

Intersectional Differences in accessing Public Healthcare facility of Women in India: A Spatial and Multidimensional Analysis.

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Introduction:

Accessibility of healthcare facilities is one of the basic amenities for the Public Healthcare system to combat poor health outcomes in developing and underdeveloped countries. In spite of economic growth and demographic transition, healthcare facilities remain unavailable to a certain portion of the population in India, especially for women's health. This study examines the spatial distribution and multidimensional adversities in accessing public healthcare facilities along with the responsible factors for women of in India.

Method:

In this study, the 5th round NFHS, which was conducted during 2019-21, was analyzed by women of the 15-49 years age group, considering their service-seeking type. The NFHS-5 collected information from 720,085 samples. However, this study analyzed only 26,650 women who were asked about their problems regarding access to healthcare facilities. Facilities were categorized into – 1. Technical and 2. non-technical.

Variable description:

Outcome variable: The variables, already available in the dataset, like- getting permission to go, Getting money for treatment, Distance to health facility, Having to take transport, Not wanting to go alone, Concern about no female health provider and Concern about no drug available were taken for considering the accessibility of healthcare services. As explanatory variables, socio-demographic information such as the age of the female, religion, caste, marital status, educational status, wealth status, the status of bank account, working status, types of place of residence and coverage of health insurance have been decided.

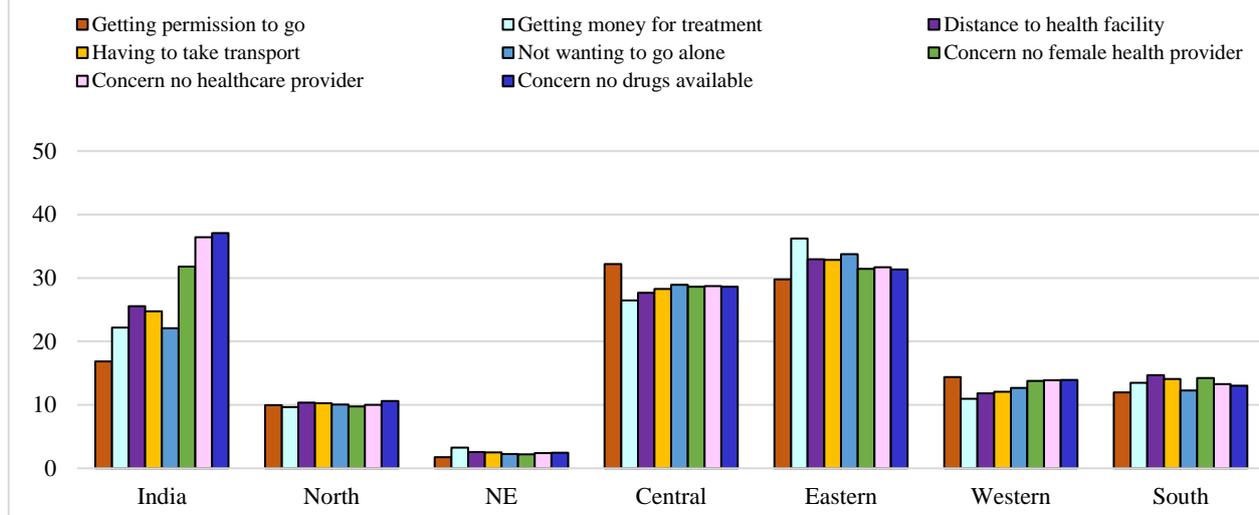
The study also identified various services, like- family planning, Immunization, post-natal care, Disease prevention, self-treatment, child's treatment, other person's treatment, child growth monitoring, health checkups, pregnancy termination and others, for which respondents seek health care.

Statistical Analysis:

All analyses of this study were done by STATA software. Univariate analysis describes the distribution of access to healthcare services in India. The bivariate analysis was carried out to investigate the relationship between outcome and explanatory variables. The chi-square test helped to find out the statistical significance of different variables. The binary Logistic regression identified the association between them. The magnitude of association was expressed by odds ratio (OR).

Results: Although around more than half of the women in India reported that they have no problem accessing public healthcare facilities, ST-Poor-Rural females were most likely to report having difficulties with two or more problems at a time. Logistic regressions indicate that respondent's age, religion, caste, education, wealth status, bank account ownership, occupation sector, health insurance coverage were significant predictors of having problems in India. Technical problems in healthcare facilities, like- Non-availability of Drugs, No healthcare provider, and concern of no female healthcare providers, were the major problems over non-technical facilities among women.

Distribution of Inequalities in Healthcare Access among Women



Intersectionality in Healthcare accessibility among Women

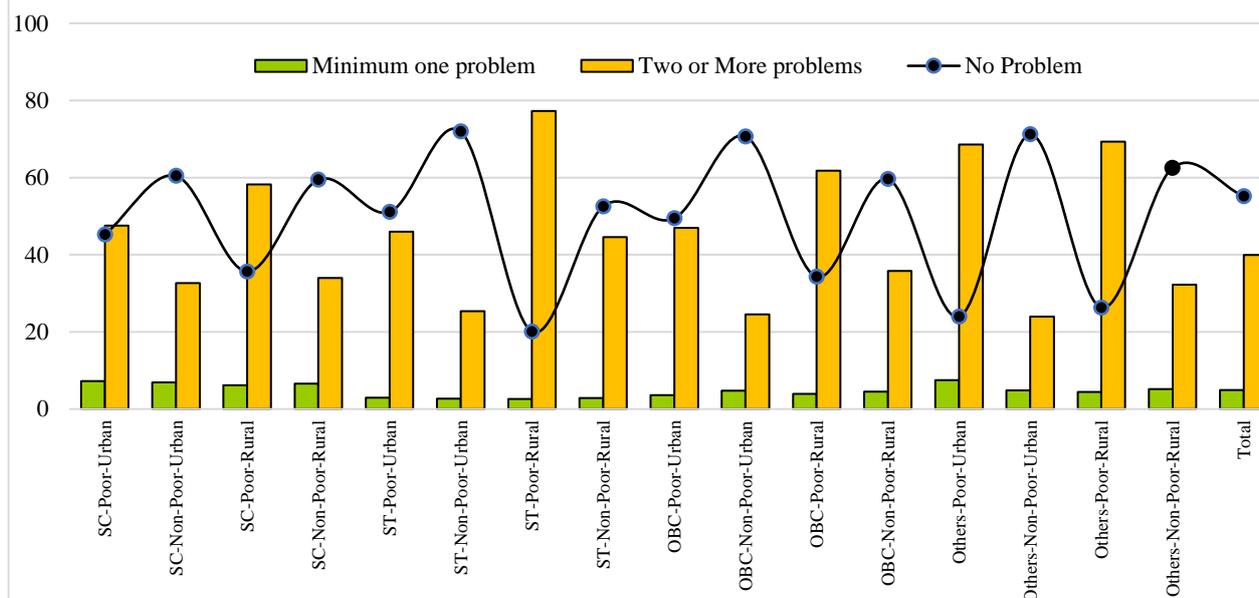


Table-1: Determinants of Inequalities in Non-technical Healthcare Access among Women

Problems	Getting permission to go	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone
Age group					
35-49 ®					
15-19	1.62 (1.40, 1.87)***	1.22 (1.06, 1.40)**	1.31 (1.15, 1.5)***	1.25 (1.09, 1.43)**	1.34 (1.17, 1.53)***
20-34	1.42 (1.30, 1.54)***	1.17 (1.09, 1.27)***	1.23 (1.14, 1.33)***	1.24 (1.15, 1.34)***	1.28 (1.18, 1.38)***
Religion					
Hindu ®					
Muslim	1.29 (1.16, 1.43)***	1.40 (1.27, 1.55)***	1.16 (1.05, 1.28)**	1.16 (1.05, 1.28)**	1.16 (1.05, 1.29)**
Others	0.71 (0.61, 0.83)***	0.78 (0.68, 0.90)**	0.75 (0.66, 0.86)***	0.75 (0.66, 0.86)***	0.75 (0.65, 0.86)***

Caste					
SC ®					
ST	1.44 (1.27, 1.63)***	1.44 (1.29, 1.60)***	1.54 (1.38, 1.72)***	1.59 (1.42, 1.79)***	1.66 (1.48, 1.86)***
OBC	0.94 (0.86, 1.03)	0.85 (0.78, 0.92)***	0.92 (0.85, 1.00)	0.93 (0.85, 1.01)	0.98 (0.90, 1.06)
Others	0.82 (0.73, 0.91)***	0.83 (0.75, 0.91)***	0.90 (0.82, 0.99)*	0.93 (0.84, 1.02)	0.95 (0.86, 1.04)
Marital Status					
Unmarried ®					
married	0.94 (0.84, 1.06)	0.88 (0.79, 0.98)*	0.90 (0.81, 1.00)	0.83 (0.75, 0.93)**	0.88 (0.78, 0.98)*
widowed	0.82 (0.65, 1.03)	1.06 (0.87, 1.29)	0.94 (0.77, 1.14)	0.87 (0.72, 1.06)	0.92 (0.75, 1.12)
Divorced/separated	1.23 (0.91, 1.67)	1.52 (1.16, 1.99)**	1.30 (0.99, 1.71)	1.35 (1.03, 1.77)*	1.26 (0.96, 1.67)
Educational status					
No Education ®					
Primary	0.76 (0.67, 0.85)***	0.83 (0.75, 0.93)**	0.78 (0.70, 0.87)***	0.77 (0.69, 0.86)***	0.74 (0.67, 0.83)***
Secondary	0.64 (0.59, 0.71)***	0.63 (0.58, 0.69)***	0.60 (0.55, 0.65)***	0.59 (0.54, 0.64)***	0.60 (0.55, 0.65)***
Higher	0.41 (0.36, 0.47)***	0.30 (0.27, 0.4)***	0.32 (0.29, 0.37)***	0.3 (0.26, 0.33)***	0.28 (0.24, 0.32)***
Wealth status					
Poor ®					
Non-Poor	0.52 (0.48, 0.57)***	0.37 (0.34, 0.4)***	0.39 (0.36, 0.41)***	0.38 (0.35, 0.40)***	0.42 (0.39, 0.45)***
Bank account					
Yes ®					
No	0.61 (0.57, 0.66)***	0.66 (0.62, 0.71)***	0.72 (0.67, 0.41)***	0.69 (0.64, 0.74)***	0.70 (0.65, 0.76)***
Working status					
® Non agricultural					
Not working	1.40 (1.25, 1.57)***	1.03 (0.93, 1.13)	1.13 (1.03, 1.25)**	1.09 (0.99, 1.19)	1.17 (1.06, 1.29)**
Agricultural	1.39 (1.20, 1.59)***	1.05 (0.93, 1.19)	1.18 (1.05, 1.33)**	1.18 (1.04, 1.33)**	1.21 (1.07, 1.37)**
others	1.29 (0.94, 1.76)	1.25 (0.95, 1.64)	1.33 (1.02, 1.73)*	1.50 (1.16, 1.95)**	1.48 (1.13, 1.94)**
Place of residence					
Urban ®					
Rural	1.88 (1.72, 2.05)***	1.65 (1.52, 1.78)***	2.21 (2.05, 2.39)***	2.20 (2.04, 2.38)***	1.86 (1.72, 2.01)***
Health Insurance					
Yes ®					
No	0.73 (0.67, 0.79)***	0.90 (0.84, 0.97)**	0.93 (0.87, 0.99)*	0.89 (0.83, 0.96)**	0.81 (0.75, 0.87)***

Table-2: Determinants of Inequalities in Technical Healthcare Access among Women

Problems	Concern no female health provider	Concern no healthcare provider	Concern no drugs available
Age group			
35-49 ®			
15-19	1.46 (1.30, 1.65)***	1.32 (1.18, 1.48)***	1.27 (1.13, 1.41)***
20-34	1.18 (1.10, 1.26)***	1.13 (1.06, 1.21)***	1.15 (1.08, 1.23)***
Religion			
Hindu ®			
Muslim	1.12 (1.03, 1.23)**	1.14 (1.04, 1.24)**	1.15 (1.06, 1.25)**
Others	0.58 (0.51, 0.66)***	0.52 (0.46, 0.59)***	0.58 (0.52, 0.65)***
Caste			
SC ®			
ST	1.51 (0.36, 1.69)***	1.68 (1.51, 1.87)***	1.59 (1.43, 1.78)***
OBC	0.97 (0.90, 1.04)	0.99 (0.92, 1.06)	0.96 (0.89, 1.03)
Others	0.98 (0.90, 1.07)	1.02 (0.94, 1.11)	1.01 (0.92, 1.09)

Marital status			
Unmarried ®			
married	0.93 (0.84, 1.01)	0.94 (0.87, 1.03)	0.94 (0.85, 1.02)
widowed	0.90 (0.75, 1.08)	0.88 (0.74, 1.05)	0.85 (0.71, 1.01)
Divorced/separated	1.08 (0.84, 1.39)	1.01 (0.79, 1.29)	0.88 (0.69, 1.13)
Educational status			
No Education ®			
Primary	0.82 (0.74, 0.91)***	0.83 (0.74, 0.91)***	0.86 (0.78, 0.95)**
Secondary	0.68 (0.63, 0.74)***	0.75 (0.69, 0.81)***	0.75 (0.70, 0.81)***
Higher	0.42 (0.38, 0.47)***	0.49 (0.44, 0.54)***	0.47 (0.43, 0.52)***
Wealth status			
Poor ®			
Non-Poor	0.44 (0.41, 0.47)***	0.42 (0.39, 0.45)***	0.41 (0.38, 0.44)***
Bank account			
Yes ®			
No	0.84 (0.78, 0.89)***	0.87 (0.81, 0.93)***	0.84 (0.79, 0.90)***
Working status			
Non-agricultural ®			
Not working	1.01 (0.93, 1.10)	0.93 (0.86, 1.00)	0.95 (0.88, 1.02)
Agricultural	1.07 (0.96, 1.20)	0.98 (0.88, 1.09)	1.01 (0.90, 1.11)
others	1.05 (0.82, 1.33)	0.97 (0.77, 1.23)	0.99 (0.78, 1.26)
Place of Residence			
Urban ®			
Rural	1.50 (1.41, 1.61)***	1.43 (1.34, 1.52)***	1.38 (1.29, 1.46)***
Health insurance			
Yes ®			
No	0.87 (0.81, 0.92)***	0.86 (0.81, 0.91)***	0.86 (1.18, 1.60)***

Conclusions:

This study concludes that the current status of utilization of Public healthcare facilities threatens women's health considerably. Additional attention towards a good relationship between service seekers and service providers through improved quality of care, availability and accessibility of health facilities is necessary to improve the health status of women in India. Regular monitoring and proper regulation of the healthcare system should be taken periodically to combat adversities of health.

Reference:

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