

Public Health Care in Kerala: An Analysis of Public Opinion

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Abstract: *As a result of its success in combating the COVID-19 pandemic, the Kerala model of health care development has recently gained attention in the national and worldwide headlines. During this time, the public sector's contribution was praised. The purpose of the current study was to examine how public health care has changed from the perspective of hospital visitors. It has been discovered that respondents have noticed a moderate shift in Kerala's healthcare system.*

Keywords: Health, Perception, Health Care, Public

1. Introduction

Historically, Kerala has benefited from a systematized indigenous healthcare system, traditional cultural practices, progressive rulers, early contact with foreign traders, missionaries, and modern medical systems; catalyzed by progressive social, cultural, and political movements to a position of comparative advantages even before independence. This fame Kerala has attained on a global scale is the result of a protracted process of evolution of a society. Governments, through their ministries of health and other relevant ministries and agencies, play a significant role in the growth of the health sector. This makes it possible for health systems to fulfil their objectives of raising health standards, reducing health disparities, ensuring equality in health care finance, and meeting population demands. For instance, the availability and accessibility of a wide range of public healthcare services, this was seen as a crucial element of the “Kerala model” of development. The expansion and delivery of medical services in the state have seen a noticeable transition during the 1990s, with the private sector maintaining its steady expansion and domination. The stagnation of the public health care system, the unregulated growth of the private sector, and the ensuing increase in out-of-pocket health care expenses prompted questions about the sustainability of the state's achievements. However, the planned action of Kerala to prevent the spread of COVID-19 affirms its status as model state (Chathukulam & Tharamangalam, 2020).

Kerala serves as an illustration of a strategy that can significantly enhance health at a rapid pace. When compared to the national average, Kerala has consistently maintained low new-born and maternal mortality rates and higher rates of literacy. Adolescent Friendly Health Clinics (AFHCs) and the Weekly Iron and Folic Acid Supplementation (WIFS) Program, both of which are designed to improve adolescent health, have been established in Kerala as part of the state's ongoing innovation efforts to meet the needs of more vulnerable populations. Similarly, the state plans its future health policies in a progressive manner. By 2050, the percentage of persons over 60 is predicted to treble, and Kerala is putting geriatric care units and geriatric-friendly

infrastructure in place to be ready. With its own Pain and Palliative Care strategy from 2008, which emphasizes community-based home care programs, the state is also a pioneer in palliative care. More than 12 million people are served by Kerala's palliative care network, which has more than 60 units. Kerala is also investing in health information systems to gather household-level data for population health management and communicable disease surveillance. The role of public sector in all these endeavours is very important. Studies revealed that quality of public service assessment shows inter-rated agreement between self-assessment and peer reviews (Steinhobel, Wolvaardt, & Webb, 2021). So, the present paper aims to analyse how the public health care in Kerala acted as a wheel of progress in the states model development.

2. Data and Methods

The study used primary data collected from hospital visitors in different hospitals of Ernakulam district. The impact analysis of change in public healthcare system was analysed from the perspective of hospital visitors. A simple OLS regression and Binomial logistic regression models were employed to estimate the change in public healthcare system.

Model 1: Model 1 shows the expected impact of age (ag), gender (gr), employment (et) and education(ed) on opinion on change in health care (hp). A Multiple linear regression model was employed to estimate the model.

$$\ln(Ch) = \beta_0 + \ln\beta_{ag} + \beta_{gr} + \beta_{et} + \ln\beta_{ed} + \varepsilon$$

Mode 2: Model 2 examines the factors molding the opinion on change in health care system (Ch) in Kerala. Opinion on health care service (op), preference of healthcare (pc) system and frequency of visit to health care (v) facilities were tested to estimate the change in health care system.

$$\ln(Ch) = \beta_0 + \beta_{op} + \beta_{pc} + \beta_v + \varepsilon$$

3. Result and Discussion

Kerala system for health care delivery and services has been acclaimed at national and international level. The high quality and progress in private health care is one of the reasons behind the glory of Kerala model health care.

The primary survey conducted among 165 beneficiaries of public health care facilities in Kerala exhibits that (Table 1) on average distance of 4 km there is a public hospital in Kerala. As such, there is either a Family health centre or a Panchayat level hospital in each panachayat of the state. This ensures the easy access to health care.

Table 1: Descriptive Statistics

	Mean	SD	Median
Age	39.38	16.03	37
Distance	4.09	2.12	4

Source: calculation by the author

Table 2: OLS Regression result

	Estimate	Std. Error	t value	Pr(> t)
Intercept	3.011	0.0569	52.91	2.805e-103***
Age	-0.004919	0.0009513	-5.171	6.881e-07***
Gender (Male)	0.005044	0.03089	0.1633	0.8705
Employment (Unemployed)	-0.05946	0.03137	-1.896	0.05982**
Education	-0.007816	0.003043	-2.569	0.01113***

Source: calculation by the author

#Multiple R-squared: 0.181, Adjusted R-squared: 0.1606, F-statistic: 8.842 (4, 160)***

Source: calculation by the author

The model (Table 2) explains the estimated relationship between socio demographic variables on their opinion on change in health care system. The opinion of respondents regarding change in health care system was measured by constructing a composite index in which the respondents' observations on physical infrastructure and service delivery factors were measured using appropriate scale. The increase in index reads positive and progressive changes and vice versa. Though age is a statistically significant factor on moulding the respondent's opinion on change in health care services, the increase in age exhibits

a negative impact on the score. In other words, as age increases people observe moderate changes in the public health care system in Kerala. Likewise, compared to employed unemployed people have a decreasing measurement on change in health care. It also means that, it is the unemployed people who do not keenly observing the changes in health care system of Kerala compared to employed visitors. Moreover, increase in education of the respondents also observes moderate change in health care which in turn end up in decreasing score of change in health care.

Table 3: OLS Regression result of Model

	Estimate	Std. Error	t value	Pr(> t)
(Intercept)	2.623	0.07158	36.64	7.767e-79***
Health care service (Fair)	-0.012	0.07116	-0.1686	0.8663
Health care service (good)	0.2003	0.04625	4.33	2.651e-05***
Health care service (Poor)	-0.2607	0.1232	-2.116	0.03591***
Health care service (Very Good)	0.1032	0.0466	2.215	0.02822 ***
Preference (Public)	0.04129	0.05396	-0.7652	0.4453
Visit (Rarely)	0.06605	0.03582	1.844	0.06708**
Visit (Very often)	0.01328	0.03805	0.349	0.7275

Source: Calculation by the author

##Multiple R-squared: 0.2376, Adjusted R-squared: 0.2036 and F-statistic (6.991(7,157)***

The second model (Table 3) explains that opinion on health care service and frequency of visit to hospital has significant role in determining the score on change in health care. Compared to those opined bad health care services, those who opined good and very good notice positive change in health care. Moreover, compared to those often visit public hospitals, those rarely visit hospital's opinion is statistically significant.

4. Conclusion

In comparison to most Indian states, Kerala, a state with 33.3 million residents, has constantly stood out as a notable outlier with higher health outcomes in a number of sectors. Based on its performance in important metrics, Kerala has the highest Human Development Index among all the Indian states in 2011. The state government's emphasis on public health and primary health care (PHC), health infrastructure, decentralized governance, financial planning, girls' education, community involvement, and a

willingness to improve systems in response to identified gaps are just a few of the factors that have contributed to Kerala's improvements in health.

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