

**SOCIO - ECONOMIC ANALYSES OF
HEALTHCARE SECTOR FACILITATING
THE ATTAINMENT OF GROSS
NATIONAL HAPPINESS (GNH)**

**Selvaraj M,
Lalitha Ramachandran,
Dr. Victor Devadoss**

Introduction

- ◆ A sound economy of the country has to improve society in the case of health care, sustainability of food grains and other basic needs of the people.
- ◆ The public expenditure on healthcare, good governance, cultural heritage is the main reasons for remarkable stage in the healthcare sector in Bhutan.
- ◆ Economic growth and healthcare status of the country have bi-directional relations to each other. The positive or negative movements in the two sectors are based on so many other factors like balanced nutritional intake, education, size of the family, good leadership, sustainable environment, limited social crimes, and etc.

Supportive Circumstance of Bhutan

- ◆ Good greenhouse by nature
- ◆ No reckless chemical industries at the domestic level and
- ◆ Not much of health hazardous waste from industry and households.
- ◆ Buddhist culture, monarchy, cultural heritage are strongly look for the good health statues.

Scope of the Study

- ◆ To make the people to understand their real situations at all levels
- ◆ People should make use of the recent arrival democracy to obtain the self-sustainability at all level
- ◆ The new government has to work hard to maintain as well as to improve the present status to the society
- ◆ The Buddhism, national identity and un-greedy habit of the people have to be used to increase the welfare of the society
- ◆ The national social researchers and the educated people have to make awareness about their own dynamic ordinal concept of Gross National Happiness at the domestic as well as worldwide.
- ◆ The actual relationship of GNH with other economic and welfare concepts to be defined in a proper way
- ◆ The factors which are favorable to the Bhutanese society by nature to keep good healthcare status would be used by the people to improve their personal wealth and economic development at the macro level of a country

Socio –Economic Status

- ◆ Given assets, prices and community endowments are the decision maker for the individuals to decide about their socio, economic, health and nutritional status in the society.
- ◆ The new growth theories emphasized that through education, learning, skill formation and healthcare status make people much more productive and this would contribute significantly to the process of economic growth
- ◆ The human ability and capability approach has intrinsic value for the well-being of the society; an indirect role in influencing social change and an indirect role in the improvement of economic development or output (Sen. 2000).
- ◆ The “education and health for all” programme of the government of Bhutan was the first and foremost important policy implication to be as a good government.

Data Analysis

Education

- ◆ Out of 725 respondents about 304 people are below middle secondary school level, which represents almost 41.93%, out of these 18.35% of them are male and 25.58% female.
- ◆ At the next level 38.76% of people are being at the higher middle secondary to below degree or at the diploma level
- ◆ Only 8.27 percent of people are being at the level of either degree or at the diploma level. This study also has proved that the educational status of a country is nearly 50 to 60 percent.
- ◆ As a result, more than 40% of the people are at the illiterate level whose main occupational status would be agriculture.

Occupation

- ◆ More than 50 percent of the people are depending on agriculture sector in the study area.
- ◆ Only 3 percent of the people are engaging themselves in the industrial sector.
- ◆ Nearly 20 percent of the respondents are doing their own business at the tiny and big level
- ◆ The respondents being in the professional level like teaching, management, higher officials, and so on are nearly at 9 percent.

Size of the Family

- ◆ More than 15 percent of the people in Bhutan are having more than 8 members in their family.
- ◆ One of the main reasons to be considered for the least economic status of the people is size of the family.
- ◆ Nearly 40 per cent people are having 2 to 4 members in a family and 43.5 percent of the respondents are having 5 to 7 members in their family.

Income Status

- ◆ Nearly 58 percent of the people in the study area are earning less than Nu. 5000 per month.
- ◆ 21.23 percent of the respondents' family income is more than Nu. 5000 but less than Nu.10000 and remaining 21.24 of the people are having more than Nu. 10000.

Working Hours

Hours	No of Respondents	%
< 5 hours	37	5.10
5 – 8 hours	417	57.79
9 – 12 hours	203	28.00
> 12 hours	66	9.10
Total	725	100.0

Consumption Pattern

Items	<500	500 - 1000	1000 - 2000	>2000	Total	%
Grocery items	41.13	24.82	13.48	20.57	100.00	19.45
Vegetable	42.38	38.41	11.26	7.951	100.00	20.83
Non-Vegetable	31.33	46.99	9.04	12.65	100.00	22.90
Fuel and Light	43.35	31.79	13.87	10.98	100.00	23.86
Clothing	63.16	17.11	11.84	7.89	100.00	10.48
Alcohol and tobacco items	45.77	19.40	20.40	14.43	100.00	27.72
Entertainment	73.49	19.28	7.23	0.00	100.00	11.45
Other Miscellaneous	57.80	20.18	8.26	13.76	100.00	15.03
Total	45.52	28.55	13.52	12.41	100.00	100.00

Health Status

- ◆ The system of integrated practice management (PM) and electronic medical record (EMR) makes it very easier to get information about the patient, workflows, and way of reducing operation costs and accelerates the financial or revenue cycles.
- ◆ Financing was necessary but not sufficient condition for enhancing efficiency medical care. Financial reforms would become futile if they are not well supported by other complementary measures and effective implementations.
- ◆ Healthcare information makes people to take better decisions about health care. Better-informed individuals are found to use more medical care, confirming the earlier findings of Bunker and Brown (1974) and Hay and Leahy (1982).

- ◆ Basically individuals are not aware of diseases and its consequences, so they are not correctly informed about the marginal benefits. Individuals experience symptoms, which are noisy indicators of disease. Health information and disease symptoms are the estimate of marginal product of medical care for the consumers.
- ◆ If marginal benefit is high, the demand for health care and the number of visits to physician by the people will be more. A people who decide to meet the physician, he decides about how much medical care is to be done.
- ◆ Health care expenditure tends to decrease the demand for health and physician visits, implying that physician visits and hospital care are substitutes.

- ◆ Education improves personal health behavior and builds citizen demand for better public health outcomes. Educated people involved in activities like slaughter house, hygiene and discourage vector breeding to improve public health regulations. When public health systems weaken people pay a high price in terms of illness, debility and death and if full-fledged outbreaks occur the economic costs can be very large.
- ◆ Poor public health status of a country adversely affects the economic growth including reduced attraction for investors and tourists.
- ◆ In the choices of health care demand which is available in Bhutan, nearly 70 percent of the people prefer hospital treatment for their ill-health due to the Royal Government of Bhutan provides medical facilities to the people at free of cost. 12.5 percent of the people prefer traditional healthcare systems.
- ◆ In the Southeast Asian countries Bhutan was ranked as number one from the government expenditure on healthcare sector.

Health care Expenditure and Income Loss

- ◆ The money spent for the treatment by the respondent from their pocket is very much limited. Around 20 per cent people spent less than Nu. 500 per annum and less than 20 per cent respondents spent more than Nu. 5000. The rest of the people are spending between Nu. 500 – 5000 per annum.
- ◆ The income loss of the respondent in the study area, more than 40 per cent of the people feel they are losing only less than Nu. 500 and less than 10 per cent of the Bhutanese felt that they lost more than Nu. 5000, during the time of their illness.

Health vs. Economic Growth

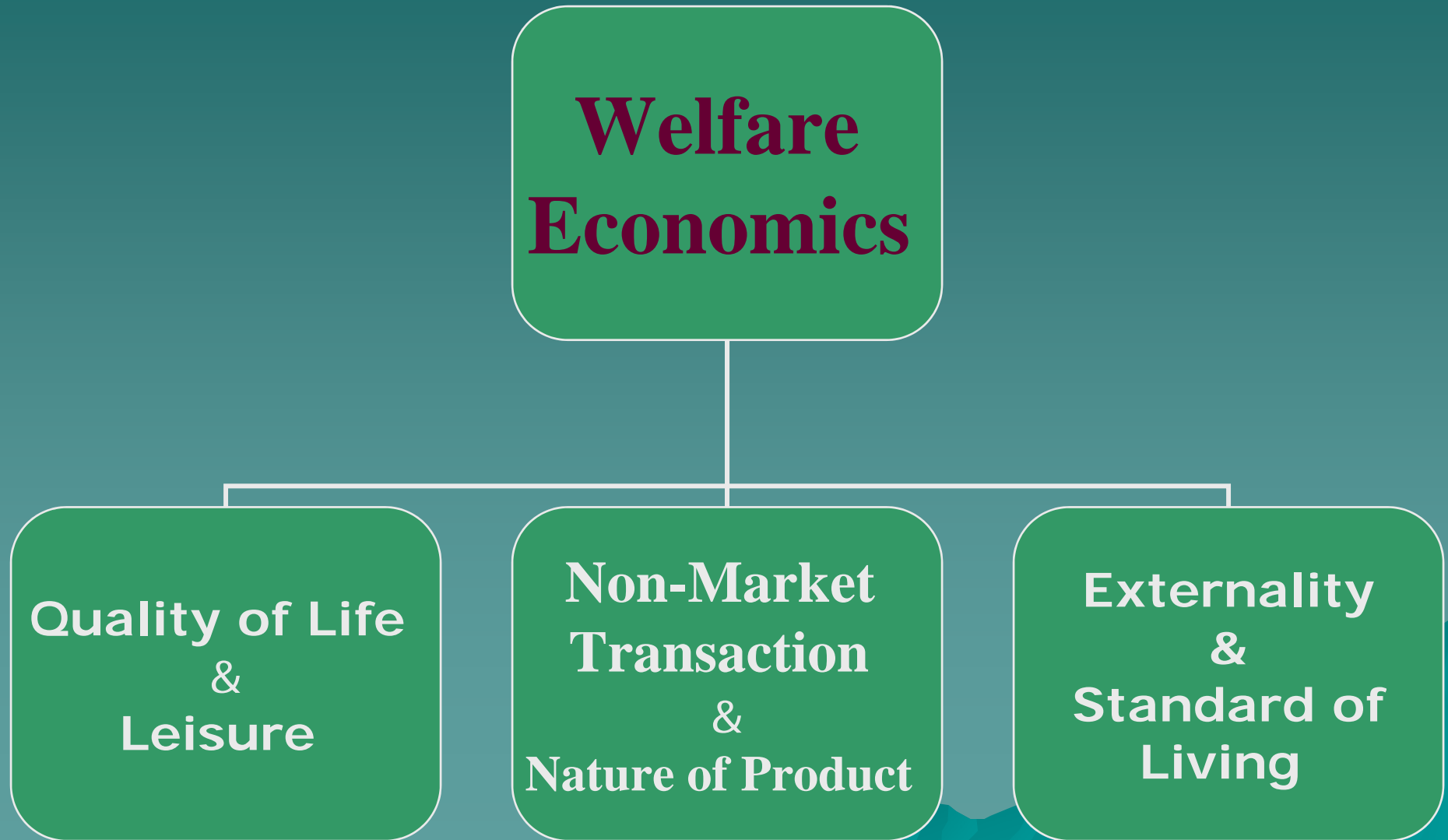
- ◆ Production sector is directly related to better health and nutritional status of the household, which ultimately increase the income status of the household and economic growth of the country.
- ◆ Poor health reduces the days of work in the production sectors or it reduces the working capacity of the labour, which therefore affects the total production at the macro level.
- ◆ The macro health indicators of life expectancy, infant mortality, nutritional status and safe drinking water availability could make us to understand the better health status of the country.

Supportive Healthcare facilities of a country

Facilities	No of Respondents					
	Yes	%	No	%	Total	%
Drinking Water Availability	660	91.03	65	8.97	725	100.00
Drink Boiled or Otherwise Used	595	82.07	130	17.93	725	100.00
Availability of Toilet Facilities	617	85.10	108	14.90	725	100.00
Availability of Drainage System	428	59.03	297	40.97	725	100.00

Welfare Economics

Welfare is the state of mind of human being by the amount of satisfaction and happiness derived from the various activities.



The idea of GNH

- ◆ GNH stands for holistic needs of human being in terms of both physical and mental well being.
- ◆ GNH seeks to complement inner skills of happiness with outer circumstances.
- ◆ GNH recognizes that happiness can be realized as societal goal rather than individualized goal or good.
- ◆ GNH reflects individual feeling directly like mirror.

Bi-directional Relations



Findings

- ◆ Improvement had been seen in the health care sector in recent years
- ◆ Expenditure has increased in both health and educational sector of the country
- ◆ Life expectancy of the people have improved because of the better medical facilities
- ◆ There was a positive improvement in the health sector and as a result reduction in some the major illnesses such as leprosy, tuberculoses, malaria and etc
- ◆ Human resources and facilities in the health care sector has improved than before

Conclusion

Now (2008) the country has step into the democracy from monarchy, which would make its own way through time for self sustainability, economic growth and development in the production sectors of Bhutan. Health facilities provided generally enhance the personal fitness of the individuals there by generating good work force. Sound work force in turn develops the economy by turning the unturned economy into sound economy through efficient utilization of resources with their abilities and talents. Economic growth and economic development with good healthcare status place a vital role in the achievement of the virgin dynamic concept of Gross National Happiness (GNH) in the country.

Thank You For Your Observation

Questions Please

- ◆ Selvaraj M.
- ◆ Lalitha Ramachandran
- ◆ Dr. Victor Devadoss