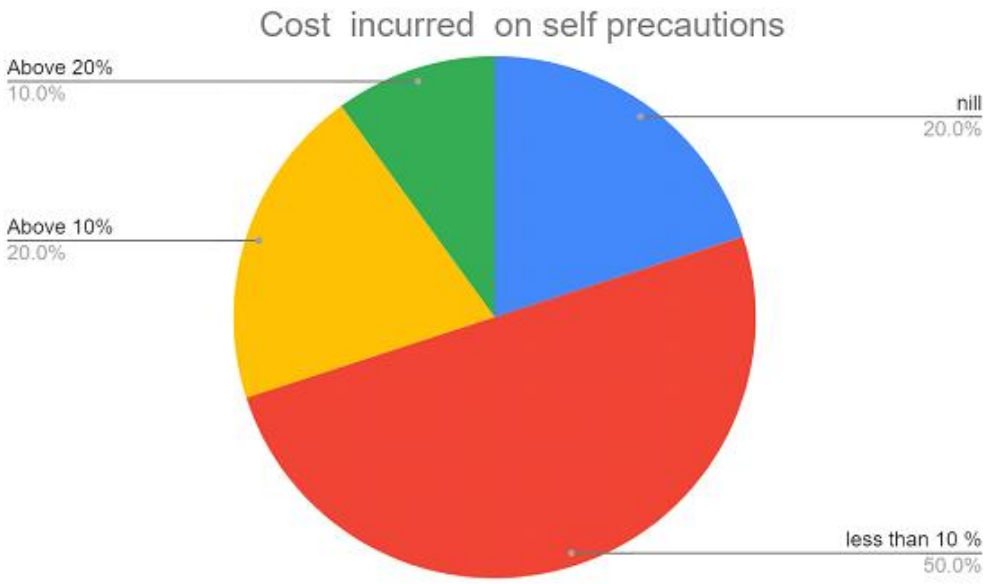


In Raipur, a majority of 45% used their savings to meet the expenses, 40% used their salary or consultation fees, 105 received it free of cost and remaining 5% met it through borrowings

PERCENTAGE OF COST INCURRED ON SELF-PRECAUTION FROM COVID

Fig 3.31a(Trivandrum)

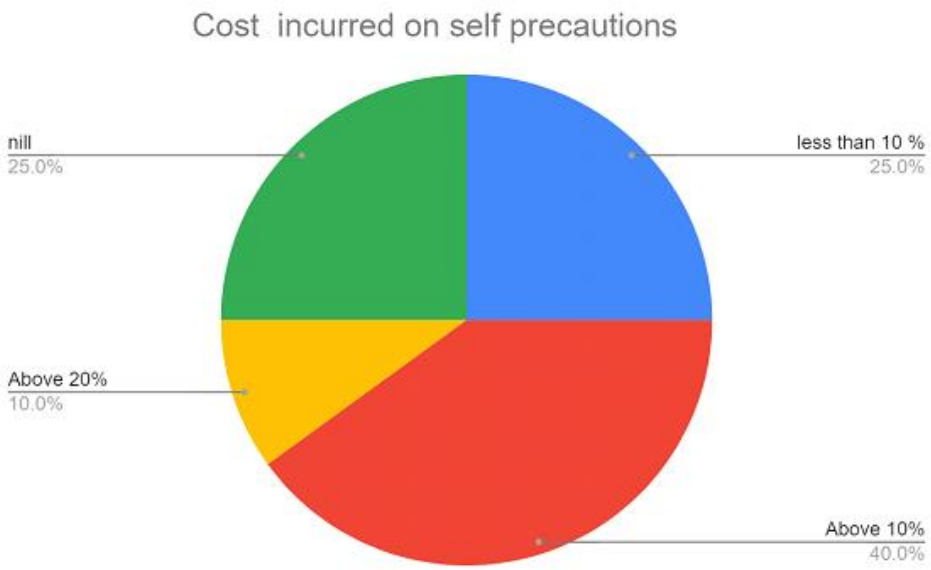
cost incurred on self-precaution



In Trivandrum, only 10% of the respondents incurred a cost above 20% obn the self precaution against covid, 20% of the respondents incurred a cost of above 10% , 50% of the respondents incurred a cost of less than 10% and 20% did not incur a cost at all.

Fig 3.31b

cost incurred on self-precaution

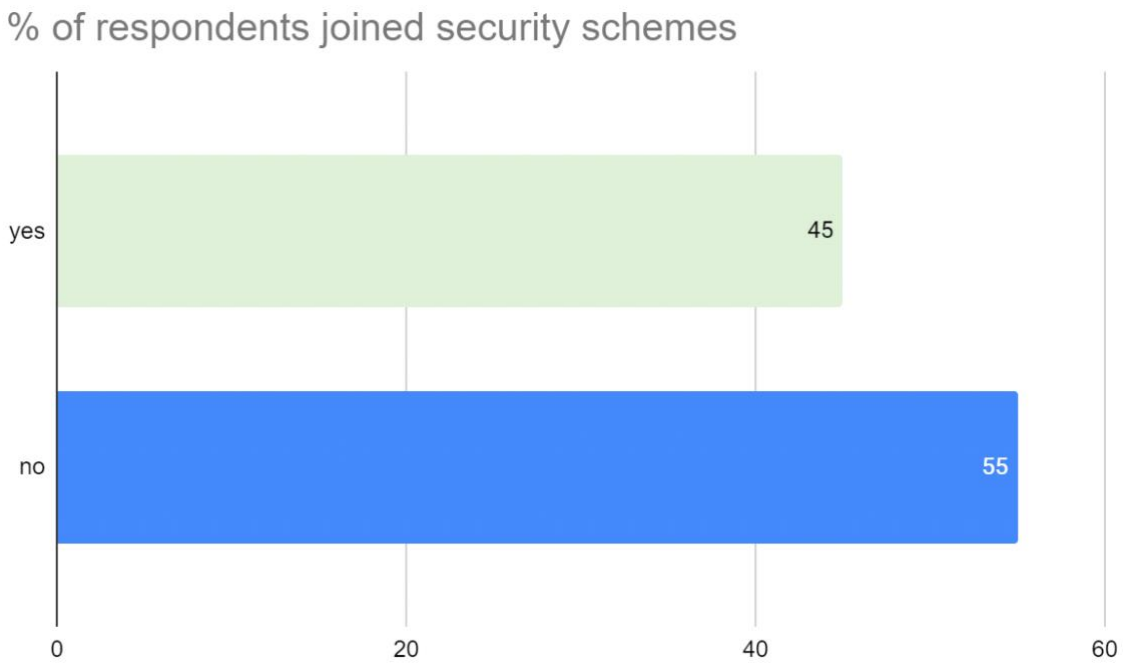


In Raipur, only 10% of the respondents incurred a cost above 20%, 40% incurred a cost above 10% , 25% incurred a cost of less than 10% and the remaining 25% did not incur a cost at all.

3.3.SECURITY SCHEMES

Fig 3.32a (Trivandrum)

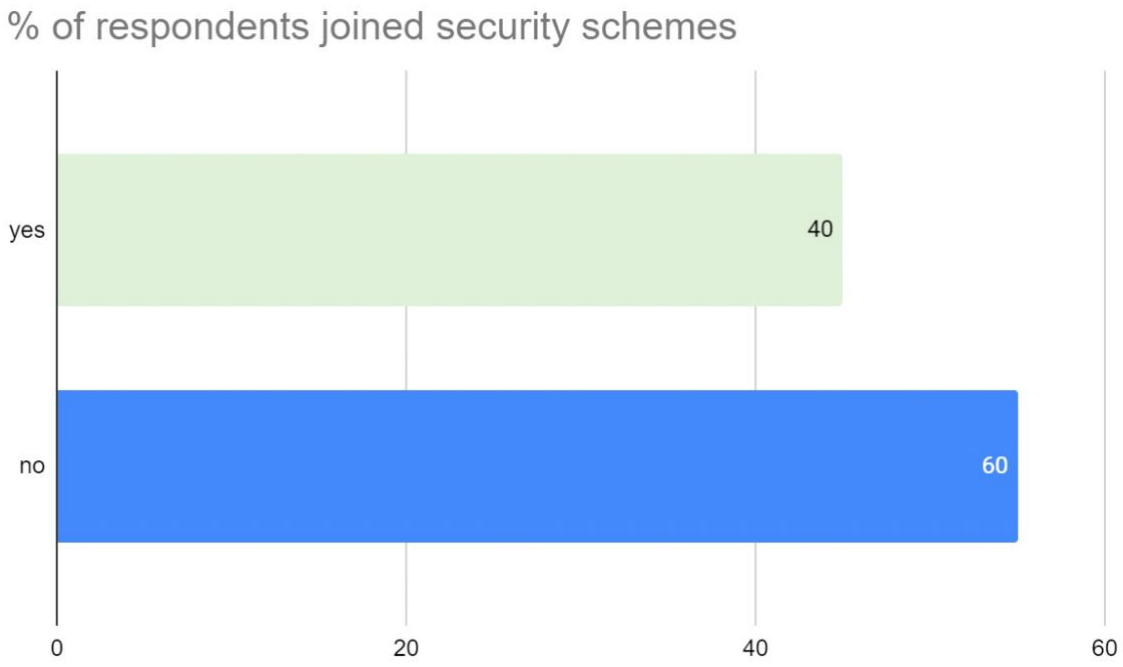
Security schemes



In Trivandrum, a majority of 55% have not joined any security schemes while a significant 45% of the respondents have joined some kind of security schemes like health insurance, Mediclaim etc.

Fig 3.32b(Raipur)

Security schemes

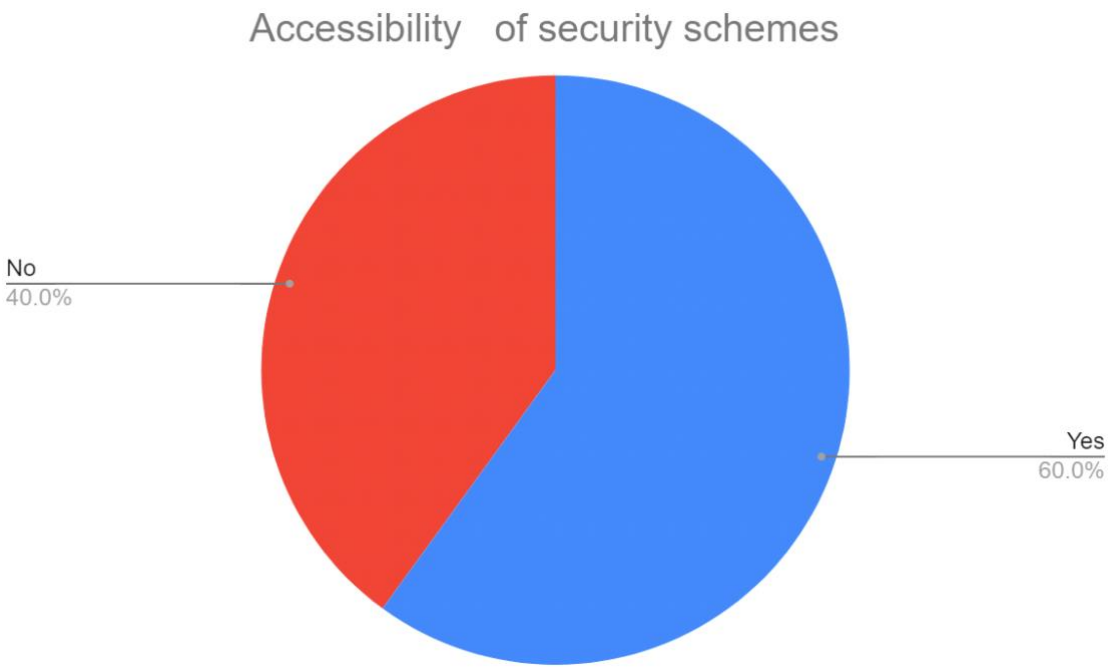


In Raipur, a majority of 60% did not join any security schemes while 40% have joined some form of security schemes.

3.3.1ACCESSIBILITY TO SECURITY SCHEMES

Fig 3.33a

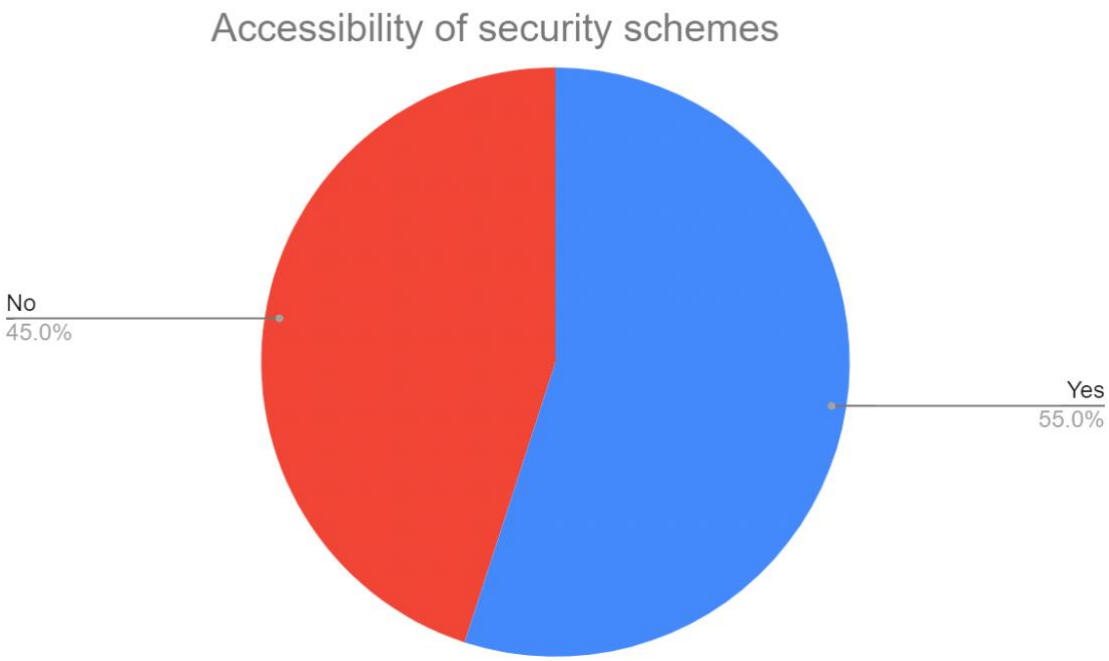
Accessibility to security schemes(Trivandrum)



In Trivandrum , for a majority of 60% responded the schemes ere easily accessible to them while 40% responded that it as not easily accessible to them.

Fig 3.33b

Accessibility to security schemes(Raipur)

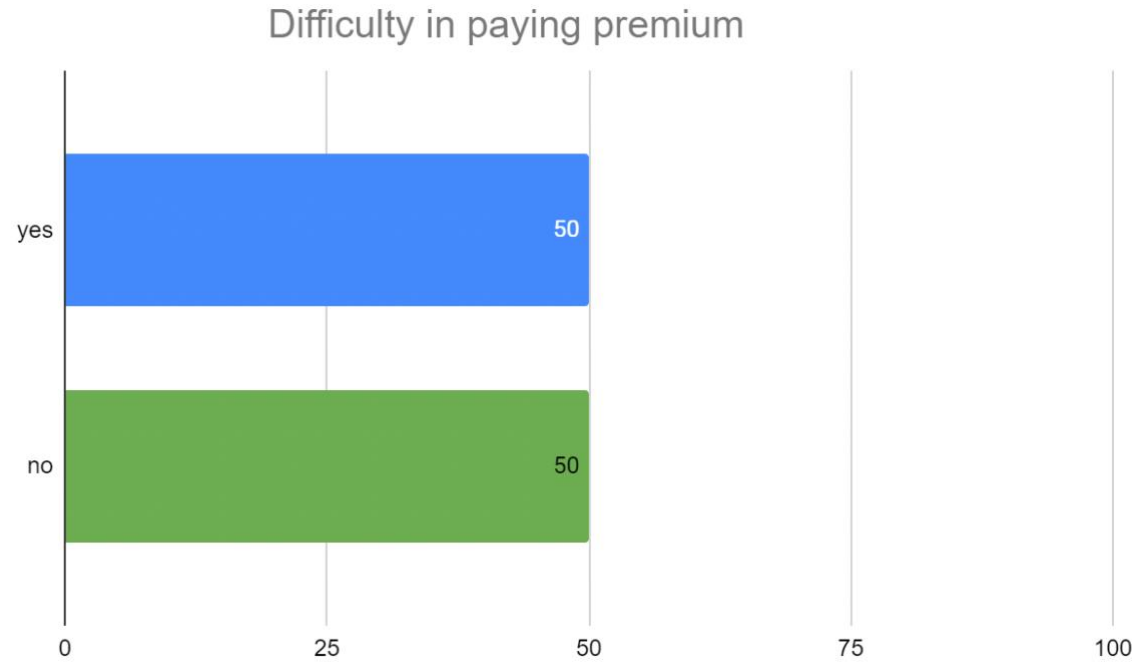


In Raipur, 55% agreed that the schemes were easily accessible to them while 45% responded that it as not easily accessible.

3.3.2 DIFFICULTY IN PAYING PREMIUM

Difficulty in paying premium

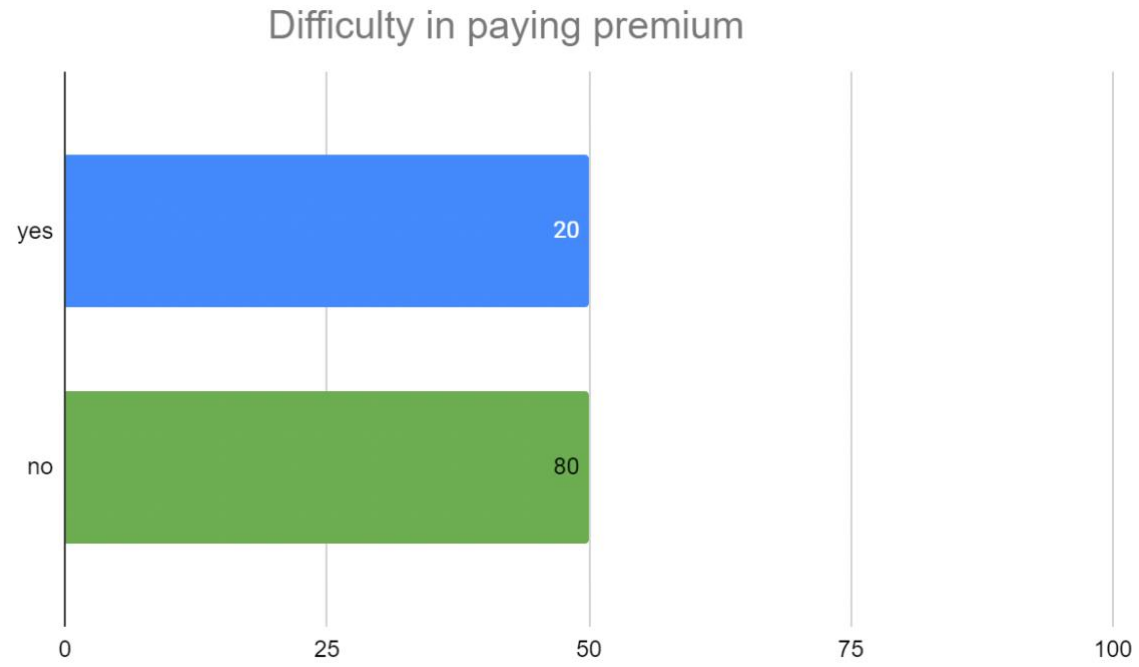
Fig 3.34a (Trivandrum)



In Trivandrum, 50% said that they faced some kind of difficulty hile paying premium hile an equally 50% said the they did not face any problem in paying the premium.

Fig 3.34b

Difficulty in paying premium

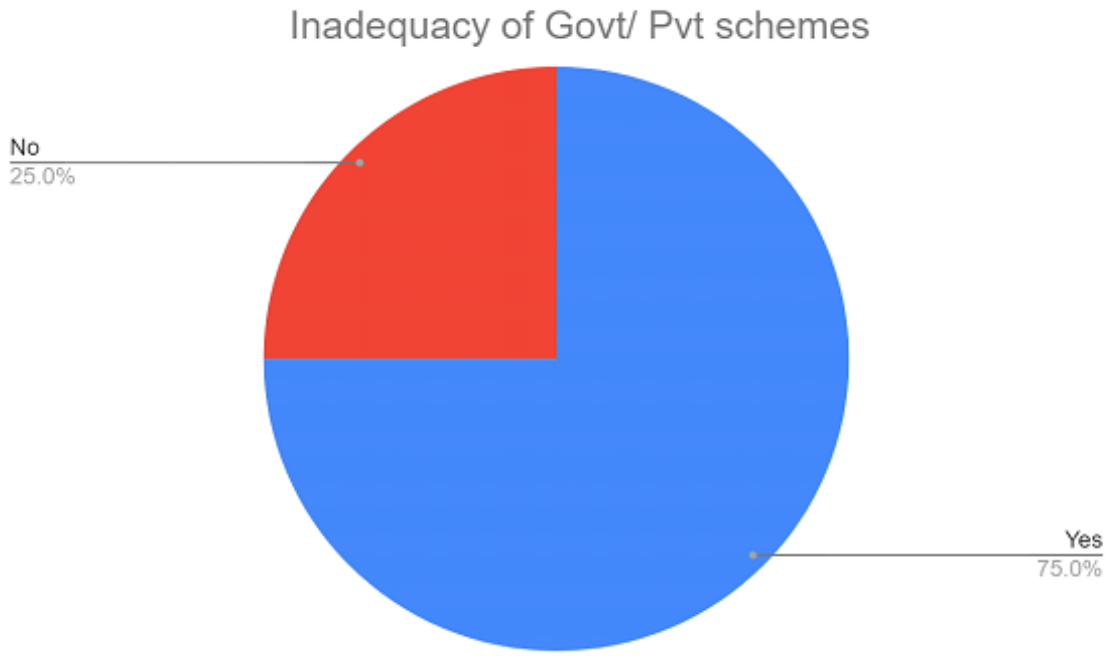


In Raipur, a majority of 80% said that they didnot face any kind of difficulty in paying the premium while a small percentage of 20% responded that they faced some kind of difficulty.

3.3.3 OPINION ON THE INADEQUACY OF GOVERNMENT OR PRIVATE SCHEMES

Fig 3.35a

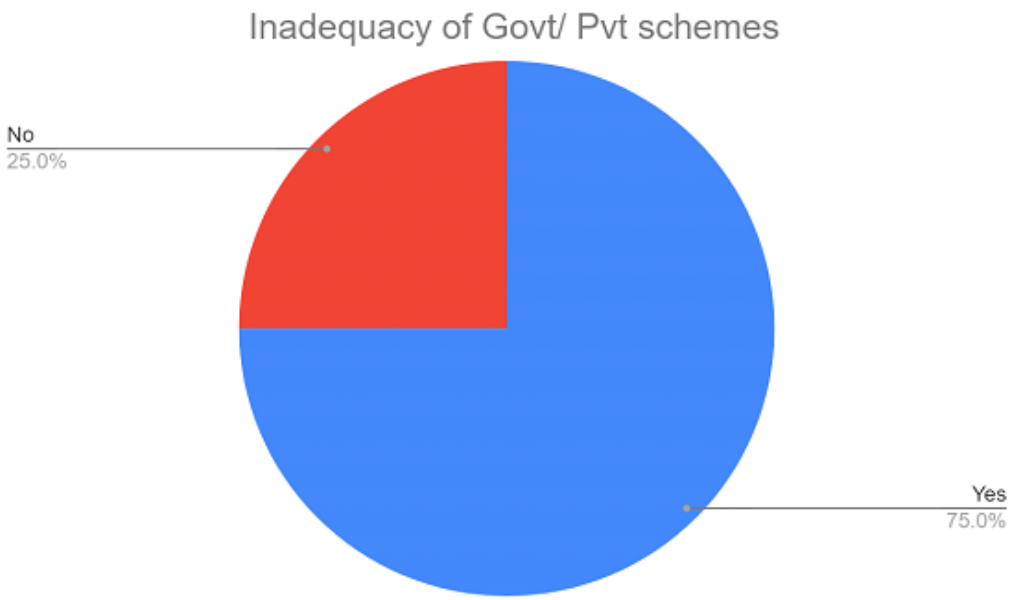
inadequacy of Government or Private schemes (Trivandrum)



In Trivandrum, 75% responded that the schees were inadequate for dotors in pursuing their health security. While remaining 25% responded that it was adequate.

Fig 3.35b (Raipur)

inadequacy of Government or Private schemes



In Raipur, again a majority of 775% responded that the schemes ere inadequate foe doctors while 25% responded that it wa

Suggestions by the doctors

- Reducing duty hours
- Proving health insurance policies both in government and private sector
- Provide proper food , house, and daily needs allowances
- Should provide complete health insurance with easy accessibility

- There should be raise in their pay
- Need pension for private doctors
- Expecting more priorities for health workers from government
- Government should pay some amount during major surgery/ difficulties
- Mediclaim package to be increased

CHAPTER 4

FINDINGS AND SUGGESTIONS

4.1 FINDINGS

The study was conducted both in the city of Trivandrum in Kerala and Raipur in Chhattisgarh. The sample population is 40 and among which Raipur has 19 respondents and Trivandrum has 21 respondents making it a total of 40 respondents. The findings from the survey are as follows with the combined percentage in both the cities.

1. Among the total respondent's majority from both the cites say that they spend above 6 hours for work. They also strongly agree or agree that the factors such as Nature of job ,verbal or emotional abuse is a challenging factor in their work , however many do not agree with the same or even remain neutral. However,
2. Majority of them with a combined percentage of 72.5 % respond that they work overtime while the remainig27.5% respond that they do not work overtime.
3. A majority which includes the combined percentage of 42.5% do not agree that the payment from overtime is satisfactory , 25% of them agree and 30% strongly disagree with the same.
4. A combined percentage of 47.5% respond that they are not able avail leave when needed, while the remaining 52.5% agree with the same.75% of the sample population from both the cities agree that they had to work on leave while the remaining 25% respond that they do not have to work on a leave. The highest 32.5% rate the satisfaction level in work from 3-4 and only a 22.5% of them have the highest satisfaction level of 5 .Hence , we can say that the satisfaction level is moderate.

5. A majority of 55% has the satisfaction level of 3 between their work and family life, while only 5% of them have a highest satisfaction level of 5.The highest of 37.5% have their monthly income above 80k , 12.5 % have income 70-80k,50-60k and less than 50k ,17.5% earn voluntary income. The different sources of their income are consultation fees ,salary , family saving etc. 55% respond that their job is a threat to their health, while 45% say it is not a threat to their health.
6. Majority respond that contact with patient, epidemics and pandemics , lack of sufficient rest are the major causes of insecurity to their health.52.5 % respond they feel insecurity in their job, while 47.5 % say that they do not feel insecure in their job. In the pandemic situations many had to spend on mask sanitiser etc . and 87.5% say that they did not get any allowance for spending on these items . The spending on these factors were done from salary, family savings , consultation fees etc. A majority of 57.5 % has also not joined any security schemes.
7. A majority of 75% agree that there is inadequacy in government or private schemes.

4.2 SUGGESTIONS

- Government should introduce new insurance schemes for doctors
- There should be safe working environment for doctors
- They should be provided allowances especially in the time of pandemics and epidemics
- They should be provided vaccinations and other necessities free of cost if necessary.
- More vacancies should be filled , so that doctors can take leave or avoid over duty.

4.3 CONCLUSION

Health is an important factor in our life and so is its expenditure ,.to maintain our health expenditure on it is an important factor .Doctors are mainly the people who provide us with the health services , hence their health maintenance is very much important .In this uncertain nature of the environment where the risks of pandemics and epidemics arise it is very much

important to provide doctors with safe environment , necessary allowances or awareness about security schemes, as they are very much important assets provide their service in maintaining our health which is the need of the time . Hence , adequate government measures to protect the doctors who are an important and valuable asset to the nation is necessary.

APPENDIX

BIBLIOGRAPHY

Krishnan and Krishnan (2013)- Morbidity and health care expenditure In Kerala

Mukherjee and Narayana (2011), Social class related inequalities in household health expenditure and economic burden , evidence from Kerala.

NISHA T.A (2021), Household expenditure with special reference to Kerala

Rapini and Ramya. (2021), WORK LIFE BALANCE AMONG HEALTH WORKERS DURING COVID

Thomas and Mariam et.al (2022), Financial burden and catastrophic health expenditure associated with covid 19 hospitalization

Jaya Krishnan and MC et.al,(2016), Increasing out of pocket Health Care expenditure in India -Due to supply or demand

Priyadarshini and Divya(2022), WORK -LIFE BALANCE OF DOCTORS AND THE IMPACT OF KEY VARIABLES

Anuradha and Pandey(2016), Impact of work – life balance on job satisfaction of women doctors

Harish Ravindran ,and Suresh et.al(2020), Health insurance coverage and its impact on out-of-pocket expenditure at a public hospital in Kerala.

QUESSTIONAIRE

Name *

Place *

AGE *

Mark only one oval.

- 22-25
- 30-35
- 35-40
- 40-45
- 45-50
- 50-55
- 55-60
- Above 60
- Other:

Gender *

Mark only one oval.

- MALE
- Female
- Other:

MARTIAL STATUS *

Mark only one oval.

- Single
- Married
- Seperated
- Other: _____

Work Experience(in years) * *Mark only one oval.*

- below 5
- 5-10
- 10-20
- 20-25
- Other: _____

1.On a weekly basis how much time you allot for the following? (specify the time) *

Tick all that apply.

	2-3 hrs	less than 2 hrs	3-4 hrs	4-5 hours	5-6 hours	above 6 hrs
With family	☐	☐	☐	☐	☐	☐
Recreation/ Entertainment	☐	☐	☐	☐	☐	☐
Fitness and gym	☐	☐	☐	☐	☐	☐
sleep	☐	☐	☐	☐	☐	☐
work	☐	☐	☐	☐	☐	☐
OTHERS	☐	☐	☐	☐	☐	☐

2.Do you agree that above factors /challenges affect your work life balance *

Tick all that apply.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Nature of job	☐	☐	☐	☐	☐
Lack of family support	☐	☐	☐	☐	☐
Lack of time for meeting personal needs	☐	☐	☐	☐	☐
long working hours	☐	☐	☐	☐	☐
Stressful interpersonal interaction between colleagues	☐	☐	☐	☐	☐
Verbal / emotional abuse	☐	☐	☐	☐	☐
Physical abuse from patients/ caregivers	☐	☐	☐	☐	☐
Superiors/seniors	☐	☐	☐	☐	☐

3.Do you work overtime? *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

4.Is the payment from overtime work satisfactory? *

Mark only one oval.

- [ ] Strongly disagree
- [ ] Disagree
- [ ] Agree
- [ ] Strongly agree

5.Are you able to avail leave when needed? *

Mark only one oval.

- [ ] Yes
- [ ] No

6.Have you ever had to work on leave? *

- [ ] Yes
- [ ] No

7. What is your satisfaction level in your work?(rate between 1- 5 , 1 means * low satisfaction and 5 means high satisfaction).

8.What is the satisfaction level between your job and personal life?(rate * between 1-5, 1 means low satisfaction 5 means high satisfaction)

9.What is your monthly income?

- ◯ less than 50 k
- ◯ 50-60k
- ◯ 60-70k 70-
- ◯ 80k above
- ◯ 80 k
- ◯ Other: _____

10.What are the sources of your income? *

- ☐ Consultation fees
- ☐ Allowances
- ☐ Family Savings
- ☐ Loans
- ☐ Other: _____

11.Rate the following on the basis of income allotted, highest priority to be * rated one.(with the % of income spend on each, 5-10, 10-20, 20-30 ,30-40,4050, above50)

	1	2	3	4	5
Household expenditure					
Service expenditure(internet ,mobile recharge,)					
Health expenditure					
Interest payments					

12.Do you have any savings? *

Mark only one oval.

- Yes
- No

13.If Yes, what are different types of savings you are in? *

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- Fixed deposists
- Insurance
- Mediclaim
- Investment in bonds and shares
- Assets
- Other:

14.Do you have any of the following debts? *

	yes	No
PERSONAL LOANS		
HOME LOANS		
Education loan		
Equity loan		
credit building loan		

15.Does the job cause a threat to your health? *

- Yes
- No

16.Rate the following factors leading to insecurity of health at work? (between *

1-5 1 means lowest factor and 5 means highest factor)

	1	2	3	4	5
Contact with the patient					
Pandemics and Epidemics					
Lack of su cient rest					

ine cient

and untimely food

intake

due to work pressure?

17.Do you feel insecurity in job? *

- Yes
- No

18.Do you have any health issues? *

Mark only one oval.

- Yes
- No

19.Is it infected from your work place? *

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- yes
- No
- Other:

20. Do you take self precautions for your health security?If YES specify. *

Mark only one oval.

- NO
- Yes
- Other:

21.Do you agree that self precautions reduce the cost on health expenditure? *

Mark only one oval.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

22.In the present pandemic situations what were the major things you pend on? *

- PPT kit
- Vaccination
- RTPCR/ ATIGEN test
- Quarantine
- Other: _____

23.Did you get any allowance for spending on these factors? if Yes specify it. *

Mark only one oval.

- Yes
- No
- Other: _____

24.IF No , how did you meet expenditure on these factors? *

Tick all that apply.

- [ ] consultation
- [ ] fees savings
- [ ] borrowings
- [ ] Other: _____

25.What is the percentage of cost you have to incur on self precautions?

Mark only one oval.

- ◯ nill
- ◯ less than 10 %
- ◯ Above 10%
- ◯ Above 20%
- ◯ Other: _____

26.Have you joined any security or insurance scheme yes specify.(with annual amount) *

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Other: _____

27.Is it easily assessable to you? *

Mark only one oval.

- ◯ Yes
- ◯ No

28.Do you face any difficulty in paying the premium *

Mark only one oval.

- Yes
- No

29.DO you think that the government / private schemes are inadequate? *

Mark only one oval.

- Yes
- No
- Other: _____

30.Any further suggestion on government role on your health security? *