Exploring Out of Pocket Health Expenses among Urban Poor Migrant Population in India and its Impact on access to Health Care

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1 Background

The cost of healthcare services people directly pay for is an out-of-pocket expense (OOP). High out-of-pocket medical expenses are often a result of inadequate and a lack of health insurance. Out-of-pocket payments in India account for around 62.6% of overall health expenditure, making it one of the highest in the world. Lack of access to public facilities and qualified primary healthcare in urban areas results in a substantial proportion of out-patient care through private sector. Migrant workers from poor households have fewer resources than wealthy households, so their ability to spend on health care is limited. The primary healthcare utilization among migrant workers remains low due to a variety of factors, including high costs of private health care, conflicting work schedules and the availability of healthcare practitioners, the cost of missed work hours or days, long distance to access services, and associated transportation issues, apparent disconnection from government healthcare institutions at the destination, and language barriers. Free medicines, surgery, and diagnostic tests in public health centers may reduce I high OOPE and medical poverty in India in general and among migrants in particular .

2 Objectives

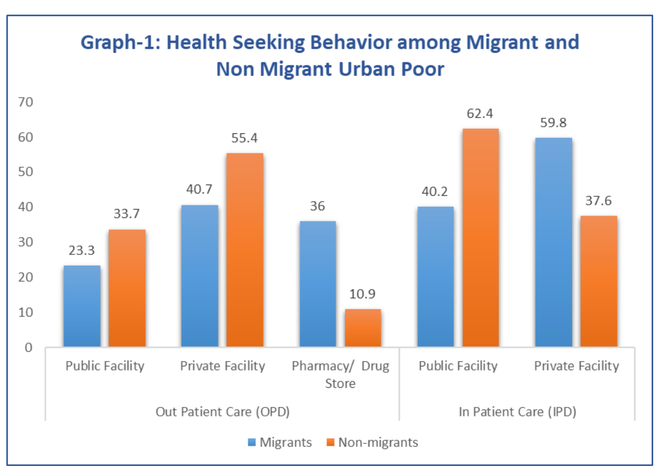
The study's objectives were to explain health gaps and enhance healthcare access for India's urban poor migrants while examining how factors like inequality and cultural diversity influence health. Conducted through a cross-sectional survey of 11,000 individuals from 2,400 urban households across four geographically diverse states, the study collected data on illness episodes, treatment-seeking behavior, out-of-pocket expenditure, and coping mechanisms utilized. The prevalence of Catastrophic Health Expenditure (CHE) was analyzed, and determinants of CHE for migrants and non-migrants were identified using logit models, considering intersecting identities and socio-cultural contexts.

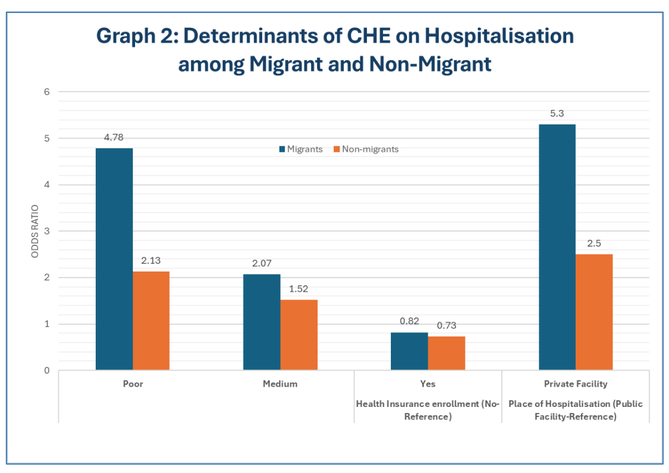
3 Methodology

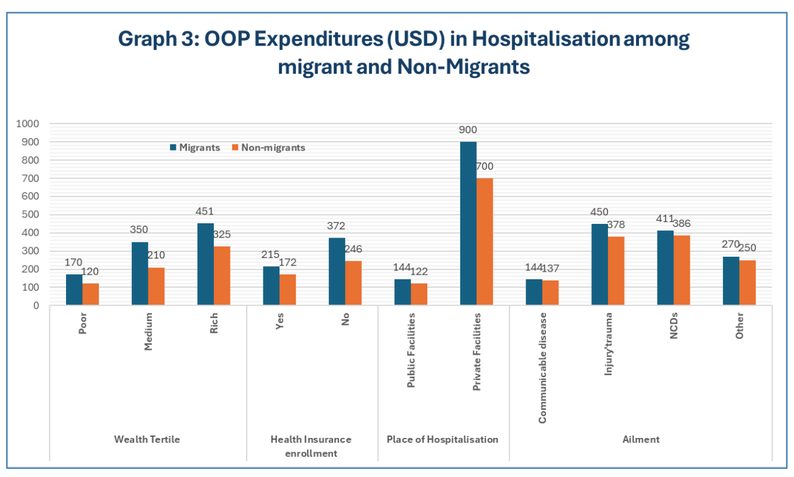
A cross-sectional survey was conducted among 11,000 individuals from 2,400 urban households in 4 geographically diverse states of India. Along with socio-demographic and economic characteristics, information was collected on illness and hospitalization episodes, treatment seeking behavior, out-of-pocket expenditure and coping mechanisms utilized. The prevalence of CHE was computed, and logit models were used to identify the determinants of Catastrophic Health Expenses (CHE) for migrants and non-migrant.

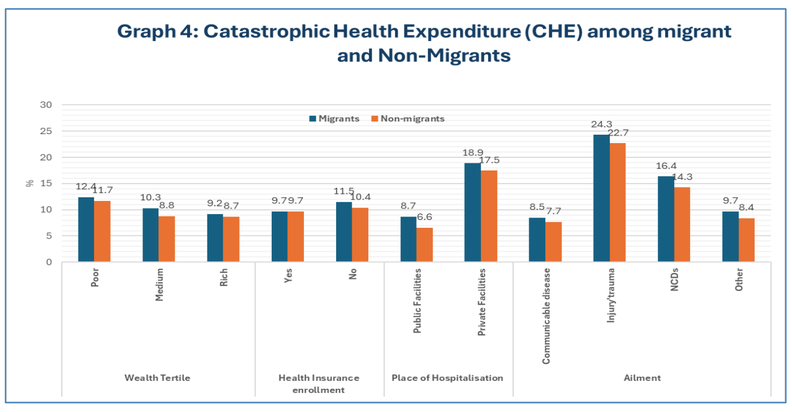
4 Result

The average annual household healthcare OOP expenditure was INR 6,689 (US $97). Mean expenditure on hospitalization was INR 27,025 ($392), with a 95% confidence interval ranging from INR 22,734 ($329) to INR 31,815 ($461). Households spent INR 26,850 (USD 350) per hospitalization, which was catastrophic for 10% of the households, further pushing 4.7% below the poverty line. Hospitalization rates were found to be significantly lower among males compared to females (OR 0.75, $p < 0.05$). The CHE was higher among males (10.8%), non-Hindus (14.8%), those over 55 years of age (12%), illiterates (12.1%), non-enrolled in health insurance schemes (10.4%), and those belonging to poor tertiles (11.7%). Hospitalization rates were found to be significantly lower among males compared to females (odds ratio 0.75, $p < 0.01$) while the CHE rates were significantly higher among males (odds ratio 1.77, $p < 0.05$). Hospitalization rates were also observed to be higher among those above 55 years, Hindus, belonging to the general category, and poor patients. Our study results also indicated the inefficiency of health insurance enrollment to protect households from CHE, despite the higher hospitalization rates among the enrolled households.









5 Conclusion

The study not only highlights the significant out-of-pocket (OOP) expenses faced by migrant urban poor individuals but also underscores the existence of substantial socio-economic inequalities within this population. To address these disparities effectively, policy responses should encompass targeted interventions aimed at both reducing OOP expenditures and enhancing access to healthcare services. It is crucial for interventions to take into account intersectionality, recognizing the complex interplay of various factors such as gender, socio-economic status, caste, and cultural diversity that contribute to disparities in healthcare access and outcomes. By integrating intercultural perspectives, policymakers can develop more inclusive strategies that resonate with the diverse needs and cultural contexts of the urban poor migrant population.

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