

GENDER EQUITY IN THE BENEFIT INCIDENCE OF PUBLIC EXPENDITURE FOR HEALTH IN INDIA

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Abstract: Gender Budgeting is not a separate budget for women; rather it is a dissection of the government budget to establish its gender-differential impacts and to translate gender commitments into budgetary commitments, in terms of health in this paper. In the ambit of health services provided by the Government institutions, it is to see that the utilization rate as per male and female shows an equity scenario or some differences. The need for the study comes out of this only that how much the disparity is occurring in terms of inpatient and outpatient services, also, to see whether the distribution of expenditure done by the government equates with the expenditure done by male and female separately. The figures of Expenditure have been scaled up to match the total Expenditure provided by RBI. The population has been taken from Census through Interpolation method for 2004. And rest of the data has been taken from NSSO data. To serve our purpose some of the statistical formulas have been used that are Prevalence of disease, Utilization Rate, Inpatient/Outpatient Expenditure and Total Expenditure. Multivariate analysis (MVA) is used for statistical analysis. The study shows that inpatient services are more utilized by male than female and outpatient services are more utilized by female, it means when it comes to an illness, which needs more care and time, male is using the services, i.e., inpatient facilities. When it comes to per capita, in some of the age group female per capita is slightly more otherwise male surpasses here also. In the poor and poorest wealth quintile female is slightly more than male since because of the reproductive age group and maternal health care.

Keywords: Gender Budgeting, Maternal Health Care, Inpatient, Outpatient, Expenditure

Introduction: Gender budgeting is gaining increasing acceptance as a tool for engendering macroeconomic policy-making. The Fourth World Conference of Women held in Beijing in September 1995 and the Platform for Action that it adopted called for a gender perspective in all macroeconomic policies and their budgetary dimensions. The Outcome Document of the UN General Assembly Special Session on Women held in June 2000, also called upon all the Nations to mainstream a gender perspective into key macroeconomic and social development policies and national development programmes. Emphasis on gender budgeting was also placed by the Sixth Conference of Commonwealth Ministers of Women's Affairs held in New Delhi in April 2000.

Australia was the first country to develop a gender-sensitive budget, with the Federal government publishing in 1984 the first comprehensive audit of a government budget for its impact on women and girls. Women's budget exercises were also undertaken by each of the Australian State and Territory governments at various times during the 1980s and 1990s. South Africa followed and initiated formation of gender sensitive budget in 1995, through a participatory process of involving parliamentarians and NGOs. The Commonwealth initiative to integrate gender into national budgetary processes was started in 1997 in four countries other than South Africa such as Fiji, St Kitts and Nevis, Barbados and Sri Lanka. Several other nations have also taken steps to engender their national budget (Canada, UK,

Mozambique, Namibia, Tanzania and Uganda). Gender budget initiatives are currently being attempted in 35 countries following diverse trajectories in terms of the process and partners involved in undertaking the activity.

In India, gender perspective on public expenditure had been gaining ground since the publication of the report of the Committee on the Status of Women in 1974. The Eighth Five Year Plan (1992-97) highlighted for the first time the need to ensure a definite flow of funds from the general developmental sectors to women. The Ninth Five Year Plan (1997-2002), while reaffirming the earlier commitment adopted Women Component Plan as one of the major strategies and directed both the Central and the State Governments to ensure "not less than 30 per cent of the funds/benefits are earmarked in all the women's related sectors. The gender budgeting initiative in India started in July 2000 when a Workshop on 'Engendering National Budgets in the South Asia Region' was held in New Delhi in collaboration with the UNIFEM, in which Government representatives, UN agencies, media, NGOs, research institutions, civil society and members of the Planning Commission in the South Asia region participated.

Literature Review : Inadequate public health system shall compel to seek health care from private health institutions and escalate the out of pocket payment. Most significantly the percentage share of the out of pocket health expenditure to the households total and non-food expenditure is found to be decreasing

with increase in household quintile income. (Ladu singh, L., & pandey, A., 2013)
 Chakraborty, L. (2010) is of the view that Gender equity does not mean public budgets should necessarily provide equal resources to women and men. In fact, this could result in less equity. For example, a country that has only recently committed to providing equal education opportunities to girls and boys might need to provide additional funding to encourage education of girls, whose schooling previously had been restricted compared to that of boys. In this case, equal funding would be neither equitable nor effective in reaching the government's goal.

In India, women's health issues are addressed under family health policy and public health policy. Family health policy addresses issues such as child survival, maternal health and contraception, aiming to increase outreach and coverage of services. The health sector action plan has many gender-responsive activities such as provision of nutrition for girls, adolescent and pregnant women at crèches; encouraging hospital deliveries; provision of antenatal and emergency obstetric care, and immunization. Key 1987; Stock 1983; Tipping and Segall (1995) is of the view that access to and utilization of health services are importantly influenced by cultural and ideological factors, such as embargoes on consulting male practitioners, lack of freedom to act without permission from husbands or senior kin and low valuation of the health needs of women and girls compared to that of men and boys. There is a lack of gender equity in many areas of education around the world. It is affecting all of our children, both boys and girls. Being a middle school science teacher, my primary focus has become how gender bias affects girls in science, math, and technology. I, along with many others, believe that the lack of gender equity has created some barriers to girls and their continuing interest in science, math, and technology, both in school and in choosing careers. Their options are narrowed.

Objectives:

1. To examine the gender differential in benefit of utilization of public health services as per inpatient and outpatient perspective.
2. To examine the gender differential in terms of expenditure of health care services as per inpatient and outpatient perspective.

Data and Methodology: To serve the purpose of the study, NSSO 60th Round (2004) and Census 2011 data has been used.

Description of the variables:

Dependent:

Utilization Rate of Inpatient, Utilization Rate of Outpatient, Per capita Expenditure, Patient Expenditure

Independent:

Age Group (0-4, 5-14, 15-59, 60+), Sex (Male, Female), Quintile (Poorest, Poor, Middle, Higher, Highest)

Analysis Technique:

In this study, to serve our purpose some of the statistical formulas have been used that are as follows:

1. Prevalence of disease (Percentage of population who is ill in the last 15 days by broad age group) = (Number of Diseased person/Total population)*100
2. Utilization Rate = Number of Diseased Person utilizing service (Inpatient/Outpatient)/ Total Population
3. Inpatient/ Outpatient Expenditure = Total Expenditure/Total Person Utilizing the service
4. Total Expenditure = {(Inpatient + Outpatient) Expenditure} * Total Population * Utilization of the service * Per capita Expenditure.

The figures of Expenditure have been scaled up to match the total Expenditure provided by RBI. The population has been taken from Census through Interpolation method for 2004. And rest of the data has been taken from NSSO data. Multivariate Analysis (MVA) has been used to serve the objectives of this study.

Result: Figure 1 tells about the Percentage of population ill in the last 15 days.

Table 1: Percentage of population ill in the last 15 days by broad age group

Age group	Male	Female
0-4	13.0	11.6
5-14	5.4	4.6
15-59	6.4	8.7
60+	30.8	31.2
Total	8.6	9.7

Source: NSS 60TH Round

It is seen from the figure 1 that there has been six percent of female being more ill than male.

Table 2: Utilization Rate by broad age group

Age Group	Inpatient		Outpatient	
	Male	Female	Male	Female
0-4	6.3	6.5	10.9	12.1
5-14	6.4	7.5	13.7	12.0
15-59	5.2	4.5	13.6	14.7
60+	3.4	4.1	14.8	14.7
Total	5.1	5.0	13.4	14.1

Source: NSS 60TH Round

Table 3: Per capita Expenditure by broad age group

Age	Inpatient	Outpatient
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Group	Male	Female	Male	Female
0-4	7167	4745	5646	4658
5-14	11017	6472	6065	4553
15-59	5864	9207	7395	7606
60+	8810	7299	8328	6466
Total	7600	7636	7082	6611

Source: NSS 60TH Round

Figure 2 and 3 tells about the Inpatient Utilization rate and Outpatient rate respectively. It is observed from the figures 2 and 3 that male utilization is more in case of inpatient facilities than outpatient.

Table 4: Total Expenditure in Crores' Rs. by broad age group

Age Group	Male	Female
0-4	1625	1568
5-14	5411	5648
15-59	11255	12078
60+	1689	1234
Total	19981	20528

Source: NSS 60TH Round; RBI

Table 5: Average Expenditure in Crores'

Age group	Male	Female
0-4	316	230
5-14	1101	648
15-59	2357	2880
60+	278	292
total	4052	4050

Figure 4 and 5 tells about the Per capita Expenditure done by male and female on the services they got. It is easily visible from the figures 4 and 5 that female has more per capita expenditure in inpatient facilities and male in outpatient one. But the point here to be noted is that the variation between them is huge in case of outpatient per capita. Male expenditure on facilities is more as compared to female if on an average is seen. Figure 6 shows the total Expenditure by sex done on the facilities. It shows a positive sign in favour of female. It is may be because male prefer private facilities more qualitative than the public one and even the type of disease for male and female is different. Due to which total expenditure is more for female than male in all age groups.

Tables give a detailed description about all the above said indicators in detail by quintile and broad age groups. Table 1 gives the description about the total diseased people, i.e., Percentage of population ill in the last 15 days by broad age group, out of which how many are utilizing the inpatient service and how many outpatient has been given in table 2, i.e., the utilization rate of the services by sex. The result says that except in the age group 5-14 and 60+ overall utilization rates in inpatient service male is ahead of

female. As far as outpatient service is concern, again male is surpassing female except in the age group 15-59, that is may be because of the reproductive age group and maternal health care.

When we talk about the expenditure incurred as shown in table 4, i.e., total Expenditure in Crores' Rs. by broad age group, except in the age group 15-59, it also shows a similar trend. Per capita in table 3, i.e., Per capita Expenditure by broad age group also shows a same scenario. Both in inpatient and outpatient 15-59 age group is in favour of female.

Table 5 gives a brief description about the Overall average Expenditure done by male and female respectively. The overall average expenditure may not show huge variation but when it is broad age group except in age group 15-59 and 60+ all other are in favor of male. In 15-59 age group it is so because of maternal and reproductive care. In 60+ age group, since female are biologically stronger there population eventually increases and shows a more favorable scenario.

Now when we talk about the gender differential wealth quintile wise it has a different perspective to alter. Table 6 and 7 gives an insight into the inpatient and outpatient services as per the different wealth quintiles. Table 6 gives information about utilization rate for inpatient service by wealth quintile with age distribution and Table 7 gives information about utilization rate for outpatient service by wealth quintile with age distribution. It is seen that if we consider the overall average of the ages then poor wealth quintile shows the maximum utilization in both male and female, i.e., in every hundred male seven are utilizing the public inpatient service and among female it is approximately eight. Another observation shows that with increase in wealth quintile the utilization rate decreases. i.e., it shows an inverse relation between the utilization rate and wealth quintile. Except in the poor wealth quintile all wealth quintile shows gender differential. i.e., female are utilizing the services less than male. If we go with the figure, with increase in the age and wealth quintile the utilization of the services gradually decreases in the inpatient services.

The utilization of outpatient services shows a different trend. Except in the poorest wealth quintile all quintile is in female side. In poorest one, every hundred male is 14.63 to 13.63 in female. In poor one, every hundred male is 12.91 to 13.95 in female. In middle one, every hundred male is 12.23 to 12.86 in female. In rich one, every hundred male is 12.39 to 13.77 in female. And in richest one, every hundred male is 14.88 to 16.31 in female.

Table 8 and 9 tells about the Inpatient and outpatient Per capita Rs' by Wealth Quintile respectively. Now as far as the per capita expenditure is concern, the inpatient service shows that in poor and poorest

quintile female per capita is more than male and in rest of the quintiles it is in favour of male. In poorest wealth quintile, per capita expenditure for male is Rs.7525 and female is Rs.9436. In poor quintile, per capita expenditure for male is Rs.6294 and female is Rs.7196. In middle quintile, per capita expenditure for male is Rs.6690 and female is Rs.5381. In rich quintile, per capita expenditure for male is Rs.10513 and female is Rs.7047. And in richest quintile, per capita expenditure for male is Rs.9718 and female is Rs.8198. Now if we talk about the individual observation then it has been observed that there is an abrupt high per capita expenditure for male in age group 5-14 in rich wealth quintile, i.e., Rs.29737.

In Outpatient per capita expenditure, except the middle quintile all the values are supporting males. In poorest Wealth quintile, per capita expenditure for male is Rs.6122 and female is Rs.5622. In poor Wealth quintile, per capita expenditure for male is Rs.6537 and female is Rs.4635. In middle Wealth quintile, per capita expenditure for male is Rs.5365 and female is Rs.6169. In rich quintile, per capita expenditure for male is Rs.6691 and female is Rs.4969. And in richest quintile, per capita expenditure for male is Rs.6948 and female is Rs.5580. Now if we talk about the individual observation then it has been observed that there is an abrupt high per capita expenditure for male in age group 5-14 in richest wealth quintile, i.e., Rs.29737.

Total expenditure as given in table 10, i.e., Total expenditure in Crores' (cr) Rs by Wealth Quintile, shows a good sign of female participation. Except in poorest and middle wealth quintile all the figures are in female side. Now when we talk about the figures, in poorest Wealth quintile, total expenditure for male is Rs.4255 cr and female is Rs.3847 cr. In poor Wealth quintile, total expenditure for male is Rs.3866 cr and female is Rs.4236 cr. In middle Wealth quintile, total expenditure for male is Rs.4200 cr and female is Rs.3902 cr. In rich wealth quintile, total expenditure for male is Rs.4018 cr and female is Rs.4084 cr. And in richest wealth quintile, total expenditure for male is

Rs.3922 cr and female is Rs.4180 cr. Now if we talk about the individual observation then it has been observed that there is an abrupt high per capita expenditure for male in age group 5-14 in richest wealth quintile, i.e., Rs.29737 cr.

Conclusion: The study has illustrated the complex task of determining the trend of gender differential in inpatient and outpatient services provided by the government institution as per different wealth quintiles. The study shows a gender gap in the overall scenario of inpatient and outpatient services. Inpatient services are more utilized by male than female and outpatient services are more utilized by female, it means when it comes to an illness which needs more care and time male is using the services, i.e., inpatient facilities. Female are more in to outpatient only. When we go by wealth quintile, firstly the services used decreases with increase in quintile and male are more into the services than female in inpatient facilities. And in outpatient it is slightly more for female.

When it comes to per capita, in some of the age group female per capita is slightly more otherwise male surpasses here also. In the poor and poorest wealth quintile female is slightly more than male since because of the reproductive age group and maternal health care. The total expenditure by female is high in public institution since most of the time male prefer to go the private health institution due to lack of good quality facility. When it is utmost necessary then only male prefer to go to public health facility. The overall gist of the study says that female is lagging behind in the utilization of the health services in both inpatient and outpatient facilities. Even the per capita and the total expenditure show a matter of concern.

The medical facilities should be more female oriented because in India female constitute a big proportion of the population. The inpatient facilities should strengthen to overcome the gender differential so that equity between male and female should be maintained.

Appendix

Table 6: Inpatient Utilization Rate by Wealth Quintile

Age Group	Poorest		Poor		Middle		Rich		Richest	
	M	F	M	F	M	F	M	F	M	F
0-4	8.37	6.59	8.63	10.42	6.55	5.60	7.49	6.25	2.26	2.70
5-14	11.10	10.20	4.90	13.19	6.47	5.67	3.54	2.77	1.74	2.29
15-59	7.04	5.15	8.35	7.47	7.72	4.58	4.64	3.85	3.03	3.07
60+	4.16	5.87	5.23	4.69	5.43	4.33	3.56	1.74	3.81	1.75
Total	7.18	6.09	7.10	7.98	6.74	4.76	4.66	3.57	2.90	2.65

Source: NSS 60TH Round

Table 7: Outpatient Utilization Rate by Wealth Quintile

Age	Poorest	Poor	Middle	Rich	Richest
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Group	M	F	M	F	M	F	Male	Female	Male	Female
0-4	13.33	12.57	13.60	13.68	8.87	7.68	7.92	10.61	9.22	15.58
5-14	15.00	9.19	11.45	15.53	13.79	10.06	13.70	12.11	14.93	12.83
15-59	14.21	14.36	13.24	13.59	10.83	13.94	13.47	14.13	16.19	17.92
60+	16.08	14.83	12.76	14.06	15.73	14.59	12.43	15.25	16.37	14.40
Total	14.63	13.63	12.91	13.95	12.23	12.86	12.39	13.77	14.88	16.31

Source: NSS 60TH Round

Table 8: Inpatient Per capita Rs' by Wealth Quintile

Age Group	Poorest		Poor		Middle		Rich		Richest	
	M	F	M	F	M	F	Male	Female	Male	Female
0-4	8123	7324	5055	2965	10442	3147	4352	495	708	7009
5-14	12631	5723	6655	9597	5174	2441	29737	2425	3839	6564
15-59	4232	10749	6523	8512	5192	5109	6378	10353	10727	13295
60+	8376	10404	7257	4267	6893	11075	9918	4358	15110	2599
Total	7525	9436	6294	7196	6690	5381	10513	7047	9718	8198

Source: NSS 60TH Round

Table 9: Outpatient Per capita Rs' by Wealth Quintile

Age Group	Poorest		Poor		Middle		Rich		Richest	
	M	F	M	F	M	F	Male	Female	Male	Female
0-4	5870	3020	6369	3758	3331	3754	5264	4007	4515	3858
5-14	6304	3278	5126	3457	3473	2851	4800	2843	13596	4633
15-59	6241	6786	7379	5062	7463	7668	7647	5696	6779	5592
60+	5988	5020	5954	5080	4803	4589	6779	4597	4871	7007
Total	6122	5622	6537	4635	5365	6169	6691	4969	6948	5580

Source: NSS 60TH Round

Table 10: Total expenditure in Crores' Rs by Wealth Quintile

Age Grp	Poorest		Poor		Middle		Rich		Richest	
	M	F	M	F	M	F	Male	Female	Male	Female
0-4	432	260	400	265	420	183	214	189	111	250
5-14	1644	603	646	1314	744	364	1217	395	1257	562
15-59	1897	2667	2562	2428	2713	3006	2331	3233	2283	3065
60+	282	316	257	229	322	349	256	266	271	302
Total	4255	3847	3866	4236	4200	3902	4018	4084	3922	4180

Source: NSS 60TH Round; RBI

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