



International Journal of Advanced Community Medicine

E-ISSN: 2616-3594
P-ISSN: 2616-3586
IJACM 2019; 2(3): 123-125
Received: 28-07-2019
Accepted: 30-08-2019

Rajesh R Kulkarni
Associate Professor,
Department of Community
Medicine, Jawaharlal Nehru
Medical College, KAHER,
Nehru Nagar, Belgaum,
Karnataka, India

Impact of demonetization on health seeking behavior and expenditure pattern among population residing in a rural area of Belagavi: A community based cross sectional study

Rajesh R Kulkarni

DOI: <https://doi.org/10.33545/comed.2019.v2.i3b.93>

Abstract

Background: The Government of India announced that the Rs 500 and Rs. 1000 denominated currency notes will cease to be legal tender. The move was targeted towards tackling black money, corruption and terrorism.

Methods: The present study was carried out in Primary Health Centre, Kinaye, Rural Health Training centre, department of community medicine, Jawaharlal Nehru medical college, Belagavi.

Results: Out of 400 participants 74.5% were between 18-40yrs age group and 66.5% of respondents were females. Majority of the study population were married (75.25%) & belonged to nuclear families (63.5%). 85.75% of the participants were literate & 28.25% belonged to class IV of Modified BG Prasad Classification. Majority (98.75%) of the population were aware of demonetization. Most of them came to know about from demonetization from television (74.98%) or from family and neighbors (12.91%). 59.2% of respondents believe that Demonetization will eliminate corruption. Almost 45% think it will affect their health seeking behavior. 29.11% of the study population hesitated to visit health care provider due to demonetization. Majority of population (71.65%) did not lose working days as the study population largely consists of female.

Keywords: Demonetization, expenditure, health seeking behavior

Introduction

On the eve of 8th November 2016, the Indian Government made an inventive attempt to strike the black money hoarders and fake currency suppliers. The Prime Minister made a national announcement that 500 and 1000 rupee notes would stop to be legal tender money from midnight, thereby nullifying 86% of Indian currency ^[1]. In the subsequent weeks, this demonetization has had an enormous effect on the day to- day lives of Indian people, including on their ability to purchase essential commodities and services, and has also been met with complex and unexpected implementation issues. Banks and ATMs across the nation are struggling to meet demand to exchange the old bills. Although the Indian Prime Minister had called on the public to bear a predicted 50 days of inconvenience before a return to normalcy, there is widespread panic and skepticism, and the Indian Supreme Court has warned of the possibility of riots due to the extreme difficulties people are facing in their daily lives with limited access to cash ^[2]. Healthcare businesses and organizations are contending with extraordinarily new financial, demographic, and regulatory pressures. A challenging global economy continues to strain the bottom lines of providers, payers, and pharmaceutical companies. According to a study conducted in city of Ahmedabad, Gujarat, majority of rural population prefer to visit government & trust hospital. Also, Borrowing & selling of assets for treatment was more prevalent in rural residents ^[3]. Only 13 per cent of the rural population had access to insurance cover. Around 86 percent of the rural populations were not covered under any scheme of health expenditure support. The poorer households appear unaware or are beyond the reach of such coverage. There were reports about denial of health care to those without valid currency, where up to 60% to 70% people seek treatment from Private sector and Health Insurances are yet to spread, this was inevitable. Media reported 58 deaths in the country, related to demonetization. However there is no report about the impact of demonetization in India, except an editorial in a reputed journal ^[4].

Corresponding Author:
Rajesh R Kulkarni
Associate Professor,
Department of Community
Medicine, Jawaharlal Nehru
Medical College, KAHER,
Nehru Nagar, Belgaum,
Karnataka, India

In a short span of time, various studies focusing on the economic impact of demonetization have come up. The following study aims to assess the awareness of rural population towards demonetization and its impact on health care. Thus the following study was taken to assess impact of demonetization on health seeking behavior and expenditure pattern among population residing in a rural area of Belagavi.

Materials and Methods

The present study was carried out in Primary Health Centre, Kinaye which is a rural field practice area of department of community medicine of Jawaharlal Nehru Medical College,

Belagavi. Data was collected from a total 400 people attending Out Patient Department of Primary Health Centre Kinaye and door to door survey using simple random sampling. The information gathered using semi structured questionnaire, which included questions related to demonetization and its impact on health care. Questionnaire was translated to Kannada, Marathi and Hindi and filled by 11 Interns of batch 2011, who were posted in Primary Health Centre. Socio- Economic status of participants was assessed using modified B.G Prasad classification.⁵ Statistical analysis was done using Excel Sheets.

Results

Table 1: Socio demographic distribution of study participants

Indicator	Frequency	Percentage (%)
Age(in years)		
18-40	298	74.5
41-65	85	21.3
66 & above	17	4.2
Sex		
Male	266	66.5
Female	134	33.5
Socioeconomic Status		
Class I	21	5.2
Class II	90	22.5
Class III	74	18.5
Class IV	113	28.2
Class V	102	25.5
Education		
Illiterate	57	14.2
Primary	54	13.5
High school	178	44.5
PUC & above	111	27.7
Total	400	100

Out of 400 participants 74.5% were between 18-40 yrs age group & 21.25% were in 41-65yrs age group. 66.5% of respondents were females and 33.5% were males. Majority of the study population were married (75.25%) & belonged

to nuclear families (63.5%). 85.75% of the participants were literate & 28.25% belonged to class IV of Modified BG Prasad Classification

Table 2: Knowledge about demonetization

Indicator	Frequency	Percentage (%)
Awareness about demonetization		
Aware	395	98.7
Not aware	05	1.3
Source of information of demonetization		
Television	298	74.4
News paper	35	8.8
Government officials	16	4.0
Family & neighbours	51	12.8
Total	400	100

Majority (98.7%) of the population were aware of demonetization. Most of them came to know about from

demonetization from television (74.9%) or from family and neighbors (12.9%)

Table 3: Belief of study population about demonetization

Belief	Frequency	Percentage (%)
Will eliminate corruption	237	59.2
Will not eliminate corruption	163	40.8
Total	400	100

59.2% of respondents believe that Demonetization will eliminate corruption

Table 4: Effect of demonetization on health seeking behavior

Effect of demonetization on health seeking behaviour	Number of respondents	Percentage (%)
Affects health seeking behaviour	178	44.5
Doesn't affects health seeking behaviour	222	55.5
Total	400	100
Place of treatment		
Choosing home remedy over allopathy	42	23.7
Taking over the counter drugs from pharmacy instead of visiting a doctor.	45	25.6
Visiting only government hospitals.	87	49.3

Almost 45% think it will affect their health seeking behavior. 29.11% of the study population hesitated to visit health care provider due to demonetization. They felt they would resort to taking over the counter drugs from pharmacy (25.6%) & choosing home remedies over allopathy (23.86%) due to lack of cash following demonetization.

Table 5: Number of working days lost due to bank queue following demonetization.

Number of working days lost	Number of respondents	Percentage
1 day:	34	30.35
2 days:	48	42.85
3 or more days:	30	26.8

Majority of population (71.65%) did not lose working days as the study population largely consists of female and rest visited bank after working hours.

Table 6: Health care provider visited for major illness.

Preferred health care provider	Number of respondents	Percentage (%)
ANM/AWW:	9	8.9
Pharmacist:	7	6.9
Govern. Doctor:	53	52
Private Doctor:	43	42.1

Among 395 respondents, 25.85% (102 respondents) claimed to have suffered from major illness after demonetization. Most of them 51.96% (53 respondents) visited government doctors for treatment. Following treatment 76.49% (77 respondents) of 102 respondents became alright and rest 24.5 % (25 respondents) mostly revisited government doctors 64% (16 respondents). A few 36 % (9 respondents) went to private doctors.

Table 7: Expenditure on major illness.

Money spent on treatment in rupees	Number of respondents	Percentage (%)
0-1000:	86	84.3
1001-2000:	8	7.84
2001 & above:	8	7.84

28.3% (29 respondents) of 102 respondents had to borrow money to pay for treatment.

Discussion and Conclusion

Almost all the participants in our research were aware of demonetization either via television or other specified sources. Though more than half of them believed that it would help curb the menace of corruption, almost 45% believed it had also affected their health seeking behavior. They felt they would resort to taking over the counter drugs

from pharmacy & choosing home remedies over allopathy but majority of participants who actually got sick visited government or private practitioners. Minority of the study group lost on an average of 2 working days standing in queue for monetary transactions. One-third of the study population who got sick had to borrow around 1000 rupees due to demonetization for treatment. Case series report done by Arjun G et al, have opined that All three patients were males. The psychosocial reasons explaining more men than women in hospital setting contrary to that in community may be still holding. Or perhaps demonetization affected them more as usually men earn and manage money in Indian culture. The first case had no predisposition while the second case had predisposition in terms of positive family history. The third case was a diagnosed case and was in remission for decades. Hence the question of cause, precipitation or coincidence could not be answered.⁴ This study is one of the first few studies done in a rural setup in North Karnataka to assess the effects of demonetization on health seeking behavior. The outcomes of this study can be used as a base for large scale studies in different setups.

Acknowledgements

I am thankful Dr. Mallikarjun Biradar, Associate Professor in Department of Community Medicine, Koppal Institute of Medical Sciences, Koppal for his valuable feedback in conducting this study. I also thank Staff of Primary Health Centre Kinaye and all study subjects who participated in the study. The author is grateful to authors/editors/publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed.

References

1. Reserve Bank of India Annual Report 2015–2016. <https://rbidocs.rbi.org.in/rdocs/AnnualReport/> (accessed Dec 6, 2016).
2. Nagarajan Karikalan. India's demonetization drive is affecting access to medical care. *The Lancet*. 2016; 389:32-33.
3. Shah T, Patel M, Shah V. Health care seeking behaviour of urban and rural community in Ahmedabad district. *Int J Med Sci Public Health*. 2013; 2:908-911.
4. Arun G *et al*. Demonetization and Psychiatric Disorder: A Series of Three Cases. *Int. J Recent Sci. Res*. 2018; 9(2):23931-23933.