HEALTH CARE SCENARIO IN INDIA AND ITS ECONOMIC IMPACT

A

Thesis submitted

In partial fulfilment of the requirement for the degree of

MASTER OF ARTS

IN

ECONOMICS

Submitted By

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CERTIFICATE

This is to certify that the thesis, "**HEALTH CARE SCENARIO IN INDIA AND ITS ECONOMIC IMPACT**" being submitted in partial fulfilment of requirement for the award of Degree of **Master of Arts in Economics, in The School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology (Deemed to be University), Patiala,** is a bonafide work carried under the supervision of **Dr. Ravi Kiran**, Professor and Head and **Dr. A.N Sah,** Assistant. Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology (Deemed to be University), Patiala and that no part of this project has been submitted for the award of any other degree.

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CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitles, "**HEALTHCARE SCENARIO IN INDIA AND ITS ECONOMIC IMPACT**" being submitted in partial fulfilment of requirement for the award of Degree of **Master of Arts in Economics, in The School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology (Deemed to be University), Patiala,** is an authentic record of my own work carried out under the supervision and guidance of **Dr. Ravi Kiran,** Professor and Head, School of Humanities and Social Sciences, and **Dr. A.N Sah,** Assistant. Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology (Deemed to be University), Patiala and refers to other researchers' work which are duly listed in the references section.

The matter embodied in this thesis has not formed the basis of any other degree of this or any other university.

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Place: Patiala.

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Abstract

Healthcare standard in India is a major concern for the government of India, as the quality of healthcare services is very poor in India. There is shortage of qualified healthcare professional moreover even the medicines are not available sometimes. The present study is aimed at examining the gender and education based opinion and experience of the people of India regarding the level of healthcare services in India.

For this purpose a survey based analysis is done in the present study, which was answered by 70 individuals, consisting 29 males and 41 females, and for the education based analysis 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG.

The study is also aimed at studying the mortality rates and HDI index across various states of India. Major findings of the study are that -Life Expectancy is 66.9 for Females and 63.9 for males in India, while it is 86.1 for females and 78.9 for Males in Japan. Thus India has to improve in terms of Health indicators. Total Fertility Rate (TFR) is highest in Pakistan, followed by Nepal and then is India. TFR for India is also quite high.

Regression results for Quality of healthcare and Healthcare cost highlight an inverse relation between the two. An increase in healthcare cost improved the healthcare quality. Hence, there is a need to spend more on healthcare expenditure.

CONTENTS

CHAPTER 1
INTRODUCTION

1.1 **Overview of Healthcare Services in India**

Healthcare is the maintenance of health with the help of illness prevention, diagnostic, and physical and mental impairments in people. Basically, the present study is on Indian health care system. How is the infrastructure of hospitals, dispensers, and other government or private clinics or labs? Health care system are organization established to meet the health needs of targeted populations. Primary and secondary sectors are there in Indian health care system. In past few years health care rates of the India is higher with birth rate is increases and mortality rate is decreases. Government used schemes like Lifeline Jeevan-rekha express was in 1991. The lifeline express was run by the government to provide a medical, on the spot diagnostic and curative interventions for disabled adults and children.

1.2 Education and Healthcare:

Education and Healthcare are deeply related as health outcomes are influenced by the level of education of an individual. There are a number of ways in which education can affect Health Care some of which are:

i. Better education leads to jobs

Any educated individual is capable of earning enough to avail sufficient healthcare benefits as compared to a non-educated individual because am educated individual is more likely to be provided a job with therefore has more chances of being provided with benefit such as health insurance retirement benefits for paid leaves. More-over the jobs usually provided to non-educated individual are more prone to risk and having almost no or a few attached health benefits.

ii. Higher earnings

It has been found that a college graduate usually earns twice more than that what a high school dropout can earn and don't have time higher than what a high school graduate can earn. Therefore it is clear that higher education leads to do higher earnings which in turn leads to better Medical and Healthcare facilities available to a better educated individual. It was found that a US adult of 25, is more likely to die within 9 years if he/she does not possess a high school diploma.

iii. Sources for good health

Individuals and families having higher incomes can easily purchase the sources for good health such as healthy and good quality foods, also they usually have time for exercising regularly and can pay for better health facilities. Where less educated individuals do not have access to search sources of food health due to reasons like low wages, lack of assets and job insecurity.

Along with monetary benefits education also has certain social and psychological benefits for health

iv. Reduces stress

People having better education usually have better jobs high earnings and therefore are spared from having stress which in most cases leads to ill health. These individuals also have jobs which require less hardships and have better social support and a sense of control over life to help reduce job related stress.

v. Social and psychological skills

During the course of education an individual is provided with a number of opportunities for learning both inside and outside classroom which help to build skills and faster trades which are important throughout the life and these may also be important to health such as sense of personal well-being cleanliness consciousness prevents and one's ability to form relationships and establish social networks. These important lessons which not only make an individual a

better human being and a better social person, but also help improve one's health both social and physical and thus reduces psychological stress.

vi. Social networks

As we usually read man is a social animal, social circle is very important for maintaining good health. The educated individuals also tend to have large social networks and relationship from these networks provide access to financial emotional and psychological resources to the individual which lead to reduction in stress and improve health.

vii. Better understanding about the importance of health

An individual having a higher level of education not only has better jobs but may also be better at learning or for understanding the health issues. An educated individual knows the importance of washing hands before eating, knows the importance of green spaces in the community. An educated individual would like to go to a doctor in case of a serious health problem rather than going with home remedies which may not be enough.

viii. Better neighbourhood

Lack of education leads to low income and fewer resources which mean that such individuals are bound to live in the low-income neighbourhoods, which have less resources to good health, less health facilities available. The areas are specially cramped with the cause for ill health and disease, such as no cleanliness, no green spaces, over population, high crime rates, bad sewage facilities, etc. example slums.

1.3 Mortality rate

Children under the age of 5 are susceptible to some serious diseases such as asthma, tuberculosis and other chronic diseases which can lead to the students missing most of their school days. According to recent studies children above the age of 5 are also becoming more influenced with depression and stress in addition to the above diseases, which can lead to a fall in their performance at school/college.

Malnutrition among children is one of the major problems faced by Healthcare systems in India. It is tough to influence the eating habits of young children but providing them with education regarding the importance of nutrition in their daily routine can help improve the health status of children.

- Accident prevention

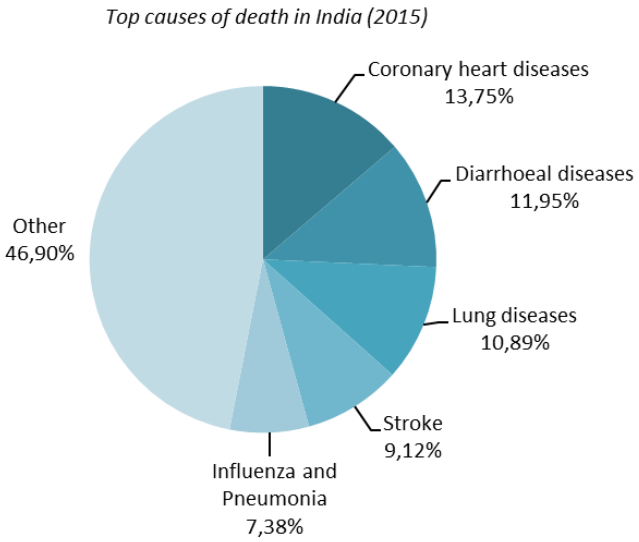
Another major cause of death in India is the ever increasing accidents. This can be reduced by implementing strict Road laws such as mandating the car seat belt for children, following the traffic lights strictly and heavy fines in the situation of failing to do so. Following the road safety procedures and behaviours by everyone on the roads such as following the speed limits, watching both sides of the road before crossing.

1.4 Impact of poverty on health

Poverty and poor health go hand in hand, usually it poverty which causes the latter, however sometimes it is extreme health expenditure which leads to poverty for a family or an individual. Poverty is a very important factor especially in a country like India where large chunk of population lives below the poverty line. Neglect of disease and failing to maintain a healthy environment to live in are main reasons for the spreading of disease among the poor people.
As we studied above due to low levels of education, people are forced to risky jobs which pose a threat to their health, both physical and mental.

- Poverty also has harmful effects on the social and mental health of an individual as the poor are usually the ones subjected to political, social and economic injustices.
- Worldwide the diseases which lead to highest number of deaths in the poor are HIV, diarrhoea, tuberculosis and malaria.

- Most deaths in the low income groups are due to negligence, and the fact that they are not able to afford most of the health care facilities. Especially in a country like India where large chunk of population lives below the poverty line.
- The major non communicable diseases affecting the poor are- maternal diseases, poor nutrition, cardiovascular diseases and non-communicating respiratory diseases.
- Every life lost is a reduction is the economic productivity as if the person was alive he/she could contribute something towards the economic development.



- Poverty is a multi-lateral threat for the health pregnant women in the poorer sections of the society as, they cannot afford medical facilities, they cannot protect themselves and their young from certain disease like respiratory problems due to lack of windows or proper ventilation in the house, more over sometimes these women have to work in such condition in order to make a living

CHAPTER 2

REVIEW OF LITERATURE

2.1 Review of Literature

Kavitha (2012) focused on rate of illness in India. She found that people were effected by some indispensable diseases. At that time hospitals could diagnose diseases and gave treatment to the patients. The quality of health care which was given by the hospitals was poor. First task of the hospitals is to provide good health care to the patients, but they were concentrating on the quantity of the patients. It was very bad for the hospital staff as well as patients. She describe that how study deals with the healthcare position of India and various different types of schemes and steps are taken by the government.

Raman and Mavalankar (2005) focused on the health and socio- economic developments. Both are related with each other, impossible to achieve one without the other. Health sector is complex with multiple goals, multiple products, and different beneficiaries. The Indian health system is ranked 118 among 191 WHO member countries on overall health performance.

Yadavendu (2003) focused on the how the healthcare status of the nation is affected by the population of the country. He said that the population of the India is growing at a rate of about 18 million of every year. As per 1901 India population was 238 million (at that time Pakistan and Bangladesh was the part of the Indian map). But in past 100 years, the population of India has alone become more than four times. The population of the country is increasing very fast in past few years. So it is the biggest reason of the poor healthcare system of the India.

Talib and Rahman (2013) stressed upon the improvements in the healthcare sector, especially the healthcare services and the quality of products related to healthcare, due to the competitive business environment which is the result of increasing complexity and globalisation.

The healthcare related industries are considered as the some of the most challenging and witness highest growth rate across the world and hence require special attention as they have direct impact on the economy, they also lead to employment and revenue generation. In order to resolve such issues it is necessary to examine the demographic characteristics and the current status of the Indian healthcare sector. In this paper the researcher analysed these issues through a questionnaire based analysis (120 received), applying the techniques of percentage frequency and Chi square.

Haq, Taneja and Adlakha (2013) stated the importance upon the availability of basic services like healthcare. Unable to access these services like healthcare can make a difference of life and death in a situation. The researchers stated that development of social sector is not complete without the development of healthcare accordingly. In India the public expenditure is less than one percent of GDP, which shows that it has been accorded a very low priority. It is very low even if compared to the less developed economies like Brazil, Pakistan or Bangladesh. This paper focuses on the challenges faced by healthcare sector in India. Moreover, there is large disparity among the health indicators of different states as well.

Khan and Banerji (2014), focus upon the examination of developments made in the healthcare sector in India. It focuses on healthcare, in the view of the development of IT sector, Globalisation, medical tourism, growth of health related insurance sector. This paper also focuses on the availably of healthcare services in India and the private players in this sector.

Bhaumik (2014), focused upon a strategy for a better primary healthcare model. As India is one of the fastest growing economies of the world, it poses a very large number of issues for the healthcare sector in the country, as for one the sector should be developing at a relatively fast pace in order to cater the fast growing population. But these services are largely ignore in India especially proper food, clean drinking water or even sanitation. Other problems addressed in the paper are shortage of qualified doctors and non-availability of essential medicines. The growth rate of healthcare sector is very low as compared to the growth rate of the population, which lead to overburdening the secondary and tertiary care sectors, which further leads to a low standard of healthcare services being provided.

Patil (2002) highlights a need to focus on health care which is a cause of concern as reflected in the life expectancy (63 years), infant mortality rate (80/1000 live births), maternal mortality rate (438/100 000 live births). To improve the prevailing situation, the problem of rural health is to be addressed both at macro and micro level.

As per Banerjee et al. (2004) the low quality of public facilities had an adverse influence on the people's health. In an environment where people's expectations of health care providers seem to be generally low, the state has to take up the task of being the provider or regulator. Raban et al. (2009) revealed that though health information and statistics are important for planning, monitoring and improvement of the health of populations. However, the availability of health information in developing countries is often inadequate. There is need to focus on this. Das Gupta (2005) suggested establishing a public health focal point in the health ministry, and revitalising the states' public health managerial and grassroots cadres.

Priya et al. (2013) presents a possible framework for designing a public health cadre in the present context. Three major gaps that the public health cadre meant to bridge have been identified. These are capacities within the system to address the technical requirements (epidemiological and health systems analysis); administrative/managerial dimensions; and the social determinants of health.

2.2 Gaps in Study

There are a number of studies conducted on the topic of healthcare, but the new healthcare related schemes and policies have not been studied much yet. There are also a number of state versus center level studies, but the internal structure and healthcare services available to general public at the ground level. The current study tries to cover various new schemes and data, including mortality rates and HDI index.

2.3 Motivation for study

Compared to the level of population, the level of health care services in India is very low.
With the advent of new govt. in India there have been a number of reforms and policies related to healthcare and health insurance in India. It is the main motive of this study to examine the current and past standard of healthcare in the country. The current research also tries to study this problem through a survey based analysis.

CHAPTER 3

RESEARCH DESIGN ANF METHODOLOGY

3.1 Objectives of the study

The present study has been taken with the following objectives:

O1: To analyse present status of healthcare in India.

O2: To analyse perception of people towards healthcare.

O3: Relation of quality of Health-care services with cost of health services.

3.2 Research Design and data Collection

The study uses secondary data. The secondary data is used for analysing maternal mortality rate. It also covers India's position in HDI. State-wise analysis of HDI is given to understand the states performing well in HDI index and also the states that have performed poorly.

Data was also collected through a structured questionnaire to understand perception of people towards health care. The questionnaire has 20 questions covering different aspects of healthcare. It also is trying to understand their perception regarding rural healthcare and various facilities available. It also covers aspects like insurance cover.

Cross-tabulation is done for gender-wise analysis and also for education-wise analysis. Data is collected using purposive sampling. Data is collected from students of Thapar Institute of Engineering & Technology to understand their perception regarding healthcare.

Regression analysis was also used for analysing relation between qualities of Health-care services with cost of health services. The data was analysed using SPSS vs 20.

CHAPTER 4

DATA ANAYLYSIS AND INTERPETATION

4.1 Status of Healthcare in India

For understanding status of health care it is essential to understand HDI index of various states and Union territories of India. Table 4.1 highlights state-wise HDI.

Table 4.1: State-wise HDI

Rank	State	HDI 1995	HDI 2000	HDI 2005	HDI 2010	HDI 2015	HDI 2018	Increase 1995–2018
1	Kerala	0.562	0.610	0.694	0.732	0.770	0.784	▲ 0.222
UT1	Chandigarh	0.607	0.642	0.670	0.658	0.739	0.774	▲ 0.167
2	Goa	0.579	0.623	0.684	0.751	0.763	0.764	▲ 0.185
UT2	Lakshadweep	0.669	0.711	0.739	0.729	0.738	0.749	▲ 0.080
UT3	Delhi	0.630	0.673	0.700	0.718	0.734	0.744	▲ 0.114
UT4	Andaman and Nicobar Islands	0.663	0.704	0.732	0.722	0.731	0.742	▲ 0.079
UT5	Puducherry	0.694	0.738	0.767	0.756	0.737	0.739	▲ 0.045
3	Punjab	0.547	0.582	0.620	0.664	0.706	0.721	▲ 0.174
4	Himachal Pradesh	0.557	0.596	0.653	0.675	0.706	0.720	▲ 0.163
5	Sikkim	0.515	0.549	0.598	0.643	0.696	0.716	▲ 0.201
6	Tamil Nadu	0.507	0.546	0.605	0.655	0.694	0.708	▲ 0.201
UT6	Daman and Diu	0.628	0.669	0.695	0.686	0.695	0.706	▲ 0.078
7	Haryana	0.515	0.550	0.594	0.639	0.687	0.704	▲ 0.189
8	Mizoram	0.532	0.574	0.637	0.694	0.697	0.697	▲ 0.165
9	Maharashtra	0.523	0.561	0.607	0.651	0.683	0.695	▲ 0.172
10	Manipur	0.525	0.563	0.603	0.691	0.699	0.695	▲ 0.170
11	Jammu and Kashmir	0.493	0.530	0.591	0.646	0.675	0.684	▲ 0.191
12	Karnataka	0.481	0.517	0.567	0.610	0.662	0.682	▲ 0.201
13	Uttarakhand	0.594	0.627	0.655	0.643	0.662	0.677	▲ 0.083
14	Nagaland	0.491	0.524	0.558	0.666	0.681	0.676	▲ 0.185

15	Gujarat	0.489	0.526	0.573	0.608	0.651	0.667	▲ 0.178
16	Telangana	0.593	0.628	0.655	0.643	0.651	0.664	▲ 0.071
UT7	Dadra and Nagar Haveli	0.645	0.686	0.714	0.704	0.665	0.661	▲ 0.016
17	Arunachal Pradesh	0.471	0.501	0.531	0.639	0.661	0.658	▲ 0.187
18	Tripura	0.499	0.532	0.561	0.613	0.645	0.655	▲ 0.156
19	Meghalaya	0.435	0.470	0.531	0.621	0.648	0.650	▲ 0.215
20	Andhra Pradesh	0.443	0.476	0.529	0.581	0.627	0.643	▲ 0.200
21	West Bengal	0.474	0.506	0.540	0.576	0.620	0.637	▲ 0.163
22	Rajasthan	0.432	0.462	0.505	0.547	0.601	0.621	▲ 0.189
23	Assam	0.453	0.486	0.527	0.565	0.593	0.605	▲ 0.152
24	Chhattisgarh	0.525	0.555	0.581	0.570	0.586	0.600	▲ 0.075
25	Odisha	0.422	0.452	0.489	0.533	0.580	0.597	▲ 0.175
26	Madhya Pradesh	0.419	0.450	0.493	0.533	0.577	0.594	▲ 0.175
27	Jharkhand	0.557	0.557	0.583	0.572	0.578	0.589	▲ 0.032
28	Uttar Pradesh	0.423	0.454	0.496	0.529	0.566	0.583	▲ 0.160
29	Bihar	0.401	0.430	0.464	0.511	0.551	0.566	▲ 0.165
	India	**0.460**	**0.493**	**0.536**	**0.581**	**0.624**	**0.640**	**▲ 0.180**

HDI index of India improved from 0.460 to 0.640 from 1995 to 2018. All the states and Union territories have reported an increase over the period. This is highlighting that India's states and Union territories are improving in HDI index. However, the picture is not that good if we look into various states and Union territories deeply. In case of Jharkhand the increase is 0.032 and for Chhattisgarh it is .075. In states Kerala is reporting highest increase of 0.222. In Union territory performance is good for Chandigarh with HDI of 0.016 Survey Based Analysis.

4.2 Mortality Rate

There are still many issues related with healthcare like the mortality rate India for under 5 has improved but is still 43 in 2016.

Year	Mortality Rate
2000	91.5
2001	87.5
2002	84.4
2003	81
2004	77.7
2005	74.4
2006	71.2
2007	68
2008	64.9
2009	61.9
2010	58.8
2011	55.9
2012	53
2013	50.3
2014	47.7
2015	45.2
2016	43

At present there is a billion plus population and it is growing in every year at a fast pace.

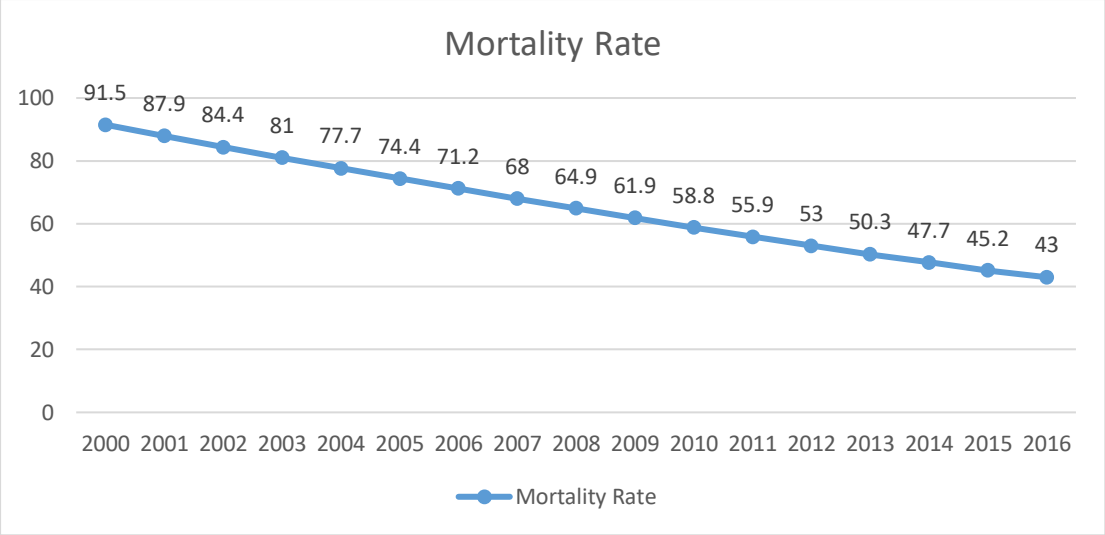


Figure 4.1: Under 5 Mortality Rate

4.3 Expenditure on Health in Selected Countries

Table 4.3 Expenditure on Health (total % of GDP)

	2005	2006	2007	2008	2009	2010	2011	2016	Average
USA	15.8	15.9	16.2	16.6	17.7	17.6	17.9	17.07	16.85
Germany	10.8	10.6	10.5	10.7	11.7	11.5	11.1	11.14	11.01
United Kingdom	8.2	8.4	8.4	8.7	9.7	9.6	9.3	9.76	9.01
Pakistan	2.8	2.8	3	3.3	2.9	2.8	2.5	2.75	2.86
China	4.7	4.6	4.4	4.6	5.1	5	5.2	4.98	4.82
Japan	8.2	8.2	8.2	8.6	9.5	9.2	9.3	10.93	9.02
India	4.2	4	3.9	3.9	3.9	3.7	3.9	3.3	3.85

Source: http://data.worldbank.org.

The developed countries like USA spends 17.9 % of GDP on health, while India spends 3.9 % of GDP on health in 2011. The amount spent is higher for China and Japan. Thus there is need to improve expenditure on health. Infact in India % of GDP spent on health has decreased over time. This is alarming. This includes public and private expenditure.

4,4 Health Indicators

Table 4.4 Health Indicators of Selected Countries

Country	IMR (per 1000 live births)	Life Expectancy M/F (in years)	MMR (per 100000 live births)	TFR

India	58	63.9/66.9	301	2.90
China	32	70.6/74.2	56	1.72
Japan	3	78.9/86.1	10	1.35
Republic of Korea	3	74.2/81.5	20	1.19
Indonesia	36	66.2/69.9	230	2.25
Malaysia	9	71.6/76.2	41	2.71
Vietnam	27	69.5/73.5	130	2.19
Bangladesh	52	63.3/65.1	380	3.04
Nepal	58	62.4/63.4	740	3.40
Pakistan	73	64.0/64.3	500	3.87
Sri Lanka	15	72.2/77.5	92	1.89

Source: https://data.gov.in/catalog/health-indicators-among-selected-countries-projected

If we look at health indicators of selected countries, IMR in India is very high. Nepal also shares same IMR of 58. On the other hand Japan and Korea has a low IMR of 3 per 1000 births. Life Expectancy is 66.9 for Females and 63.9 for males in India, while it is 86.1 for females and 78.9 for Males in Japan. Total Fertility Rate (TFR) is highest in Pakistan, followed by Nepal and then is India. TFR for India is also quite high.

4.5 Survey Based Results:

This section reports survey based analysis. The first question was to know if the respondents suffered from any illness.

Table 4.5 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 10 males and 7 females agreed that they suffered from one or other form of disease, while 19 males and 34 females did not suffer from any type of disease. As population was student, there were few only who suffered from Diseases.

Table 4.5: H1: Do you suffer from any Illness?

H1: Do you suffer from any Illness?				
		Gender		Total
		Male	Female	
H1	Yes	10	7	17
	No	19	34	53

Total	29	41	70

Table 4.6: Is Access and entry into the hospitals is dependent upon social status and location of the residence?

H2: access and entry into the hospitals is dependent upon social status and location of the residence				
		Gender		Total
		Male	Female	
H2	Yes	8	16	24
	No	21	25	46
Total		29	41	70

Table 4.6 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 8 males and 16 females agreed that access and entry into the hospitals is dependent upon social status and location of the residence, while 21 males and 25 females did not agree to it.

Table 4.7: H3: Facilities available differ on the basis of wealth or income

H3: Facilities available differ on the basis of wealth or income				
		Gender		Total
		Male	Females	
H3	Yes	20	22	42
	No	9	19	28
Total		29	41	70

Table 4.7 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 20 males and 22 females agreed facilities available, differ on the basis of wealth or income, while 9 males and 19 females did not agree to it. Generally medical

facilities have become very expensive and paying capacity of respondents matters a lot for facilities.

Table 4.8: H4: Are you covered under a healthcare plan?

H4: Are you covered under a healthcare plan?				
		Gender		Total
		Male	Female	
H4	Yes	9	18	27
	No	20	23	43
Total		29	41	70

Table 4.8 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 9 males and 18 females are covered under a healthcare plan, while 20 males and 23 females are not covered under any type of healthcare plan. It is surprising that all respondents are not covered under healthcare plan.

Table 4.6: **H5: Do you take any medicine on daily basis?**

H5: Do you take any medicine on daily basis?				
		Gender		Total
		Male	Female	
H5	Yes	9	9	18
	No	20	32	52
Total		29	41	70

Table 4.6 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 9 males and 9 females take any medicine on daily basis, while 20 males and 32 females do not. There are many respondents not taking medicine daily. When asked many said that they were taking medicines for Blood pressure. This is a little alarming.

Table 4.7: Do you use health care application to track their health?

H6: Do you use health care application to track their health?				
Count				
		Gender		Total
		Male	Female	
H6	Yes	12	6	18
	No	17	35	52
Total		29	41	70

Table 4.7 shows that from 70 respondents 12 males and 6 females use some type of health care application to track their health, while 17 males and 35 females do not use. Thus, healthcare is attracting the attention of few people. This needs to be made important.

Table 4.8: H7: Is there is a difference in performance between the available hospitals in the areas?

H7: Is there is a difference in performance between the available hospitals in the areas?				
		Gender		Total
		Male	Female	
H7	Yes	20	31	51
	No	9	10	19
Total		29	41	70

Table 4.8 shows that 20 males and 31 females agreed that there is a difference in performance between the available hospitals in the areas, while 9 males and 10 females did not find any difference. Thus, there were many respondents accepting that there is a difference in performance between the available hospitals in the areas.

Table 4.9: **H8:** More expensive the hospitals the better will be facilities provided by them

H8: More expensive the hospitals the better will be facilities provided by them				
		Gender		Total
		Male	Female	
H8	Yes	8	12	20
	No	21	29	50
Total		29	41	70

Table 4.9 shows 8 males and 12 females think more expensive the hospitals the better will be facilities provided by them. This is small no of respondents.

Table 4.10: **Can Govt. can play a significant role in health care sector?**

H9: Can Govt. can play a significant role in health care sector?				
		Gender		Total
		Male	Female	
H9	Yes	24	27	51
	No	5	14	19
Total		29	41	70

Table 4.10 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 24 males and 27 females think that a govt. can play a significant role in health care sector, while 5 males and 14 females do not agree to this. This is vital for Govt and Govt. needs to play an important role here.

Table 4.11: Is health care in India available at reasonable rates?

Is health care in India is available at reasonable rates?				
		Gender		Total
		Male	Female	
H10	1.00	6	10	16
	2.00	10	14	24
	3.00	7	10	17
	4.00	5	7	12
	5.00	1	0	1
Total		29	41	70

Table 4.11 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 6 males and 10 females strongly disagreed to the question that health care in India is available at reasonable rates, while 10 males and 14 females did not agree to it, 7 males and 10 females held their opinion as neutral, 5 males and 7 females agreed to it and, 1 female strongly agreed to it.

Table 4.12 H11: Quality of Health Services

H11: Health services				
		Gender		Total
		1.00	2.00	
H11	1.00	0	1	1
	2.00	9	13	22
	3.00	19	17	36
	4.00	1	10	11
Total		29	41	70

Table 4.12 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom no male and 1 female ranked the quality of the health services in India as excellent, while 9 males and 13 females ranked it as good, 19 males and 17 females ranked it as fair, 1 males and 10 females ranked it as poor.

Table 4.13: Is health insurance available in India, through government sponsored health care insurance?

H12: Is health insurance available in India, through government sponsored health care insurance?				
		Gender		Total
		1.00	2.00	
H12	1.00	2	1	3
	2.00	3	9	12
	3.00	14	20	34
	4.00	9	11	20
	5.00	1	0	1
Total		29	41	70

Table 4.13 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 2 males and 1 females strongly disagreed to the question that Is health insurance available in India, through government sponsored health care insurance schemes, while 3 males and 9 females did not agree to it, 14 males and 20 females held their opinion as neutral, 9 males and 11 females agreed to it and, 1 male strongly agreed to it.

Table 4.14: Rural areas have a shortage of medical professionals in India?

H13: Rural areas have a shortage of medical professionals in India				
		Gender		Total
		Male	Females	
H13	2.00	0	1	1
	3.00	1	4	5
	4.00	15	20	35
	5.00	13	16	29
Total		29	41	70

Table 4.14 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 13 males and 16 females strongly agreed to the question that Rural areas have a shortage of medical professionals in India, while 15 males and 20 females agreed to it, 1 males and 4 females held their opinion as neutral, 0 males and 1 females did not agree to it.

Table 4.15: H14: Is there Shortage of infrastructure for health services in rural areas?

H14: Is there a Shortage of infrastructure for health services in rural areas?				
		Gender		Total
		Male	Females	
H14	1.00	1	0	1
	2.00	1	1	2
	3.00	1	8	9
	4.00	17	17	34
	5.00	9	15	24
Total		29	41	70

Table 4.15 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 2 males and 1 females strongly agreed to the question that there is shortage of infrastructure for health services in rural areas, while 3 males and 9 females agreed to it, 14 males and 20 females held their opinion as neutral, 9 males and 11 females did not agree to it and, 1 male strongly disagreed to it.

Table 4.16: There is the problem of health care arises is not only in huge cities but is rapidly growing in urban areas.

H15 : Problem of healthcare arises not only in huge cites but is rapidly growing in urban areas				
		Gender		Total
		1.00	2.00	
H15	1.00	0	1	1
	2.00	3	1	4
	3.00	4	6	10
	4.00	17	24	41
	5.00	5	9	14
Total		29	41	70

Results of table 4.16 shows that 1 female strongly agreed to the question that the problem of healthcare arises not only in huge cites but is rapidly growing in urban areas as well, while 3 males and 9 females agreed to it, 14 males and 20 females held their opinion as neutral, 9 males and 11 females did not agree to it and, 1 male strongly disagreed to it.

Table 4.17: How many times do you see the doctor?

H16: How many times do you can see the doctor?				
		Gender		Total
		1.00	2.00	
H16	1.00	12	6	18
	2.00	13	20	33
	3.00	2	13	15
	4.00	2	2	4
Total		29	41	70

Table 4.17 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 12 males and 6 females stated that they visited the doctor once a month, while 13 males and 20 females visited a doctor once in 6 months, 2 males and 13 females saw the doctor once a year and, 2 males and 2 females visited the doctor once in two years.

Table 4.18: Do you prefer going to private or government hospitals?

H17: Do you refer going to private or government hospitals?		
	Gender	Total

		1.00	2.00	
H17	1.00	21	30	51
	2.00	8	10	18
	3.00	0	1	1
Total		29	41	70

Table 4.18 shows that the question was answered by a total of 70 individuals, 29 males and 41 females, out of whom 21 females and 30 males preferred going to a private hospital while 8 females and 10 males preferred going to a govt. hospital.

Table 4.19: How much do you spend on your health care?

H18: How much do you spend on your health care?				
		Gender		Total
		1.00	2.00	
H18	1.00	18	30	48
	2.00	2	6	8
	3.00	7	3	10
	4.00	0	2	2
	5.00	2	0	2
Total		29	41	70

Table 4.19 shows that the question was answered by a total of 70 individuals, 29 females and 41 males, out of whom 18 females and 30 males stated that they spent less than 10,000 annually on healthcare, while 2 females and 6 males spent between 10,000 and 20,000 annually, 7 females and 3 males spent between 20,000-30,000, 2 males spent 30,000-40,000, while 2 females spent more than 40,000 annually on healthcare.

Table 4.20: Is there a waiting period when you go to meet the doctor?

H19: Is there waiting period time when people can meet the doctor?			
	Gender		Total
	1.00	2.00	

H19	1.00	15	13	28
	2.00	9	21	30
	3.00	3	7	10
	4.00	2	0	2
Total		29	41	70

Table 4.20 shows that the question was answered by a total of 70 individuals, 29 females and 41 males, out of whom 15 females and 13 males had to wait less than half an hour, while 9 females and 21 males had to wait between half an hour to 1 hour, While 3 females and 7 males had to wait between an hour and 2 hours. While 2 females had to wait for more than 2 hours to see a doctor.

Education-wise Analysis

Table 4.21 H1: **Do you suffer from any Illness?**

H1: Do you suffer from any Illness?						
		Education				Total
		1.00	2.00	3.00	4.00	
H1	1.00	4	10	3	0	17
	2.00	7	17	21	8	53
Total		11	27	24	8	70

Table 4.21 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 4 Under Graduates, 10 Graduates and 3 Post Graduates agreed that they suffered from one or other form of disease, while 7 Under Graduates, 17 Graduates, 21 Post Graduates, 8 individuals with higher education did not suffer from any type of disease.

Table 4.22 Is Access and entry into the hospitals is dependent upon social status and location of the residence?

H2 : Is Access and entry into the hospitals is dependent upon social status and location of the residence?						
		Education				Total
		1.00	2.00	3.00	4.00	
H2	1.00	3	12	6	3	24
	2.00	8	15	18	5	46
Total		11	27	24	8	70

Table 4.22 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 3 Under Graduates, 12 Graduates, 6 Post Graduates and 3 individuals with PG+ education agreed that access and entry into the hospitals dependent upon social status and location of the residence, while 8 Under Graduates, 15 Graduates, 18 Post Graduates, 5 individuals with higher education did not.

Table 4.23: H3: Facilities available differ on the basis of wealth or income

H3: Facilities available differ on the basis of wealth or income.						
		Education				Total
		1.00	2.00	3.00	4.00	
H3	1.00	4	14	12	5	35
	2.00	7	13	12	3	35
Total		11	27	24	8	70

Table 4.23 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 4 Under Graduates, 14 Graduates, 12 Post Graduates and 5 with PG+ education agreed that same facilities available, differ on the basis of wealth or income, while 7 Under Graduates, 13 Graduates, 12 Post Graduates, 3 individuals with higher education did not agree to it.

Table 4.24: H4: **Are you covered under a healthcare plan?**

H4: Are you covered under a healthcare plan**?**						
Count						
		Education				Total
		1.00	2.00	3.00	4.00	
H4	1.00	1	14	9	3	27
	2.00	10	13	15	5	43
Total		11	27	24	8	70

Table 4.24 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 1 Under Graduates, 14 Graduates, 9 Post Graduates and 3 individuals with higher than PG are covered under a healthcare plan, while 10 Under Graduates, 13 Graduates, 15 Post Graduates, 5 individuals with higher education are not covered under a healthcare plan.

Table 4.25: H5: Do you take any medicine on daily basis?

H5: Do you take any medicine on daily basis?						
		Education				Total
		1.00	2.00	3.00	4.00	
H5	1.00	4	9	5	0	18
	2.00	7	18	19	8	52
Total		11	27	24	8	70

Table 4.25 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 4 Under Graduates, 9 Graduates and 5 Post Graduates agreed that take any medicine on daily basis, while 7 Under Graduates, 18 Graduates, 19 Post Graduates, 8 individuals with higher education did not.

Table 4.26: H6: Do you use health care application to track their health?

H6: Do you use health care application to track their health?						
		Education				Total
		1.00	2.00	3.00	4.00	
H6	1.00	3	8	6	1	18
	2.00	8	19	18	7	52
Total		11	27	24	8	70

As highlighted in table 4.26 3 Under Graduates, 8 Graduates, 6 Post Graduates and 1 above PG agreed that they use some type of health care application to track their health, while 7 Under Graduates, 18 Graduates, 19 Post Graduates, 8 individuals with higher education did not.

Table 4.27: H7: There is a difference in performance between the available hospitals in the areas

H7: There is a difference in performance between the available hospitals in the areas.						
		Education				Total
		1.00	2.00	3.00	4.00	
H7	1.00	8	20	17	6	51
	2.00	3	7	7	2	19
Total		11	27	24	8	70

Table 4.28 shows that 8 Under Graduates, 20 Graduates, 17 Post Graduates and 6 above agreed that there is a difference in performance between the available hospitals in the areas, while 3 Under Graduates, 7 Graduates, 7 Post Graduates, 2 individuals with higher education did not.

Table 4.28: **H8: More expensive the hospitals the better will be facilities provided by them.**

H8: More expensive the hospitals the better will be facilities provided by them						
		Education				Total
		1.00	2.00	3.00	4.00	
H8	1.00	5	8	5	2	20
	2.00	6	19	19	6	50
Total		11	27	24	8	70

Table 4.28 indicates that 5 Under Graduates, 28 Graduates, 5 Post Graduates and 2 above think more expensive the hospitals the better will be facilities provided by them, while 6 Under Graduates, 19 Graduates, 19 Post Graduates, 6 individuals with higher education did not.

Table 4.29: H9: Can Govt. can play a significant role in health care sector?

H9: Can Govt. can play a significant role in health care sector?						
		Education				Total
		1.00	2.00	3.00	4.00	
H9	1.00	6	22	17	6	51
	2.00	5	5	7	2	19
Total		11	27	24	8	70

As indicated in table 4.29 there were 6 Under Graduates, 22 Graduates, 17 Post Graduates and 6 above who think that a Govt. can play a significant role in health care sector, while 5 Under Graduates, 5 Graduates, 7 Post Graduates, 2 individuals with higher education did not.

Table 4.30: H10: Is health care in India is available at reasonable rates?

H10: Is health care in India is available at reasonable rates?						
		Education				Total
		1.00	2.00	3.00	4.00	
H10	1.00	3	7	5	1	16
	2.00	4	7	9	4	24
	3.00	2	5	7	3	17
	4.00	1	8	3	0	12
	5.00	1	0	0	0	1
Total		11	27	24	8	70

Table 4.30 indicates that Under Graduates, 7 Graduates, 5 Post Graduates and 1 above strongly disagreed to the question that health care in India is available at reasonable rates, while 4 Under Graduates, 7 Graduates, 9 Post Graduates and 4 above did not agree to it, 2 Under Graduates, 5 Graduates, 7 Post Graduates and 3 above held their opinion as neutral, 1 Under Graduates, 8 Graduates, 3 Post Graduates agreed to it and 1 Under Graduates, strongly agreed to it.

Table 4.31:H11: Quality of Health Services

H11: Quality of Health Services						
		Education				Total
		1.00	2.00	3.00	4.00	
H11	1.00	0	1	0	0	1
	2.00	5	7	10	0	22
	3.00	4	16	10	6	36
	4.00	2	3	4	2	11
Total		11	27	24	8	70

Table 4.31 is indicative of fact that 1 Graduate ranked the quality of the health services in India as excellent, while 5 Under Graduates, 7 Graduates, 10 Post Graduates ranked it as good, while 4 Under Graduates, 16 Graduates, 10 Post Graduates and 6 above ranked it as fair, 2 Under Graduates, 3 Graduates, 4 Post Graduates and 2 above ranked it as poor.

Table 4.32:H12: Is health insurance available in India, through government sponsored health care insurance?

H12: Is health insurance available in India, through government sponsored health care insurance?						
		Education				Total
		1.00	2.00	3.00	4.00	
H12	1.00	2	1	0	0	3
	2.00	4	5	3	0	12
	3.00	3	10	16	5	34
	4.00	2	10	5	3	20
	5.00	0	1	0	0	1
Total		11	27	24	8	70

Table 4.32 highlights that 2 Under Graduates and 1 Graduates strongly disagreed to the question that Is health insurance available in India, through government sponsored health care insurance schemes, while 4 Under Graduates, 5 Graduates and 3 Post Graduates did not agree to it, 3 Under Graduates, 10 Graduates, 16 Post Graduates and 5 above held their opinion as neutral, 2 Under Graduates, 10 Graduates, 5 Post Graduates, and 3 above agreed to it and 1 Graduate strongly agreed to it.

Table 4.33: H13: **Rural areas have a shortage of medical professionals in India**

H13: Rural areas have a shortage of medical professionals in India						
		Education				Total
		1.00	2.00	3.00	4.00	
H13	2.00	0	1	0	0	1
	3.00	1	4	0	0	5
	4.00	4	12	16	3	35
	5.00	6	10	8	5	29
Total		11	27	24	8	70

Table 4.33 shows that 1 Graduate strongly agreed to the question that Rural areas have a shortage of medical professionals in India,, while 1 Under Graduates and 4 Graduates agreed to it, 4 Under Graduates, 12 Graduates, 16 Post Graduates and 3 above held their opinion as neutral, 6 Under Graduates, 10 Graduates, 8 Post Graduates, and 5 above did not agree to it.

Table 4.34: H14: Is there Shortage of infrastructure for health services in rural areas?

H14: There Shortage of infrastructure for health services in rural areas						
		Education				Total
		1.00	2.00	3.00	4.00	
H14	1.00	1	0	0	0	1
	2.00	2	0	0	0	2
	3.00	0	6	2	1	9
	4.00	4	14	13	3	34
	5.00	4	7	9	4	24
Total		11	27	24	8	70

As indicated through table 4.34 there was 1 Under Graduate who strongly disagreed to the question that that t is there shortage of infrastructure for health services in rural areas, while 2 Under Graduates did not agree to it, and 6 Graduates, 2 Post Graduates and 1 above held their opinion as neutral, 4 Under Graduates, 14 Graduates, 13 Post Graduates, and 3 above agreed to it and 4 Under Graduates, 7 Graduates, 9 Post Graduates and 4 above strongly agreed to it.

Table 4.35 :H15: Rural areas have a shortage of medical professionals in India

H15 : Rural areas have a shortage of medical professionals in India						
Count						
		Education				Total
		1.00	2.00	3.00	4.00	
H15	1.00	0	1	0	0	1
	2.00	1	3	0	0	4
	3.00	4	1	4	1	10
	4.00	5	19	11	6	41
	5.00	1	3	9	1	14
Total		11	27	24	8	70

Table 4.35 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 1 Graduate strongly disagreed to the question that the problem of healthcare arises not only in huge cites but is rapidly growing in urban areas as well, while 1 Under Graduate and 3 Graduates did not agree to it, and 4 under Graduates, 1 Graduates, 4 Post Graduates and 1 above held their opinion as neutral, 5 Under Graduates, 19 Graduates, 11 Post Graduates, and 6 above agreed to it and 1 Under Graduates, 3 Graduates, 9 Post Graduates and 1 above strongly agreed to it.

Table 4.36:H16: Number of times people you see the doctor.

H16: Number of times you see the doctor.						
		Education				Total
		1.00	2.00	3.00	4.00	
H16	1.00	5	7	4	2	18
	2.00	3	13	15	2	33
	3.00	2	4	5	4	15
	4.00	1	3	0	0	4
Total		11	27	24	8	70

Table 4.36 highlights that 5 UGs, 7 Graduates, 4 Post Graduates and 2 above stated that they visited the doctor once a month, while 3 UGs, 13 Graduates, 15 Post Graduates and 2 above visited a doctor once in 6 months, 2 UGs, 4 Graduates, 5 PGs and 4 above saw the doctor once a year and, 1 UG and 3 graduates visited the doctor once in two years.

Table 4.37: H17: DO You prefer going to a private or government hospital?

H17: There is how many people are going to prefer private or government hospitals.						
		Education				Total
		1.00	2.00	3.00	4.00	
H17	1.00	8	18	19	6	51
	2.00	3	8	5	2	18
	3.00	0	1	0	0	1
Total		11	27	24	8	70

Table 4.37 shows that the question was answered by a total of 70 individuals, 11 Under Graduates, 27 Graduates, 24 Post Graduates and 8 with education higher than PG, out of whom 8 UGs, 18 Graduates, 19 PGs and 6 above preferred going to a private hospital while 3 UGs, 8 Graduates, 5 PGs and 2 above preferred going to a govt. hospital.

Table 4.38: H18: How much people do you spend on your health care?

H18: How much do you spend on your health care?						
		Education				Total
		1.00	2.00	3.00	4.00	
H18	1.00	8	13	19	8	48
	2.00	0	5	3	0	8
	3.00	1	7	2	0	10
	4.00	0	2	0	0	2
	5.00	2	0	0	0	2
Total		11	27	24	8	70

Table 4.38 indicated that 8 UGs, 13 graduates, 19 Post Graduates and 8 above accepted that they spent less than 10,000 annually on healthcare, while 5 Graduates and 3 Post Graduates spent between 10,000 and 20,000 annually, 1 UG, 7 Graduates and 2 PGs spent between 20,000-30,000, 2 Graduates spent 30,000-40,000, while 2 UGs spent more than 40,000 annually on healthcare.

Table 4.39: H19: Is there waiting period when people can meet the doctor?

H19: Is there waiting period to meet the doctor?						
		Education				Total
		1.00	2.00	3.00	4.00	
H19	1.00	4	11	10	3	28
	2.00	5	10	11	4	30
	3.00	1	5	3	1	10
	4.00	1	1	0	0	2
Total		11	27	24	8	70

Table 4.39 shows that 4 UGs, 11 Graduates, 10 PGs and 3 above had to wait less than half an hour, while 5 UGs, 10 Graduates, 11 Post Graduates and 4 above had to wait between half an hour to 1 hour, While 1 UGs, 5 Graduates, 3 PGs and 1 above had to wait between an hour and 2 hours. While 1 UGs and 1 Graduate had to wait for more than 2 hours to see a doctor.

Next Step was to use Regression for O3: Relation of quality of Health-care services with cost of health services

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.360[a]	.130	.117	.66532	2.181
a. Predictors: (Constant), H10 (Healthcare Cost)					
b. Dependent Variable: H11 (Quality of healthcare)					

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.485	1	4.485	10.133	.002**
	Residual	30.100	68	.443		
	Total	34.586	69			
a. Dependent Variable: H11 (Quality of healthcare)						
b. Predictors: (Constant), H10 (Healthcare Cost)						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.387	.197		17.221	.000***
	H10	-.239	.075	-.360	-3.183	.002**
a. Dependent Variable: H11(Quality of Healthcare)						

***p≤.001; **p≤.01; *p≤.05

The study tries to use regression for Quality of healthcare and Healthcare cost. There is inverse relation between the two. An increase in healthcare cost improved the healthcare quality. The overall model is acceptable as ANOVA results depict (F: 10.133; p≤.01. The B-Value is -0.239. The model explains 11.7 percent of variation. This is important result as it highlights that there is need to spend more on healthcare expenditure. The secondary also data suggests low expenditure on health. This result should support an increase on Health Expenditure.

CHAPTER 5

CONCLUSION

5.1 Major Findings of the study

This study was undertaken to understand healthcare scenario of India. HDI index in states and Union Territories has shown an improvement from 1995 to 2016. Although there is disparity among states and Union Territories.

IMR in India is very high and Nepal is very high (58). On the other hand Japan and Korea has a low IMR of 3 per 1000 births. Life Expectancy is 66.9 for Females and 63.9 for males in India, while it is 86.1 for females and 78.9 for Males in Japan. Thus India has to improve in terms of Health indicators. Total Fertility Rate (TFR) is highest in Pakistan, followed by Nepal and then is India. TFR for India is also quite high.

Survey based analysis depicts that there is difference in perception of males and females regarding health care. There are still few respondents taking healthcare facilities.

Only few keep a check over health care. Hence there is need to improve these and healthcare needs to be given more attention.

People believe that Govt. needs to play an important role in healthcare.

Regression results for Quality of healthcare and Healthcare cost highlight an inverse relation between the two. An increase in healthcare cost improved the healthcare quality. Hence, there is a need to spend more on healthcare expenditure.

The developed countries like USA spends 17.3 % of GDP on health, while India spends as low as 3.3 % of GDP on health in 2016. The amount spent is higher for China and Japan. Thus there

is need to improve expenditure on health. Infact in India % of GDP spent on health has decreased over time. This is alarming. This includes public and private expenditure.

5.2: Revisiting the Objectives

The first objective of the study was:

O1: To analyse present status of healthcare in India.

Secondary data was used to attain this objective. HDI index of India improved from 0.460 to 0.640 from 1995 to 2018. Thus, there is improvement in HDI index at all India level. Further all the states and Union territories have reported an increase over the period. It can be inferred that India's states and Union territories are improving in HDI index. However, a deep look into inter-state comparison highlights Jharkhand the increase is 0.032 and for Chhattisgarh it is .075. Kerala is the best performing state reporting highest increase of 0.222. In Union territories performance is good for Chandigarh with HDI of 0.016.

The next objective was:

O2: To analyse perception of people towards healthcare in India.

Gender-wise analysis was done for all questions. The results indicate that people are not very aware of Govt. schemes. However, they want Govt. to offer healthcare. Healthcare awareness is low. A few respondents suffered from diseases and generally they had Blood pressure or Depression. This issue needs to be looked deeply and steps taken to cure this. The depression amongst student community is high. Yoga and meditation classes in Institutes could help to tackle this.

O3: To analyse Relation of quality of Health-care services with cost of health services

Regression results for Quality of healthcare and Healthcare cost highlight an inverse relation between the two. An increase in healthcare cost improved the healthcare quality. Hence, there is a need to spend more on healthcare expenditure.

5.3 Implications of the study

The study highlights that states need to improve on HDI indices. One step could be to improve literacy rate and under 5 Mortality rate also needs to be improved further. Govt. needs to propagate its schemes for enhancing awareness. People need to understand more and invest more on healthcare.

5.4 Limitations of the study

The study used purposive sampling and the sample size was small. Thus, the results cannot be generalised. However, it does throw light on key indicators of health which need attention.

5.5: Future scope

A case study of best performing state in HDI and low performing state could give a better indication of where to focus and which parameters of health need attention.

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