

Choice of Healthcare and Factor Influencing Choice of Health Care: A Case of Kannur District, Kerala, India

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Available online at: www.isroset.org

Accepted: 16/Aug/ 2018, Online: 25/Aug/ 2018

Abstract - The healthcare choice of the general population is affected by a progression of elements, including gender, education, the seriousness of the disease, income, accessibility and quality of services, and so forth. The socio-economic elements are assuming a noteworthy part in inclining toward health maintenance services. The study is an endeavor to dissect the main consideration impacting the decision of healthcare services. Two healthcare suppliers are viewed as private and public hospitals, considered in the investigation. The study found that the real purposes of the determination of healthcare benefits by respondents using government hospital were free administration, more affordable and so on, the individuals who use a private facility pointed out that the healing facility is proximity to living arrangement, the notoriety of the doctor's facility and so on, are the major impacting factors.

Keywords: Choice of healthcare, Influencing factors, Healthcare facilities, Socio-economic factors, Problems.

I. INTRODUCTION

India is the most populated country where a large share of its population living in poverty [1] and access to healthcare to all is a severe problem that has addressed by the government with multiple policies. Providing healthcare services is considered the main responsibility of a welfare government [2]. The real channels in charge of wellbeing advancement, particularly in a developing nation are through the administration financing and provisioning of fundamental health care services. The role of the government is to give satisfactory healthcare which is available and moderate to all areas of its populace is of significant significance. The majority of the health issues exist among the poor segments of the populace and this needs some sort of a mediation from the government [3]. The issues like neediness, lack of healthy sustenance and monetary backwardness that win among these gatherings make them powerless against illnesses or different sorts making their lives hopeless.

Development or advancement of healthcare services turns into an imperative issue for both developed and developing nations [4]. Governments (state or central) and in addition, intentional organizations all are taking activities to enhance the human services institutions with the goal that it could be open for everybody both more extravagant and the poorer areas of the nation. The frameworks of health care are intended to meet the healthcare needs of the focused on population and there is a wide assortment of human services frameworks around the globe. In a portion of the nation, the healthcare framework arranging is dispersed among

advertising members, though in other arranging is made all the more halfway among government, exchange associations, philanthropies, religious or other co-composed bodies to convey arranged health care focused to the populace they serve.

Healthcare facilities everywhere throughout the world have expanded a huge degree as a result of logical disclosures changed the treatment and avoidance of numerous ailments and it has enormously added to increment in future of birth and diminishment of mortality or demise rate [5]. The period of anti-microbial has made it conceivable to control countless infections for which no fix was before as would be prudent. Quick walks have been made in the field of inoculation, diagnostics, anesthesia, careful method and pharmaceuticals, numerous forte and super claim to fame doctor's facilities have risen giving social insurance to most sorts of medical issues. In any case, the use of social insurance administrations is as yet a long-standing issue in the developing world, and furthermore, there was an immense advancement in both public and private infrastructure facilities.

The dominant part of the general population in Kerala has been as yet living in rural villages and they are socially and economically weaker and furthermore servile destitution and live in a subsistence economy and general backwardness. Kerala has obviously entered the third last phase of demographic transition, portrayed by a low birth rate and declining death rate, which prompting a logjam in the development rate of the population. This is a result of their

evil wellbeing which is a reason and outcome of neediness. Sickness lessens family unit reserve funds, brings down the winning limit, and decreases profitability. Kerala has accomplished great wellbeing markers contrasted with other Indian states and Kerala have a long history of sorts out human services. The state has restorative foundations under the indigenous arrangement of medication, for example, Ayurveda and Allopathy. There is likewise an ascent in the number of beds per lakh of populace in the state over the utilization.

II. REVIEW OF LITERATURE

Health care is an essential issue both the progressed and developing countries. Health status is one of the essential markers of the welfare of the general population and the wellbeing status of a man relies on the maintenance of health. So to keep up a personal satisfaction such a large number of healthcare facilities are given by the central government in co-task with the state and the local government. A number of studies relating to health expenditure and service quality of health sector have been carried out. Some of the important studies in the areas are reviewed here.

Chandan and Prakash (2011) [6] examined the distinctions in the use of healthcare services gave by the general population and private part in India. The study investigates marked regional patterns in the utilization of health care services. An expansive National Survey information was utilized for the examination. The study likewise builds up a positioning of state based on an imbalance in the use of marked regional pattern in the utilization of health care services amongst private and public part. The outcomes demonstrated that Gujarat, Jharkhand, Chhattisgarh, Maharashtra, Uttar Pradesh, Bihar, West Bengal were the most noteworthy monetary disparity in Reproductive and Child Health Care (RCH) services rendered from both private and open sources. The paper gives an all-encompassing perspective of example of use of open and private marked regional pattern in utilization of healthcare services for those wellbeing parts, investigated a checked provincial example in usage of marked regional pattern in utilization of healthcare services dissected the financial disparity in choice of public-private marked regional pattern in utilization of healthcare services lastly made an endeavor to feature those states where there is most need of more reasonable marked regional pattern in utilization of healthcare services. Most particularly the eastern and northern conditions of India expected to build up a superior foundation in the healthcare sector with an uncommon spotlight on tyke and conceptive wellbeing services. The paper in its totality, advocates for economically moderate and better quality healthcare services for the majority.

Naik, et. al, (2013) [7] intended to evaluate the components of the service quality in Indian private hospitals.

The examination populace comprised of the patients who wanted treatment in the private hospitals in Hyderabad. An aggregate of five-super claim to fame healing facilities in Hyderabad city was chosen for gathering data on account of these doctor's facilities offered forte services, for example, careful watch over cardiovascular, respiratory, urinary and ophthalmology infections. This study found that patient's fulfillment was impacted by the administration, quality given by the hospital business. This investigation adds to survey the components of the administration, quality in Indian private healing center and the consequence of the examination was satisfactory on the grounds that the doctor's facilities are putting forth enhanced administrations.

Shankar, et. al, (2013) [8] inspected the connection amongst use and public spending on social insurance benefits by dissecting the utilization of open and private part healing centre administrations by monetary classes over the states in India. The investigation found that high out of pocket consumption related to the higher level of disparity and the utilization of private healing facility administrations are higher in urban zones.

Markovic, et. al, (2014) [9] evaluated the effect of service quality on consumer loyalty in the healthcare services, in the case of one speciality hospital for medical rehabilitation. This was the observational examination and it was utilized to decide patient's discernment and desires to benefit quality in health care. The investigation, likewise presumed that the patients who saw a more elevated amount of value indicated more noteworthy fulfillment with the service and additionally a more elevated amount of steadfastness to the clinic which gives restorative administrations. At long last, the study gave headings to hospital managers to create methodologies which will live up to the patient's desires of service quality and increment their intensity in the health tourism market.

Kayral, (2014) [10] aimed to evaluate whether the patient's impression of service quality contrast as indicated by healing center composes and in which quality measurements these distinctions happen. This study likewise tended to that how patients getting services from public, private and university hospitals and their relatives see such service quality in general, how sub parameters of value observation vary, and whether these recognition contrasts as per different patient profiles like age, sex, wage and so forth. This study comes about that the general population general healing facility are seen as quality at a similar level with private clinics and even they achieve more elevated amounts of patient fulfillment and furthermore the public hospitals are still behind private hospitals regarding physical quality. The examination suggested that hospital managers ought to organize patients based enhancements in the association's physical frameworks.

Karekar, et. al, (2015) [11] conducted a study to investigate the service quality of the consumers in two sorts of hospitals. This study was centered around to assess the distinction amongst government and private hospital benefit quality in Yavatmal city. Sympathy, physical assets, confirmation, courses of events and responsiveness are the five quality measurements which are used as a part of request to estimate the patient's observations about the service quality of government healing centers situated in Yavatmal city. This examination was predominantly in light of essential information and it additionally presumed that, the private hospitals were conveyed better nature of governments to their patients when contrasted with government hospitals.

The review of literature has shown that there are many studies related to service quality measurement of the health sector. There are a number of studies that addresses the issues of inadequate medical facilities, fall in the service quality of hospitals, under utilization of government owned hospitals. But studies that analyze the choice of healthcare preferred are limited. Hence there is a dearth in the literature in respect of in-depth studies on factor affecting choice of healthcare service.

III. OBJECTIVES OF THE STUDY

The present study is carried out with the following objectives.

1. To investigate the socio-economic characteristics of the sample respondents in a comparative framework
2. To identify the reason for the selection of hospitals or healthcare services.

IV. METHODOLOGY

The study is both empirical and descriptive. The database for this study consists of primary and secondary data. A well-structured schedule was prepared to collect primary data from the study area. The personal interview method was adopted to collect the necessary primary data. The sample population for the field survey comprises a total of 120 respondents from Kannur district. The primary data collected from the respondents are converted into tables for the purpose of analysis. Personal interviews with the officials concerned are also conducted to get the needed information for the analysis. The details about hospital are being assessed with the help of secondary data from published sources like economic reviews, books, periodicals and internet sources. The study is based on the primary data obtained during the period 2016-17.

The data collected through schedule method were entered into the computer using the SPSS package and simple 2x2 tables were prepared. Tabular analysis is carried out. The tools, such as average and percentage are used in the

tabulation analysis. The general information and performance of the hospital has been analyzed with the help of primary data collected from the respondents through structured schedule. Likewise, the socio-economic and personal condition of the respondents has also been analyzed on the basis of primary data. To find out the strength of factors ranked by the selected sample groups in relation to the reasons for selecting healthcare services, Garrett's rating scale technique was used. From the ranks given to each factor, percent positions were calculated by using the formula.

$$\text{Percent position} = 100 * (R-0.5)/N$$

Where R is the rank assigned and N is the number of items ranked. The percent position was then converted into scores using Garrett's scores table (Garrett, 2005). Garret ranking scale technique was used in ranking the various reasons for selection of healthcare services in their order of priority.

V. RESULTS AND DISCUSSIONS

The socio-economic status of the people such as age, education, occupation, income, etc., have an influence on the selection of hospitals, they were using. In this section, the influence exerted by these variables on respondents is analyzed.

Distribution of Sample Respondents by Age

The sample respondents are classified on the basis of their age. The distribution of the respondents according to their age is revealed in the table 1.

Table 1: Distribution of sample respondents by age

Age	Government hospital	Private hospital	Total
Below 30 years	19(29.23)	17(30.91)	36 (30)
30-50	22 (33.85)	22 (33.85)	44 (36.67)
Above 50 years	24 (36.92)	16 (29.09)	40 (33.33)

Source: Field data

Table 1 shows the distribution of respondents on the basis of age group. In case of a government hospital, 36.92 percent of the respondents belong to above 50 years and in case of private hospital 33.85 percent of respondents belong to 30-50 age groups. From the table it is clear that, in the case of government hospital 33.85 percent patients belongs to the age group of 30-50. About 30 percent of the respondents belong to the age group of above 50 years in the case of private hospitals. The average age of respondents in government hospital is 44, but in the case of the private

hospital, it is 43. It could be inferred that, more of the young and middle aged respondents prefer private hospitals. Most of the aged population prefers government hospital. Younger and middle aged people they were educated and they know the problems of government hospitals. Thus, it seems that, private hospital is more preferred by the new generation, while aged people use the government hospital for treating various diseases.

Distribution of Sample Respondents by Gender

Gender refers to the biological and psychological characteristics that define men and women. The gender wise classification of the sample respondents is shown below in table 2.

Table 2: Distribution of sample respondents by gender

Gender	Government hospital	Private hospital	Total
Male	31 (47.69)	26 (47.27)	57 (47.5)
Female	34 (52.31)	29 (52.73)	63 (52.5)
Total	65 (100)	55 (100)	120 (100)

Source: Field data

Table 2 shows that out of 65 samples in the government hospital, 47.69 percent were male and 52.31 percent were female respondents. In the case of the private hospital, out of 55 samples 47.27 percent were male respondents and 52.73 percent were female respondents. This shows that both types of hospitals are preferred by the respondents equally represented.

Distribution of sample respondents by Marital Status

Marriage is an important event, particularly from the standpoint of additional burden of responsibility of the marriage partner to pull together as a constituent of a new family. Marriage brings about a number of changes in the attitude and behavioral pattern of the people, as there is need for engaging in gainful economic activities, to yield an income and provide opportunities for the family. Classification on the basis of marital status is shown in table 3.

Table 3: Distribution of sample respondents by marital status

Marital status	Government hospital	Private hospital	Total
Single/unmarried	19 (29.23)	11 (20)	30 (25)
Married	46 (70.77)	44 (80)	90 (75)
Total	65 (100)	55 (100)	120 (100)

Source: Field data

The information relating to marital status highlights that, in public hospital 29.23 percent respondents are single/

unmarried and 70.77 percent are married. In the case of private hospital out of 55 sample respondents, 20 percent are single/ unmarried and 80 percent are married.

Distribution of Sample Respondents by Education

The educational level of the sample respondents is likely to influence the performance of the hospital. To examine this, data on distribution of respondents by their education level and of government hospital and private hospitals are given below.

Table 4: Distribution of Respondents by Level of Education

Education	Government hospital	Private hospital	Total
Illiterate	7 (10.77)	3 (5.46)	10 (8.33)
Primary level	15 (23.08)	11 (20)	26 (21.67)
High school	19 (29.23)	9 (16.37)	28 (23.33)
Higher secondary	7 (10.77)	14 (25.46)	21 (17.5)
Higher education	14 (21.54)	17 (30.91)	31 (25.83)
Others	3 (1.95)	1 (1.8)	4 (3.33)
Total	65 (100)	55 (100)	120 (100)

Sources: Field data

Table 4 shows that, in case of government hospital out of 65 sample, 29.23 percent respondents have attained high school education, 23.08 percent obtained primary and 21.54 percent are obtained higher education. In the case of private hospital out of 55 sample respondents, 30.91 percent respondents have got higher education, 25.46 percent obtained higher secondary education and 20 percent are educated up to primary level and only 5.46 percent respondents are illiterate.

The most important point to note is that among private hospital respondents, 30.91 percent got higher education, but in the case of government hospital it is 21.54 percent. At the same time, 29.23 percent government hospital respondents have received high school education and 7.69 percent are illiterate. In the case of private hospital 5.46 percent are illiterate. It could be inferred that, well educated respondents are preferred private hospital. It appears that, they understand the quality services of private hospital and prefer it. This education seems to be one of the important determinants in the preference of the hospital.

Distribution of Sample Respondents by Occupation

Occupation means any activity in which a person is engaged. Occupation wise distribution of the respondents is shown in table 5. This is done under six headings viz., government or public, private sector, business, agricultural labors, coolie, unemployed. It is a known fact that the occupation would largely influence the preference of hospital services.

Table 5: Distribution of Sample Respondents by Occupation

Occupation	Government hospital	Private hospital	Total
Government sector	6 (9.23)	7 (12.72)	13 (10.83)
Private sector	10 (15.38)	11 (20)	21 (17.5)
Business	8 (12.31)	9 (16.36)	17 (14.16)
Agricultural labors	10 (15.38)	4 (7.27)	14 (11.67)
Coolie	17 (26.16)	13 (23.64)	30 (25)
Unemployed	14 (21.54)	11 (20)	25 (20.83)
Total	65 (100)	55 (100)	120 (100)

Source: Field data

Table 5 shows that, among government hospital respondents only 9.23 percent take up government or public sector jobs and the major proportion of the respondents undertake occupation as coolie that is 26.16 percent. In this 21.54 percent respondents are unemployed (including students). 15.38 percent are working under private sector and another 15.38 percent are working under agriculture sector. But in case of private sector out of 55 sample respondents only 12.72 percent respondents do government or public sector jobs. The major respondents are undertaking an occupation as coolie same as in government hospital respondents that is 23.64. 20 percent of the respondents are unemployed and 7.27 percent are doing agricultural work. It may be concluded that most of the respondents whom undertake occupation as coolies. They prefer both private and government hospital services.

Distribution of Sample Respondents by Income

Level of income is an important variable for measuring the standard of living of the people. Monthly income is the amount of money an individual earns from all sources, including employment, self-employment received as wage or salary from organized or unorganized sector after 30 days (i.e., a month). Hence an analysis of income becomes the keystone of any comprehensive and comprehensive study. Mostly income influences the choice of health care services. The sample respondents are classified on the basis of their monthly income and data are given accordingly in table 6.

Table 6: Distribution of Respondents by Monthly Income

Income (in Rs.)	Government hospital	Private hospital	Total
Below 4000	10 (15.38)	10 (18.18)	20 (16.67)
4001-7000	21 (32.30)	9 (16.36)	30 (25)
7001-10000	10(15.38)	14 (25.45)	24 (20)
Above 10000	10 (15.38)	11 (20)	21(17.5)
No income	14 (21.55)	11 (20)	25 (20.84)
Total	65 (100)	55 (100)	120 (100)

Sources: Field data

Table 6 reveals that in government hospital respondents, out of 65 samples, 15.38 percent of the respondents had a monthly income below 4000. Then 32.30 percent received the monthly income between 4001-7000, 15.38 percent had monthly income above 10000 and 21.55 percent respondents had no income. But in the case of private hospital respondents out of 55 sample, 18.18 percent had a monthly income below 4000. 25.45 percent had monthly income between 7001-10000, 20 percent respondents had monthly income above 10000. 20 percent respondents also had no income. In terms of economic status, the private hospital respondents reported higher average family income of Rs.6964/- per month than government hospital users Rs.6100/-. Hence it is concluded that income is an important criterion which decides one’s capacity to pay for health services.

Distribution of sample respondents by Habitation

Table 7 shows the distribution of respondents on the basis of their location of the habitation. This is done under two headings viz., urban and rural.

Table 7: Distribution of respondents by spatial distribution

Location	Government hospital	Private hospital	Total
Urban	40 (61.54)	30 (54.55)	70 (58.33)
Rural	25 (38.46)	25 (45.45)	50 (41.67)
Total	65 (100)	55 (100)	120 (100)

Sources: Field data

Table 7 shows that, in the case of the government hospital, out of 65 sample majority of the sample respondents are residing in an urban area, that is 61.54 percent and 38.46 percent are residing in rural area. While in the case of private hospital out of 55 sample majority 54.55 percent respondents are residing in urban area and 45.45 percent are residing in rural area.

Reasons for the Selection of Healthcare Services

Assessment of quality of services provided by the healthcare organization in these days owing to the excessive demands imposed by the users, consumers, government and the society is a matter of great importance. Many hospitals have resorted to such an assessment not only for the reasons of compliance, but for the improvement of the services to the satisfaction of the users. In the present study, the sample respondents were asked to rank the various reasons for selection of healthcare services in their order of priority. The ranks were then converted into percent position and from the present position the individual scores were seen along a scale of 100 points by using Garratt's rating scale. The average scores and the ranks corresponding to each purpose are shown in table 8.

Table 8: Reason for the selection of healthcare services

Reasons	Government hospital		Private hospital	
	Scores	Rank	Scores	Rank
Only hospital in the area	44.17	9	57.2	6
Less expensive	55.66	2	42.6	9
Free services	57	1	37.27	10
Good hospital infrastructure	46.26	7	58.11	4
Quick diagnosis of diseases and specialized	55.58	3	112.58	2
Nearness to the residence	53.38	4	115.30	1
Experienced and talented pool of medical professionals	48.26	6	57.51	5
Reputation of the hospital	50.35	5	87.72	3
Easy to reach transport	46.18	8	50.45	8
Better care	41.14	10	55.07	7

Source: field data

The major reason for selection of healthcare services by respondents utilizing government hospital were free services (1st rank), less expensive (2nd rank) and Quick diagnosis of diseases and specialized area (3rd rank). Those utilizing private hospital respondents the main intention in selection of hospital is nearing to reside (1st rank), Quick diagnosis of diseases and specialized (2nd rank) and reputation of the hospital (3rd rank). Despite the high cost, for reasons

being distance, location, no waiting period and so on. However, it is the quality of health care and access to common people are of prime importance.

VI. MAJOR FINDINGS

There are some differences that exist in the socio-economic characteristics of the respondents who prefer government hospital and private hospital.

- The age composition of the sample respondents revealed that the main concentration of the respondents were in the age group of 30-50 years.
- The average age of respondents using in government hospital is comparatively higher than those respondents who prefer private hospital.
- Private hospital is more used by younger generation while aged people prefer government hospital for treating various diseases.
- Among the respondents surveyed, both types of hospitals are preferred by the male and female respondents equally.
- Education seems to be one of the most important determinants in the preference of the hospital. It could be inferred that, well educated respondents are preferred private hospital.
- Most of the respondents undertake coolie as the main occupation. They prefer both public hospital and private hospitals.
- The users of government hospital had monthly income of Rs.4001-7000 and in private hospital users it is 7001-10000.
- Majority respondents in the study are living in urban areas.
- The major reason for selection of healthcare services by respondents utilizing government hospital were free service, less expensive, etc., those utilizing private hospital respondents the main intention in selection of hospital is nearness to residence, the reputation of the hospital etc.

VII. CONCLUSION

It was observed that the use of health services of respondents is identified with the accessibility, quality and cost of services and in addition to social, financial and individual attributes of the administration doctor's facilities and private doctor's facilities clients. A portion of the respondents in the study was lean toward the private healthcare services suppliers, regardless of the high expenses of these related over the free or subsidized care provided by the government health care services for a large number of reasons. The study suggested that there should be available, equity and quality of health care services, which will ensure basic care to the poor and the marginalized for protecting them against ill health and exploitation. Moreover,

the method of improving the efficiency of the public health care system, a relatively high budgetary allocation, particularly in the rural areas is an important policy option. It should increase the percentage of health expenditure, so that per capita availability to the people in terms of healthcare facilities will give them better access in those regions.

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