POVERTY AND OUT- OF- POCKET HEALTH EXPENDITURES IN PAKISTAN

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CERTIFICATE

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LIST OF ABBREVIATIONS

CDA	Capital Development Authority
CE	Catastrophic Expenditure
GDP	Gross Domestic Product
HIES	Household Integrated Economic Survey
HNLSS	Harmonized Nigeria Living Standard Survey
HYV	High Yielding Varieties
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
LDC	Less Developing Countries
MDGs	Millennium Development Goals
MPI	Multidimensional Poverty Index
NHIS	National Health Insurance Scheme
OOP	Out of Pocket
PPP	Purchasing Power Parity
UHSS	Utilization of Health Services Survey
UNDP	United Nations Development Programme
WB	World Bank
WCED	World Commission on Environment and Development
WHO	World Health Organization

ABSTRACT

Developing countries experience several health sector problems along with low per capita income including Pakistan. One of the main problems is out of pocket health expenditures and its impact on households in Pakistan. The purpose of the study is to observe the impacts of out of pocket health expenditures on other expenditures especially on food expenditures and poverty in Pakistan. The primary data has been used in the study where all data for health expenditure is collected through semi structured interviews. Results of the study shows that over all there is a negative relationship between out of pocket health expenditures and food expenditure of a household in Pakistan. There is also a negative relationship between poverty and out-of-pocket health expenditures in Pakistan.

CHAPTER 1

INTRODUCTION

Poverty is a miserable state of life in which a person or a household is not able to own an acceptable standard to live with the criteria of society's ideals of living. A condition in which a person's life is in threaten due to the insufficient availability of basic needs of life for instance food, housing , clothing and facility of better health (Burton, 1992). The term 'poverty' refers towards "any circumstances in which an individual is with no or less money, assets and less amount income for financial subsistence "(Random, 1969). Even in the start of the new century the poverty still rests as a dangerous reality with above than 2.5 billion individuals living in a state of poverty with the tiny amount of US$2 a day or fewer (Watkins, 2005). In developing nations poverty is one of the utmost extensive and tenacious social issues (Todaro & Smith, 2006) . According to United Nations (UN,2002) poverty abolition has developed as the extreme challenge ssworld widely recently and it is also a vital obligation for the achievement of sustainable growth particularly for the nations who are in the process of development. In the world above 2.5 billion people receive an earnings of US$ 2 or fewer for per daytime and they are challenged by the inevitability and severity of insufficiency (Watkins, 2005).Recently the commitment and concern for reduction of poverty by the global community can be revealed through the embracing of the Millennium Development Goals (MDGs) (UN, 2010). Poverty is around in the history for so many times and it is existed in all the nations and areas of the world (Simon, 1999).

Rendering to the Webster's (2009) view, the elementary idea of poverty can be drawn back in the 12th century of era at that time the term was being used mostly to the

mentioning of minor resources of income or conditions. According to Simon (1999) in the 19th century poverty was observed with the great focus on the 'survival essentials' as well as accessibility of food, shelter and clothing were considered as indicators for it. And this is connected to the work of Rowntree(1901) that was the principle to develop a deficiency standard for persons and families constructed on evaluations of food and supplementary necessities (Simon, 1999) . This explanation and emphasis of scarcity progressed since the 1900s to 1960s wherever more significance was on financial symbols and assets, and paucity was decided on the basis of per capita income (GDP) (Vollmer, 2010).

In later years of 1960s, people initiated to question the description of poverty based on economics since the ideal which illuminated poverty predominantly conferring to financial standards had common and civil complications such as an increase in crime deficiency and along with it cumulative inequalities between persons, clusters and areas(Thompson, 1981). Seers (1969) recognized 'essential necessities' to comprise revenue a source of decent income and physical needs for a simple routine of existing (e.g. housing, nutrition and clothes).Although in the late 1960s with the emphasis on the 'rudimentary necessities' poverty was basically explained in the terms of economics. However in 1970s the difficulties connected over monetary characterization of poverty result in to the construction of a 'latest' explanation and attention which was apprehensive using social well-being.

This novel motivation described poverty as inside the comprehensive notion of development. This misery was majorly voiced in a declaration known as the 'Cocoyoc Declaration' which explains that the chief concern for growth has been redefining. It would not focus on the growth of goods rather the main focus of any

kind of development should be humans. As human being have some basic necessitates including some efficient quantity and quality of food, house to live , cloths to wear , education for better standard of knowledge and better facility of health to enjoy life. Every route of development which is not leading towards the gratification of these needs or disturbs the fulfillment of them is a misrepresented way of development (Ghai 1977). This fresh description of poverty was categorized via measures which represent the collective excellence of social life of humans plus the original atmosphere of nature. Additional public measures were highlighted via the United Nations Development Programs containing a longtime and well standard of life; construct sophisticated environment for education and built a better standard to live [United nations Development Programs (UNDP, 1990)].

In 1980s, a change occurred in the definition of poverty from basic necessities to economic capitals with growing focus on revenue deficiency as pointer. According to Vollmer (2010) this condition originated in the consequence of augmented domination of neo- liberals in the World Bank and the International Monetary Fund (IMF).The mid 1980s observed the expansion of the notion of poverty to a broader concept of ‘ income or livelihood ’ and was implemented by the committee for maintenance of the natural environment supervised by Brundtland which commercialized the expression of ‘sustainable livelihood’ (World Commission on Environment and Development([WCED] 1987).

In the ending years of 1980s discussion of the poverty progressively modifies its center from fiscal revenues unaccompanied to comprise values and ethics of any society also gender with programs to make females authorize (Simon, 1999). Later in the 1980s there were many studies that have been conducted with the objective to

discuss the relationship of culture and gender with the issue of poverty. Longres (2000) for instance deliberates lack of financial resources through observing beliefs and civilization of any nation , in addition to minority involvements, whereas Schriver (2004) illuminates poverty via searching the subjects of sexual characteristics of males and females in the societies , sexual positioning of gender, culture and different people existing in the criteria of poverty. In 1990s the commercial and financial emphasis of poverty was greatly questioned by various academics and global administrations for development [United Nations Development Programs (UNDP, 1990)].

Therefore, in 1990 the introduction of a report by the UNDP with the determination for human growth concentrated on common welfare through expanding peoples' ranges to select captivating into reflection of entities physical circumstances. The power of UNDP and certain scholars during the 1990s caused a diverse application of poverty which focuses on economic and non-economic factors as well. World bank mentioned the concept of financial poverty that persons producing revenues which is fewer than US $1.25 for a daytime living in the more poorest underprivileged regions of world and US $2 for a daytime for poor developing nations (Noble *et al*., 2004; Ravalion, 2003; UNDP, 2005).

However Sen (1992) places another attention for strategy to make that is not economic in nature but it is about the human poverty. In reference to this approach delivery of assets containing awareness of possessions should also be embraced in policy making for poverty. The accomplishment of surroundings of different welfare involves strategies that emphasis proceeding towards the development of folks' competencies (Vollmer, 2010).As a result, fairness in the dissemination of resources

is excessively a thoughtful sign in civilizing the welfare of the deprived individuals (World Bank, 1999).

In the 21st century identifying the multidimensional nature of poverty the World Bank in its report clarified that poverty is considered as a evident deficiency in welfare which is measured through the unavailability of accommodation , lack of sustenance food , unaffordability of attire , illness , health disorders and lack of proper education. The concentration stayed on deprived individuals as these people are the predominantly susceptible towards hostile happenings that are outward and not in under their control and in any circumstance like this , they are frequently neglected by government organization and civilization in an impolite ways . Moreover the organizations and power authorities are not willing to share any opinion and control with these people. Therefore the poverty in its multidimensional system rises after individuals suffer the absence of important abilities plus consuming insufficient earnings , less level of education, a sense of self-doubt , low quality for wellbeing , little self-assurance or people considered themselves helplessness , a situation in which no right or freedom of dialogue and other rights are not properly given to individuals (Haughton & Khandker, 2009).

Over the years the complications in the focus of poverty smooth a path in this system for the enhancement of the measures which give proper concentration towards the multi aspect of poverty. This multidimensionality in the nature of poverty smooth the way for some development goals called Millien Development Goals (MDGs) which symbolize the greatest and extensively prestigious declaration of global obligation to decrease the poverty mainly in the emerging nations of the world. While the MDGs additionally highlight the financial concentration of scarceness in

addition clarify poverty for individuals as those who living on fewer than US$1.25 or US$2 per day are considered as poor (Jamieson & Nadkarni, 2009). There are many other measures for socially and culturally for poverty also defined in these goals like the ratio of knowledge, association in the preservation of environment along with vigorous life. (Sumner, 2007). In 2015 World Bank made production of some latest assessments and according to it 736 million individuals survived on fewer than $1.90 a day and considered poor.

Out-of-pocket health spending comprises of every direct expenditure paid by families containing perquisites outflows with main concentration to rebuild or improve the wellbeing position. It might be consist of transportation charges plus medications and provisions of health facilities , however it does not contain prepaid costs of dues or coverage for health [United States Agency for International Development(USAID, 2015)].

Each year, more than 150 million people in 44 million families have to pay economic calamity by way of a direct outcome of consuming to fee for wellbeing maintenance. This strategy passing shapes the conditions in which this occurs and what representative's inevitability to deliberate in looking for to guard people [World Health Organization (WHO 2005)].

In organization of health maintenances the arrangement of certain spending is cataclysmic and impulsive in nature, which in result generate additional apprehension regarding safety in contradiction of economic damages and the circulation of the supporting liability in many nations [World Health Organization WHO,2000)].

An expenditure is called disastrous out of pocket spending when it establishes great portion of family financial plan and consequently, it disturbs the capability of any

house to sustain the usual normal standard of incarnate. Literature in the field of development identifies the gigantic and very important part of human investment in the process of growth and progress of any economic system of the country. For the measurement of any country's human capital development the standard of education and health are being used to evaluate and considered as efficient factors. It is recognized that individuals with good health have more productivity of work and they work extra excellently and professionally as compare to other. Individual with good health devote more time to their work thus they can earn more income (Khaliq and Ahmed,2018) .

Many Studies have shown that public health expenditure to GDP is 2-3% on average for low income countries and 8-9% for high income countries . On the other hand, public is with no other option however to pursue healthcare by the means of their personal pocket, that is continued the principal support of economies (Muhammad and Syed, 2012).

Out of pocket expenses are the leading method to sponsor the system of health and safety in developing nations precisely. In developing countries government mostly face the less amount of budget so in those countries governments are unable to finance the system of proper health and provide public free of cost health facilities. So in those countries people manage their health expenditures from their incomes and these incomes are also not in many amount. Eventually whenever people face any kind of sudden health expenditure they face difficulties to accomplish this amount for payments [Berman 1995; Londono and Frenk 1997; World Health Organization 2000)

1.1 Statement of Problem

Poverty is one of the main issues in Pakistan. Innovative statistics for poverty in Pakistan discloses that 4 out of 10 Pakistanis corporeal in multidimensional poverty. Nearly 40 percent of population in Pakistan animate in multidimensional poverty.

Health is the essential human right and required for persons at micro level, and decisive precondition for financial evolution and progress in a country at the macro level. And whenever people of Pakistan suffer any disease they also face the problem of expenditures. In case of any sudden incremental change in health spending can be principal reason for them to fall in poverty situation.

According to Xu (2005) " expenditure for health is disastrous once a household's out-of-pocket health expenditures are equivalent to or larger than 40% of the family's imbursement capability or non-subsistence spending". In Pakistan between the year of (2014) Out-of-pocket health expenditure (% of total expenditure on health) was 56.28 as of 2014. Its maximum rate over the previous 19 years was 72.74 in 1997, whereas its bottommost rate was 54.76 in 2012(WHO 2014).

Moreover, the present study has been used latest and primary data for out of pocket health outflows and to evaluates its connection with poverty in Pakistan.

1.2 Objectives Of The Research

The current study efforts to accomplish the following objectives:

- To describe the relationship between OOP health expenditure and poverty impoverishment in Pakistan.

- To describe the impact of OOP health expenditures on the food consumption and other household expenditures in Pakistan .

1.3 Significance Of The Study

The significance of this study is that present study will use primary data which shows latest trends and changes in the variables of poverty and OOP health expenditures in Pakistan. Major focus of my study is to highlight the deprived condition of people with low or middle income regarding OOP health expenditures. As poverty have very severe impacts on the life of people with fewer facilities in Pakistan. OOP heath expenditures is a very major issue in Pakistan, as in Pakistan health facilities which is provided by the public sector is very inadequate. Moreover it is also very important for labour and poor people to have a good health which can help them to get a good job and they can earn more eventually their standards of living will be improved.

CHAPTER 2

LITRATURE REVIEW

There are a very few studies for Pakistan that directly examine the influence of out of pocket wellbeing expenditures on poverty and moreover explain the association between these two. This chapter of the study presents an overview of the some past studies regarding poverty and out of pocket health expenditures which will make it easy to explain these two. The provision of best quality health services free of cost is a big infuriation for developing as well developed countries. Moreover reduction of poverty is a prerequisite for the development of any country and considered as the most desirable goal for any nation. According to the available literature this chapter is being separated into two parts one is for developing and developed countries, and the other is for the short review in the background of Pakistan.

2.1 Review For Developed And Developing Countries

Johnson (2002) explains the insights on poverty. There is not a particularly single face of poverty which can be simply acknowledged and categorized. It has a lot of different aspects for growth interventions from the center or local administration altitudes to lump them collected as a distinct mass for targeted deficiency mitigation involvements more over it is very dissimilar for work with every separate household .The more nearer we observe the poor people or families, the more modified form of poverty is found or being discovered. It is very difficult for the development institutions to object the deprived in a homogeneous group, as they are less familiar with the fact who they are targeting when there is not a single group while making policies for the poverty reduction.

This article explains the diverse descriptions for poverty and outline poverty as a unceasing activity. Poverty is a sequence of choices prepared about properties of households, social resources (employment, services, public bonds), animals, constructions, equipment as well as public possessions which include infrastructure, normal properties by nature , and organizations (Vosti 1995) all these deliver requirements for subsistence.

Approaches for living standards are very multifaceted plus marked through an extensive number of inspirations such as (values, favorite choices of individuals , behavior, capability, and indigenous surroundings of any living place) that outdoor organizations are excessively deliberate and difficult to be competent to respond to fluctuating each and every distinct family's requirements. For instance in a situation where a child is sick with weakening health condition, then there is a need for child to be taken and get treated to the next-door health facility which is skillful for treatment the illness.

Now here the concern is can the NGO react through organizing transportation, cure for diseases and medication costs, food and residency in hospital for the parents to stay with their child and somebody to take the responsibility for the maintenance of their harvests or do the labor activities as a impulsive laborer when the parents are residing with the child in hospital? Obviously not, with the logic that these kind of reaction is principally controlled inside of the community since friends, relatives, neighbors, and community related organizations are superior to answer these kind of activities rapidly. The substituted way to work and involve the poor families reliably is to expand the extensive perspective otherwise modify the condition in to good circumstances in which family members animate. It deciphers to encourage a multiplicity of inventive enterprises at the civic and local regional county platforms

with the purpose to intensification the access and ability of poor community members to endow their possessions into supplementary dynamic spaces with the hopefulness that they will be capable to proliferation both their income and their assets as well.

Mostly poor households greatly depend on undervalued farming labor (as survival agricultural services are not tremendously appreciated within confined, domestic, and global marketplaces) with the purpose of provision for their basic necessities. The amount of profit which they earn from their labor and farm production is generally inadequate for the construction of some resilient assets which are necessary to help in the production of an adequate amount of revenue. Moreover, these kinfolks with poor income are actual susceptible and at risk to face the any kind of fluctuations in climate (as they are reliant on the products of agriculture sector which depend upon the weather), variations in charges at markets , and infectious disease.

For example, In Uganda the basic cash expenses use by poor households include the purchasing food, spend on medical services, obtaining school materials plus remunerating advanced tax. Consequently, nearness and accessibility to physical structure for example markets, major aptitude for basic level education, and remedial components have a straight influence on the occupations of all residents of the region including poor people. There are plenty of studies, reports, workshops, and meetings which highlight more about people who are poor in the world .However in the era of starting a new century, still there are great number of folks incarnating below the poverty line as compare to the times before, as with the new advancement and times the ratio of poverty is increasing despite a lot of actions by the global organization .

This severe reality happens not impartially in the consequences of rises the number of human inhabitant on earth; nonetheless it is also a catastrophe presentation from the side of administrative and non-governmental organizations to discourse the subjects (insufficiency arenas) that propagate poverty. Local groups and village governments must construct the capability to provide enhanced direct support. However external development agencies can also mark a vigorous influence headed for eliminating poverty via enlightening the accessibility and approachability of communal resources in any society and mounting the transformability of any family's domestic resources for money making .

In further arguments, agencies might support via talking on the experiments in the poverty fields that can preclude underprivileged and susceptible households subsequently recovering and changing their resources of producing finances. And this resolves organizations for progress to be prepared for some modernize inventions and proceeding towards hazard involving activities for development.

These organizations have to be agreed to proper inspect for their work its purposes, goals and accomplishments with full realizations and also have some predicable financial results for future. These should work with full truthful determination for the people of poor regions along with new growth organizations and above all with the societies that they choose to work with their particular incentives, their capabilities, and limitations.

Glennerster (2002) explains the poverty and its measures in United States for the last twenty five years. The objective of the paper is to discuss the struggles made by community researchers of America for the previous twenty five years to the study the factor of poverty in the community and then made some relative perspectives to

compare the situation of it . According to (Costin 1983; Fitzpatrick 1990) the custom for studying the poverty in United States is old and it is actually already started before from era of the opening year in the last century. This is particularly manifest in Chicago.

There is a lot of literature existing which highlight this reality and the harness of poverty in the country. However Chicago was not unaccompanied in this struggle in fact, there were also many other cities who have social scientific attention in poverty and they were also big developed cities. But scholars in U.S were frequently follower of approaches and policy innovation instead of originators. The very ancestries of poverty procedures were European and specifically English. It is clearly mention in the earlier textbooks and literatures in U.S that in specific sates of the country, English acts to reduce the poverty will be applied realistically (Breckinridge1938).

Though work by U.S literature on the explanations of lack in financial resources to generate revenues and its procedure modernization has widened together in remedial terms as well as in its influence on overseas for the past twenty five years. Till the start of 1960s era the economists and researchers in the United States entirely overlooked the arenas of revenue distribution in the society between rich and poor class and poverty as well. As the economy sector in America botched in the provision of progressively growing principles of incarnate for the households with middling amount of income whereas the earning of underprivileged people really demolish in material terms.

These factors make economists to try to find out the reason and the increasing awareness of insufficiency of fiscal resources in urban cores fascinated demographers and social scientist. After proper and accurate identification of the reasons of poverty

a number of policies require to eliminate the issue for the people in the society to enjoy the a decent standard of life this made scholars more concerned towards this issue. The moderately discrete notion of calculation the price of a bottom pannier of goods essential for essential human existence also takes an extensive history. During the starting years of century it was a specific concern for social workers in the United States to determine a specific price for the basket of goods and services which represent the minimum level of living standard.

There was a complete set of statement regarding the difference between deprived people with physical better health and poor with disable bodies who are more commendable for financial help with the comparison to poor with able -bodied. As if individuals face any physical disability along with the unfortunate financial condition then their standard of living becomes more deprived. In 1961, the description which detained the attention in America for poverty work was introduced by an anthropologist, Oscar Lewis. He observed and then after defined the living conditions at that times in different cities of country including Mexico City, Puerto Rico, and New York.

According to him people with less amount of revenue grieved from parental dispossession of resources , a pathetic self-worth construction, present-time orientation, fatalism, and many others . He also explained the reasons for the creation of this system which are low wages of poor workers, market economy huge ratio of presence of unemployed individuals in labor markets , and unremittingly small salaries for long time period. Families familiarize and move their knowledgeable surviving approaches as powerlessness, reliance on others resources , plus a logic of subservience to their children and through this they produce a concept for their children to continue poor unconsciously . Yet Lewis believes that the source

of difficulty is rooted within the financial structure particularly indeterminate and short amount of revenue in the foam of wages. He appealed that these traits deteriorated as nations converted in to richer financial status and established conditions of welfare for their people. Then again in the era of 1980s and 1990s is the opposite as at this time the system of welfare and safety that replaced the financial classification became the reason rooted in the state of family poverty.

Between the times from 1973 to 1995 the states of America were experiencing the worldwide variation of enormous significance. In this time period the laws by Kuznets presented the scholars that when a country income per capita accumulate at that point the level of equality in distribution of wealth become more enlarged in the nations however this law appeared not held in that time between the innovative economies. In this time period many researches for women entering in labor markets also conducted and it is observed that woman with family work more as compare to unmarried women as married women want to share the burden of their families income with spouse. In America a number of researches were conducted to highlight the issue of urban revolution and poverty by the social research establishment (Lynn 1988).

It clinches that there was definitely remained an increasing attention for lack of financial resources and their management in the big city cores and increasing sequestration of residents in these cities. Approximately 4 million poor Americans who were the residents of these areas got extremely affected through the destruction of industrial occupations. Particularly rigid sufferers were the people living in cities of Midwest and the Great Lakes zone. However the concentration of poverty was real (Jargowsky 1997). The evolving inaccessibility for poor people from occupational

chances was also the matter of discussion by many researchers and it got an progressively influential explanation in literature (Katz 1999).

In concluded that researchers worked on poverty arena in of American has transformed considerably broader and additionally refined in the last 25 years whereas its measurement for its incidence is not explained greatly. In this entire arena economists ensure to compose an important role. Moderately as an outcome of this strategy prominence has moved from general income transfers in the support for the working poor.

Robeyns (2005) observe a study for measuring global poverty and inequality. Academics, governments , and community campaigners of the civil field have a routine to response for the queries which involve poverty and the condition of poor people in negative. For instance it is observed that for the past thirty years rich nations in the world with the established financial resources to generate income are becoming further and more richer with another prevailing situation of underprivileged countries are dropping in the poverty setup with time . Likewise many researchers explain that with the introduction of the concept of globalization disparity in distribution of wealth expands between nations.

From Mexico to Japan, its influences can be realized as the people with rich resources of income generation are becoming more rich whereas people who previously are living in deprived situation getting even more at risk to face the poverty further. The World Bank contended contemporary that amid of 1981 and 2001 the total digits of people lower the poverty line of one dollar a day had halved (2004). According to some researches in 1980 the accessible greatest indication demonstrates that the recent movement of globalization which happening nearby has essentially endorsed

financial equivalence between rich and poor besides abridged poverty. Conversely Milanovic (2002), who was at the time active member at the World Bank premeditated on the foundation of better-quality statistics for the period 1988-1993 that global revenue discrimination is not merely excessively great however with the passage of time alongside it is rapidly increasing.

Overall this paper discusses that there is a difference between the researches. Some are in favor of the globalization and depict its positive outcome specifically in the arena of income and poverty. Whereas there are some studies with the view that globalization creates income inequality and the unfair distribution of wealth resources which eventually cause the gap between poor and rich world.

Hill and Rapp(2009) explain the association among globalization and poverty at global level . The magnitudes of poverty universally between the individuals living in different societies and regions of the world community are surprised and terrible. Recent records disclose that almost one billion people in number sustain on less than of one US dollar in a day plus it is also estimated that almost half of entirely people persist on two dollars or a lesser amount of per day [United Nations(UN), 2005]. One harmful consequence of it is the nonappearance of elementary need of goods and services that are the keystones for surviving an equitable level of existing. For instance syndromes such resembling malaria and tuberculosis that have been eliminated from the regions of advanced countries however there are still millions of people dying from these diseases yearly in poor communities .

Moreover the absence of safe water for drinking and using in poor countries is the root for the diarrhea amongst several children that is life alarming situation and also causes numerous million premature deaths. These conditions uncover the gulf among

recent western civilizations with the availability of resources plus groundwork to endure their electorate and ample of the other countries in world widely that is hindered in poverty. There is a visible difference between the basic needs and survival standards of living between these two developed and poor countries at the planet.

According to (Hinsch 2001) philosophies of distributive fairness explained that regardless of any domestic boundaries openly and mainly every person living in the globe obtains his or her due portion of inclusive capitals as regulated through a universal idea of justice according to the objective of that concept . However, the inequalities that exist between rich and poor world are underlined by some statistics. As the proportion of income for each capita among the richest 5% of people universally to the poorest 5 percent people of the world is a magnificent difference of 165 to 1 .

Another estimate shows that the highest one-tenth of US residents consumes a joint earnings which outstrips the overall assets that are consumed by the lowest two-billion occupants with poor conditions of life at our earth. For the improved understanding of international poverty it entails an aspect at its causes. An innovative perception advocates that underprivileged countries and their residents grieve by a diversity of "gaps" that retain them from achievement in economic ground. Insufficiencies embrace an object crack categorized via a shortage of possessions, merchandises, and sustenance by way of industrial units, transportations, and natural resources for production. The additional kind of this breach is idea gap, in which there is absence for individuals to access the flourishing information on which progressive civilizations depend for premeditated benefits.

There exit very diverse circumstances among Africa and China/India in last 20 years . Extensive starvation of food has distressed the people of the African region from the dehydrated savannahs to the steamy heartlands (Chossudovsky, 1998). In the result of this 23 million people perished or were at excessive hazard of dying, whereas further 130 million in ten countries continued to face the risk. At the same time gigantic development in efficiency was experienced by China and India, swaggering an annual ratio of about 5 percent parallel to 1.6 percent for the developed western countries in 20 years. Their achievements during the 1990s condensed the World Bank's approximation of severe deficiency in financial status along with the basic needs of living standard.

Conversely, in a situation in which if these accomplishments are removed from the data then the level of poverty has climbed between the other developing economies. However conversely, as the countries of China and India both have accomplished an outstanding development in productivity, for the last twenty years their economies are growing at the rate of five percent every year that is higher than the other modernized and developed countries of western region. According to World Bank due to these countries economic development the number of world poverty reduced by four percent during 1990s .

However overall poverty in other developing nations increasing normally except these two countries that showed reduction in poverty in that time. The effects which the economies of India and China provide to the world give raise in recognizing the notion of globalization and favor the idea that it can perform a vital role in the reduction of the universal poverty (Agenor, 2004).

Consequently, nations become gradually borderless and marketplaces transfer to the homogenization, in a consequence of a massive and principally unfettered society of commerce which is controlled through worldwide establishments. One consequence for unindustrialized emerging countries is a decrease in their narrowness in markets and a succeeding transference towards an external motivation that inspires them to deliberate their creative capabilities in extents where they have supportable advantages.

Ferreira and Lugo(2013) explain the analysis of multidimensional poverty. For the past ten years attention in the arena of multidimensional poverty has been established progressively. Since the large number of methodologies have been anticipated by researchers for the analysis and measurement of deficiency in several magnitudes. Enquiry for the many dimensions of poverty has been converted from a virtuously theoretical argument into a comprehensive topic for policy debate at both micro and macro level both domestically and internationally together within and between several nations.

For instance in December 2009 an index to magnitude the multi scopes of poverty has been authorized in Mexico considered as a country's official measure to analyze deficiency. After two years of this Colombian government embrace a policy for poverty reduction which emphasis on five separate magnitudes and relied on an approach to calculate the improvement in the decline of poverty given by Alkire and Foster in 2011.

This approach was globally used in several countries to measure the poverty and also by the great organization of development in their reports . The reason for the increasing popularity is the acknowledgment that poverty is not impartially

considered by less amount income in fact poverty comprises considerably more than this . Less consumption and insufficient criterions to live a decent life are certainly at the core of the notion of poverty. Poverty is also associated with characteristics of poor health such as a compressed lifecycle, restricted admittance to education, knowledge and evidence and sense of hopelessness in several fields.

This paper also explain that poor people frequently refer that non income measurements are vital and essential for the elimination of their poverties which mostly they perceive in minds. However , following words from a person belong to Georgia demonstrates this point, according to him "Poverty is absence of liberty, caged by means of devastating regular daily life routine problem, by unhappiness with hopelessness plus anxiety about the future unexpected changes in life. This show that poverty is not every time about money or finances, it also involve the freedom and liberty for individual's rights. In recent time all the organization for developments, governments and institutions are concerned for the explanation and exploration and remedy for multidimensional nature of poverty in countries. In this paper all the researches explain that poverty is not just the shortage of an amount of money which individual get as their income. Poverty also includes the lack of many other high qualities of basic necessities as health, education, happiness, future security and shelter as well.

This paper (Blackmon 2008) explains the reviews of World Bank (WB) and the International Monetary Fund (IMF) regarding poverty. These two establishments were produced in 1944 during a meeting named the Bretton Woods Conference. The IMF was initially planned to guarantee stable ratio of currency interchange in the global fiscal organization, and to deliver the monetary support to the nations suffering from the issues in their balance between revenues and expenditures.

The determination of the Bank was to offer sponsoring for the restoration missions, principally promote to the distraught of European countries after World War II. In the 1970s, an explanation for absolute condition of poverty was given by world bank, it is created on the basis of random measure of a per capita revenue of fifty dollar in U.S currency or fewer than this in one year for a family, whereas if a family is part of that portion of population in which people are living with more than fifty dollars and under the one-third of the domestic average of the nation income , then it is called relative poverty . There was a lot of emphasis on the reality that enormous numbers of poor belong to the developing countries from rural regions and that the major field of their work is farming segment of the economy.

The launch of the International Development Association (IDA) with the aim to deliver debts with zero interest rate to the deprived nations through the assistances of supporter countries would also show an imperative part in supportive monetary development and relieving poverty . According to World Bank a more precise method to highlight the changes in level of revenue among countries is to use Purchasing Power Parities (PPP) as a substitute of interchange amounts, to match a "basket" of possessions and facilities obtained in the national marketplace spending that nation's own currency, through the similar quantity of things and facilities that might be purchased for one dollar in the United States.

Thus subsequently in 1991, the World Bank has distinct global poverty intensities as the number of a people of a nation surviving under the amount $2 per daytime, and life-threatening poverty where people are persisting their lives lower than amount of one U.S dollar $1 a day . The description of poverty has too prolonged to contain other theoretical procedures of poverty like small accomplishments in wellbeing and education.

Moller *et al.*, (2003) explain factors of comparative lack of financial resources in progressive industrial democracies. The mitigation of poverty has been an essential area of strategies designed by government for the betterment of public in nearly all industrialized and developed nations. Every progressive industrial democracy has initiated public strategies for the reduction of poverty. Nations with organized marketplace financial system where a huge proportion of the working-age people is engaged in industry and in these countries the unemployment rate is low with small stages of pre-tax and transfer poverty.

Conversely, these poverty levels in all countries are abridged by the means of the excise and transferal system, although to significantly fluctuating numbers. As in any state where the government is making poverty reduction policies more generously the system of welfare will increase besides the higher amount of decrees in scarceness of financial resources for poor.

The research reveals that in advanced industrial economies tax encompass insufficiency and allocated poverty rates are regulated mainly by dynamics connected with the inequality. As progressive markets have become more global and as de-industrialization has progressed, industrial employment has declined and unemployment has raised particular among workers with few skills .Moreover vocational education systems improve poverty reduction and it can help the workers in advanced developed countries.

Skalli (2001) explains the prevalence of poverty among the female population in Morocco. Many economic, social, and cultural dynamics join and strengthen each other for construction of circumstances of societal segregation for a great number of women. But the problem of gender discrimination is progressively acknowledged and

familiar in the nation, the issue which depicts the women’s poverty is not being sufficiently investigated. Assuaging women's poverty in Morocco it is unblemished that no unindustrialized state can fictitious to attain a expressive level of maintainable progress if its women continue suffer as victims of continued social exclusion. The connection among gender and poverty relief is deliberated one of the significant mechanisms and circumstances of sustainable development (Harcourt, 1994).

Improvement in growth is not merely accomplish via the appreciation of women's participation in the work dynamism and markets, nevertheless mostly through the amplification as well as application of programs which promote gender equality and eliminate the origin foundations of their segregation and susceptibility. In Morocco , it is observed that development schemes not giving much attention to the definite requirements or situations of females. While certain poverty assuagement policies have encompassed orientations to women and no valuation of their needs has been accepted in a serious or systematic manner. It is noted that with the reason of gender specific characteristics the general polices for poverty reduction are not assist the women with same manner as for men. In the result of these kind of policies women practice the poverty inversely to men.

Pal (2012) conduct a study to examines the calculating dominance of disastrous out-of-pocket health spending in India. Objective of the study is to deliver an innovative degree of disastrous out-of pocket wellbeing spending which is established on basis of consumption for basic requirements. Catastrophic expenditure is distinguished as out-of-pocket wellbeing spending which goes above certain stationary percentage of family revenue or family's ability to pay. The estimate suggested in the study depict that out of pocket

wellbeing spending is disastrous in a situation where it decreases the other spending which are not related with health spending to a degree somewhere family is incompetent to sustain intake of basic needs.

On the basis of this degree of cataclysmic expenses for wellbeing of a household, the study observes elements of disastrous amount of out-of-pocket healthiness outflow in India. The outcomes of the paper show that a positive relation between shattering OOP wellbeing disbursement and revenue of a household as increases catastrophic OOP spending on health increases with income in the result of with one scale however with another measure there is a negative relation between these two as the huge amount of expenditures for health decline with the increase in income.

Result come out from the use of multivariate investigation display financial catastrophic and community prestige of households in India are vital factors of prevalence of disastrous wellbeing outflow.

Brinda *et al.,* (2015) examine the consumption of wellbeing facility provision, out-of-pocket payments and disastrous wellbeing outlay between older people in India. This research shows that magnitudes of out-of-pocket health expenses were more between individuals having disability and inferior amount of revenue. The severe life threatening diseases enlarged totality of hospitals appointment by the patients as well as out-of-pocket health costs. According to the study people with old number of age who have chronic diseases are at huge threat of shattering health costs. And reduction of out-of-pocket health outlay between elder individuals is a vital concern which should be highlighted in social and medical both fields. Greater performance of public health sector with the facility of publicly sponsored protection may defend

contrary to terrible wellbeing outlays and discriminations in system of health of in India.

Mcfeeters and Shen (2006) examine the out-of-pocket wellbeing expenditure between countries with less and large amount of revenues. The purpose of the study is to check the impact of financial protection against wellbeing , essentials for health maintenance and demographic with extent features on spending for huge amount to health care for small and sophisticated revenue earning insured populations .There are three classification for people on the basis of level of spending according to their huge healthy expenditures and also discuss the three kinds of economic burden constructed on outlay as a part of family revenue.

Study discovers that devising insurance does not always give the protection to young individuals and their families against the heavy amounts of bills for health spending. Young people with financial treatment for huge health sudden expenditures by their private means of income still face the huge risk of severe spending for their health without any discrimination of their income level in any emergency of excessive economic pressure for these expenditures has to be resolved by them .

According to study the insurance provided by the public sector propose the better quality of economic security in contradiction of great expenditure for health severe expenses with huge and upset fiscal liability for households with fewer amounts of earnings. Inclusive treatment of health maintenance and least amount of payment is proposed by public insurance. The household with high amount of income claim better facilities of health maintenance as they can afford to pay huge money for it. Results portray that individuals with sever health need having low-income seem to be fiscally restraint and use less amount of income on health care comparative to people

with advanced revenue and the development of health preservation establishments might support for the reduction of out-of-pocket health care spending. It is observed that financial security for the protection from adverse impacts on income cannot save people from the high health spending. People with less amount of spending having more requirements for health are seem to be fiscally helpless and despite their desire to be healthy they have to spend less on their health issues, as compare to people.

Hajizadeh and Nghiem (2011) examine the out-of-pocket expenditures for hospital care in Iran. It is explained in the constitution of Iran that the provision of better quality of health services for all the citizens is the responsibility of the government in the country and it is an imperative policy objective to finance the burden of health . Data for this research is composed from survey for health and amenities in the country. Main purpose of the study is to deliver an enhanced understanding regarding the of the disparity and factors for cataclysmic health outlay for hospital amenities.

It is shown by the outcomes of the study for inequality between rich and poor households that families with low amount of income suffer more from the catastrophic health expenditures. Results also reveal that the level of education of households is also related with the spending for health and is negative related with this. A household living in rural areas is also more at risk to face the huge amount of health expenditure. Whereas any financial protection against extreme health spending and patients is treated by any hospital which possess social security plans are connected with less amount of OOPE.

According to the study Iranian Government has comprehensive health insurance coverage with purpose of protecting household from the hazard of disastrous health outlays, low income households experience more catastrophic payments as compare

to the well-off households. It is also observed that if a person is not entitled for the employer centered health assurance by the government then the person will be cured differently by hospital and health organizations. This is due to reason that different schemes for health insurance in Iran demand diverse costs for the provision of health services.

Researchers find out that a worldwide health assurance strategy that delivers identical facilities to all individuals irrespective of their occupational position compromises better social security in contradiction of disastrous expenses than the present wellbeing fiscal protection scheme in Iran.

Narci *et al* .,*(*2015) conduct a study in Turkey to examine the monetary catastrophe and poverty effects in the result of out-of-pocket health expenditures. There are two greatest noticeable impacts which are created by OOPE. First one is augmentation in health disbursements and the other is decline in prestige of health. The reason for these effects are limited use of health maintenance as well as severe burdens on the expenditures of household upon getting health care in return this can generate the condition of poverty along with the aggravate already prevailing poverty in country.

Recent studies in turkey disclose the connection among poor individuals and health care that more complications are confronted by poor regarding health sector and OOP expenditures had more burden for them. Results of the study show that there are some other factors which also have a connection with health expenditures like education, disabilities of the family members or the age group of the members of family. There is a higher level of risk of an increased in catastrophic health expenses for the families where the head has a less level of education or the household with the elder family members. Results show that household where family has children under the age of

five years, elders and with disable family members have a greater need for health maintenance.

M *et al .,(* (1993) examine the factors which make health expenses out-of-pocket for households. This research also observes the diverse kinds of households have deviation in out-of-pocket expenditures for wellbeing amenities with the explanation of the important socioeconomic variable in defining these expenses. It is opponent to the anticipation that having the facility of insurance diminish reduces out-of-pocket expenditures of health amenities, household with policies of insurance have the greater health expenses. It is the result of the antagonistic choice of insurance marketplaces and policies with the existence of proper risk in medical care markets. Health care markets has exclusive feature of third party overheads, through either public or private health insurance payers that's the reason financial evaluation for health care markets are more multifaceted .

Result indicate that household with single-head consider health care a luxury good. Other factors as education and race also effects on consumption of higher quality and quantity of health services .Due to the adverse selection and moral hazard , research favors the great government intervention in the market for health care. This government intervention might be achieved by extra health care regulation or public provision or sponsoring of health care (Aaron 1991) .

Galárraga *et al .,* (2010) observe the assurance for health to the poor and impact on disastrous and out-of-pocket wellbeing outlays in Mexico . In Mexico a program named Seguro Popular was introduced in 2002 as an inclusive health restructuring exertion to deliver economic security in health sector for the poorest section of the people. The basic aim of that programme includes financial security for poor families

to cover their out of pocket health expenses along with the general access to sufficient secondary and tertiary medical care. Different kinds of nine collection health facilities are cover including surgery, vital carefulness, hospitalization, recuperation , delivery and newborn care, pregnancy, reproductive health, dentistry, ambulatory medicine , early detection and prevention.

There were no limitations for this programme association on the basis of existing health position, pre-existing illness, or co-payments. Federal and state government sponsored SP care; major assistances are endorsed by federal government which compensate an allowance per SP-affiliated family in diverse parts. In the year of 2006 and 2007 a huge amount of share in resources was by federal government that is seventy five percent of total twenty four percent was paid by states and 0.6 percent was the family contributions signified in total SP finances.

Nearly ninety percent of central and national economic support for programme utilized for the establishment of health amenities registered in the worldwide directory of health amenities whereas eighty percent of the financial shield deposit is used to finance costly disease, and three percent of assets to sponsor medical structure and unexpected medical precaution.

In 2007 generally about 5.2 million entitled household across the country were registered in this programme. Analysis of impoverishing health spending mark a decreasing rate of catastrophic spending between the poorest families. Findings of the study display that this famous program for poor has very positive and shielding impacts on the extreme health expenses specifically for the people of Mexico.

Lara and Gómez (2011) examine the influential factors of disastrous health expenditure in Bogota, Colombia. In Colombia classification of health sector ordered

in to subsystem that had their own finance and take maintenance of population groups according to their payment capability this was earlier 1993 times before the introduction of 1993 Law. This was the reason behind the diminutive access for the portion of population with little income that worked in to informal job segment, there exist minimum health coverage for poor households. This amendment in health sector increased social saferty association through the integration of poor population into the sponsored strategy and via increase in the exposure to the household of the employees covered in this contributive program.

In 2001 , anyhow there was still a part of population which is without any social protected health policy and it was 32 percent of the entire protected people in Bogota having great health expenses. Earlier studies mentioned different thresholds for the formation of catastrophic expenditure that differ from 10 to 50 percent dependent on the situation of country's degree of progress.

In the result of out of pocket heath expenditure poverty can also increase and created (Doorslaer 2003). However it can be stopped by the means of health systems that protect households against disastrous health expenditure. Economic hazard linked with health facilities can be eliminated through the health insurance which includes out-patient, in-patient or other remedial resource facilities. Specially admittance to a clinic greatly has an effect on the risk from suffering the catastrophic spending and poverty . This depicts that affiliation with any kind of socially secure health policy is necessary when family is encountered by a health issue and have to compensate out-of-pocket health expenditures.

Most researches indicate that there are some factors like number of family members in the house ,education level of family's head, and the existence of elder individuals

in the household or disabled family members have severe impact on appalling health expenditure .Researches also indicate that in rural areas households with female head of household and a family with elderly person with 60 years ,children or head with little education have more out of pocket health expenditures .

It is also observed that a family with low level of income is more at risk to face the out of pocket health expenditures in need of sudden medical attention. In Mexico the association between financial conduct and families with unnecessary health expenditures demonstrates the significance of having social security as it prevent the household to fall in poverty specially in the time of monetary predicament. Finding of the research show that the maximum out of pocket expenditures on the basis of income were exist between families in the lower socioeconomic strata.

Liu *et al* ., (2003) conducted the study Medical Expenditure and Rural Impoverishment in China. In China two countrywide health facilities survey were piloted in 1993 and after five year in 1998. In China the rural areas were distributed in to four diverse sets for these survey primarily constructed on the levels of socioeconomic progress such as income per capita and infant mortality rate. 1998's survey was the first survey which focus on poverty and medical expenditures and question regarding this relationship of health expenses and income or poverty. In 1998 survey reveal that the number of people spending their lives below the poverty line in the result of out of pocket health spending has increased by 44.3 percent.

Finding of the studies show that recently a major number of people in rural region of China are living with no health insurance and for the reason they are at risk for the catastrophic health expenditures and costs. For the lessening of medicinal impoverishment there are two main policies including: monitoring medical expenses

and providing social security health treatment .In China several restructuring system has been introduced with the purpose of regulating the inflation in result of medical expenses. In rural areas socially secure health system is the income protection tool in the time of need when health cure involves huge expenditures. Moreover social coverage purchases access to medical care facilities for low-income people who mostly have less affordability for huge medical expenses. As health is a vital aspect of human capital so providing people economic health security and saving lives will increase the better human capital for country.

Poverty is a very severe issue in China. But China's poverty reduction polices more focused on the combating with long-lasting poverty rather than temporary poverty. For instance major emphasis of poverty eliminating policies is on the promotion of income creation with investment in rural and local agriculture sector expansion instead of making short time insurance.

Bredenkamp *et al* ., (2010) conduct a study regarding the disastrous and depriving impacts of health expenditure reporting new substantiation from the Western Balkans. This paper examines the influence of health-related spending on family welfare in Albania, Bosnia , Herzegovina, Montenegro, Serbia and Kosovo these all have taking place the main reform for their health segment. Data collection is done through the latest survey of 2000-2005 which provide the standard of living. It is very obvious that health expenses have significantly a major role in the impoverishment of a family it also enhance the frequency of poverty and forcing already existing poor families in to extreme poverty in all these countries. However in Kosovo and Albania both the impacts of impoverishment and catastrophic health expenditures are mainly extreme .

In Serbia and Albania health expenditures are included a huge amount of transportation expenses. In all countries system of informal outflows are extensive and specifically in Albania. It is the essential objective of a health care structure to make it confirm to provide the accessibility of great class of care for the maintenance and development of health position of the population without any differences. This should also emphasis on the health system must pursue the household protection against the health care expenses that is so huge and adversely connected with the household financial welfare. In all developing world nations the influence of health expenditure on family financial position can be severe generally between the poor (Roberts et al. 2004).

Serbia, Kosovo, Bosnia, Montenegro and Herzegovina these all countries were a portion of former Socialist Federal Republic of Yugoslavia (SFRY). Its structure that represents organization of wellbeing is based on stampar model that was subsidized through obligatory community insurance assistances relatively than the public budget. This system was also establishing in new countries and community health assurance was the central source for the sponsorship of health in Herzegovina, Bosnia, Montenegro, and Serbia. However, Albania system of health is constructed on former Soviet Semashko model that is generally financed through the budget of central management or government.

In 1995 a program of medical insurance was presented and it did not contribute any notable part in sponsorship of health as compare to the other remaining countries. Results show that intense impact of health spending on poverty in Albania where due to the increasing health expenditure poverty headcount increases by the ratio 21 percent and the deficiency break by 34 percent . And cataclysmic wellbeing expenditures create more problem and burden for poor segment of country as compare

to the rich, poor people pay 8 percent of their income for health with the comparison top quintile who pay 4 percent for health services.

Xu *et al .,* (2003) examine the shattering health disbursement of family through a multicountry study . It is the purpose of any health structure to provide the curative and preventive services that can make a better modification in people's lives. Whereas on the other hand for having the accessibility to these facilities by individuals can push them to pay huge amount of their income as catastrophic health expenses which drive several families into state of deficiency. The influence that system of health have on the wellbeing of a household in a situation of severe health expenditures specifically for poor lead the attention toward the instrument of health structures and insurance in nations as USA , Australia, India, and Indonesia.

It is an important objective of the health policy to protect people from severe health expenses and huge costs for health .Sometimes a greater amount of health expenditure bill is not to be considered as catastrophic in a situation where this bill is not fully pay by just family however this health facility's cost is provided freely or at a subsidized price or through insurance. Whereas for a poor family or low income household even a minor charge for common disease can be economically tragic. In some cases it's not about the amount of expenditures rather its level of income or amount of facility which make any health expenditure catastrophic. It is also the feature of health system that shelter households from disastrous expenditures.

Researches in US show that household with older family members, people with incapacities, jobless or poor people, and those with fewer accesses to health insurance were more likely to be at the risk of huge health expenditures as compare to other households. In Thailand, a research reveal that poor people are more likely to pay for

their health as compare to the rich people and they face the adverse effect of greater hazard of disastrous health expenses. Results of the study show that the disastrous expenditures for health are more common in many low income and middle income countries. Moreover poor households have fewer ability to finance their out of pocket heath expenditures as compare to rich households.

Kwesiga *et al .,* (2015) conduct a research aimed at accessing catastrophic and impoverishing effects of health payments in Uganda. Universally, the systems of health are entitled upon to guarantee the general availability to medical maintenance for their people. Data sources for this paper are Uganda National Household Surveys 2009/10.

Results of the study show that a great number of families use an extensive portion of their whole income for out of pocket medical care and safety. Result of the study shows that a great number of families use an extensive portion of their whole income for out of pocket medical care and safety. It is also estimated that over two million families on the basis of population estimation of about six million households in the 2009-10 faced the catastrophic health expenditures. Almost one million more households of Uganda strapped in poverty under the poverty line due to disastrous wellbeing expenditures. There exists an nonappearance of monetary safeguard for health system of Uganda and a lot of families' suffer adversely. Due to the out-of-pocket health care expenses households have to compromise for their other basic desires as a lot of income share goes to these catastrophic health expenses.

Golinowska and Tambor (2010) conduct a study to examine the catastrophic payments on health in Poland. Out-of-pocket (OOP) health expenses are those expenditures which household have to pay through their disposable income and this

income is that part of household earnings which persist after giving the taxes and social safety assistances involving health insurance as well. Data collection sources for this paper are the domestic budget studies of the Central Statistical Office of Poland and a representative survey carried out in Poland in 2010. There are some studies which proved that out of pocket health outlays can make households to limit their expenditure on other remaining basic and social needs like food, shelter and education even in some severe circumstances it could lead to extreme poverty. It is also mentioned that problem of out of pocket wellbeing expenses is additional oppressive or intense in countries where revenue for per capita is low with comparison to the developed and high income countries (Xu et al. 2007).

Out-of-pocket expenses are maximum between persons with great amount of income and also between those populations groups with extraordinary health essentials like disable person, chronically ill and elder person. This research explains that in Poland over the previous decade the dynamic of escalation in out-of-pocket expenditures are moderately deprived. In the result of more dynamic increased public expenses the share of household expenditures declines in overall expenditures of health. The utmost part of families' disposable income in the expenditures constituted medicines from 60% to more than 80%.

People who consume the health services mostly pay for them more regularly with the reason that their health needs are more as compare to other people like individuals with chronic disease or any kind of disability but their willingness to pay for these services is low . Results indicate that individuals with huge amount of income pay more for health facilities. It is also observed that young people too pay for public health services. The probability of attaining public organization facilities of great

excellence with speedy access are the factors for higher willingness to pay for facilities. People with high education and income have more preference to compensation for health facilities provided by public .

Aregbeshola and Khan(2010) examine the huge amount of disbursements, disastrous outlay for wellbeing and check the effect of poverty between families living in Nigeria. In Nigeria there exists a great dependence on severe amount of health expenditures as a source of sponsoring health system. These payments can be one of those factors which create devastation and lead a household underprivileged and impoverished. The objective is to observe the economic encumbrance of cataclysmic expenses paid for health between families in Nigeria. The source of data collection is a survey which measures the standard of living people in country in the year of 2009-2010.

It is observed that through the means of calamitous payments for health facilities a family can fall in the level of poverty according to the World Bank. Generally, all countries in the world experience catastrophic expenditures for health however in low-income nations people challenged by this problem more severely. There are almost 150 million persons suffer disastrous health payments whereas overhead of 100 million are strapped into poverty because they are paying the heavy amount of their health disbursements (WHO) .

Results of the study indicate that almost 1.3 million people in Nigeria are being pressed underneath the minimum standard for poverty in any nation and rich families suffer more disastrous health expenditures as compare to poor. Nigeria is suffering from the issue of poverty like most other countries with little and intermediate revenue. In any country the economic protection safeguards that families do not suffer

any economic privation and converted impoverished due to the huge payments for healthcare.

In Nigeria a scheme is introduced by the federal government in 2005, named National Health Insurance Scheme (NHIS) devouring the purpose of availability of better health facilities along with the protection for families from the economic liability of OOP health expenditure . After ten years, number shows that fewer than 5% people of Nigeria and generally central administration employees are protected in this arrangement and less than 3%people in Nigeria are taking the private insurance for health (PHI). Overall the NHIS has not delivered any economic protection against financial risk protection in the country. According to WHO and World Bank, In Nigeria more than 90% households reimbursement OOP for health services . People who spend their lives in extreme poverty or the families living below the poverty line mostly do not consume the health care services. Results show a very positive and increasing relation between OOP health expenditures and poverty as when OOP for health increase the level and household poverty and impoverishment also increase. It also has a negative impact on other basic needs of households.

OOP health expenditures are considered as catastrophic while these spending disturbs the capability of a family to acquisitioning other necessary nonmedical services. Policy recommendation in this research highlights the need for political societies and strategy producers to project health system supporting strategies. It is observed that better distribution of public resources towards health segment indicate a reduction in OOP health spending. Accordingly in Nigeria the inadequate public health funding is main factor for massive points of OOP health expenditures.

2.2 A Short literature review for Poverty and out of pocket (OOP) health Expenditures in Pakistan

Anwar and Qureshi(2002) explain the tendencies in severe level scarcity in Pakistan in 1990-91 and 2001. Poverty , distinct expansively as nonexistence of choices to outline of person's standard of life permitting to person's individual likings, originates nearer to the theory of social progress for humans as written in UNDP's researches for social progress. Absolute poverty is describing in term of bottom basic necessities of nutrition and other compulsory objects to empower people living in poor condition and culmination of revenue circulation that involved in financial actions in an economy. In Pakistan similar to several further emerging nations, scarceness of resources and in result of this poverty has appeared as a central concern for policy schedule. Despite abundant of strategies and organized initiatives commenced by the government outdated procedures of poverty and number of people living in this condition , , harshness of severe conditions of survival and poverty cavity show that the situations of poverty throughout the previous decade displayed zero mark of reduction in poverty and poor conditions of life for people.

In the decade of 1990s which was the era of steadiness and organizational modifications the discussion on tendencies in poverty has been widespread in Pakistan. The certified lowest standard of poverty was rupees 670 each person for every month in 1998-99. It is observed through the regular usage of measures to check the minimum level of poverty and the number of people living in the condition of poverty that these two augmented as it was 17.2 in 1990-91 then amplified to 30.4 percentage in 1998-99 then in 2001 it is 35.6 percent .

More over the strategies made with the purpose to increase the income of labors and for the provision of occupation all these plans eventually not fruitful to reduce the

number of poverty at desired rates . Some additional policies including reduction in price rates for prices for poor, shift in the expenses for progress , augmentation in the amount of levies on sale and service duties all were not as productive in the reduction of poverty in Pakistan as expected.

Chaudhry *et al.,* (2006) explain the shortage of resources in the rural regions of Pakistan. In developing countries a prodigious mainstream of the population survives in rural regions of country. It is estimated that in the regions of Asia and Africa generally almost eighty to nighty percent of the population of the countries [Todaro (2000)]. So poverty is mostly rural however with great inequalities between countries. It is also observed that the nature of the poverty in rural areas is more predominant, profounder, an additional severe as compare city poverty.

It is extremely great in numbers among the families who elaborated in farming, informal commerce, and sudden employment or cattle owners. In Pakistan the economy in rural regions is characterized by less quality of measurements to estimate the poverty and absence of any kind of progress as compare to urban cities in Pakistan. Parts of South Punjab and Baluchistan are having greater amount of poverty as compare to others parts of the country .

As highlighted by Schultz (1964), the outdated farming economies of less developed nations require a system of alteration as the current equipment open towards actual minute development prospects due to small profits. This kind of alteration in Pakistan was prepared conceivable in the procedure of technical and scientific centered concepts such as good kernels, nourishments, insecticides and water supplemented through a better range of farming modernization similar tube-wells and tractors.

In result of all these modern and scientific techniques in green sector of economy progress numbers increased 1.8 percent every year in the decade of fifty and then it was five percent in 1960s. Because of the remarkable achievements in this era it is called Green Revolution. According to other consistent estimations, the proportion of rural people in scarcity increased from 41 percent in 1963-64 near 55 percentages in 1969-70. The period of the 1970s has experienced a firm drop in the proportion of rustic deficiency from the years of 1963-64. (Irfan, 1984).

It is said that in the years of 1970 decade there is an increase in the trend of foreign immigration , a lot number of people from Pakistan go to Middle eastern nations for their livelihood people who go to foreign were mostly belong to the rural areas and it has some positive impact on rural sector. Almost sixty three percent of the migratory employees came from the rural regions(Gilani *et al.,* 1981). It is also observed that the cumulative arrival of payments from foreign countries had an important impact on the salaries of rural workers as well. In year of 80s decade there was a great augmentation in the renewal of financial progress by the number of six percent. The reason behind it was the rehabilitating the private sector, denationalization, deregulation of industrial activity with accomplishment of quick growth stream with in sector economy(Amjad 1997).

Large number of increasing population , less education rate , no female empowerment , huge level of dependency, polluted circumstance of life , deprived hygiene organization, inaccessibility of basic wellbeing amenities and low infrastructural amenities are the basic characteristics of the rural economy in Pakistan. Social segment of the pastoral economy of Pakistan is also precisely deprived and rural families have exactly minute contact with these facilities.

Number of the family members is also high in the rural areas in the comparison to the urban areas. Analysis concluded that inclusive development in the country does not advantage and decreases the number of rural poor; there are very little compensation which gives profit to the poor population through uninterrupted or unintended manner. Benefits have trickled down to them directly or indirectly through rising per capita income. Government should take some steps to control the inflation rate in Pakistan.

Shirazi (1995) explains the factors of poverty in Pakistan. The purpose e of the study is to measure the influence of numerous dynamics containing Sadaqat on poverty status of a household. According to Development Report (1990) poverty is severe global issues as in 1985, 18 percentage of the entire population in developing nations were tremendously deprived plus 33 percent were poor. As Pakistan is also categorized in developing countries and it has nearby 25 percent of its population incarnate in poverty. In the era of 1950s and 1960s concentration was in economic growth for abolition of poverty however poor did not enjoy the fruits of the economic growth, since the outcome of trickle-down was too sluggish.

In 1980 with land reforms and different rural progress programmes along several other policies, a scheme of Zakat was also presented. Organization of Sadaqat (spending in the path of Allah) has existed in the country in one form or the other, but so far little is known about its effectiveness as a tool for alleviating poverty. Faiz (1992) conducts a study to checked the community and economic effect of the Zakat and 'Ushr system and also describe the idea of poverty gap. The results of the study show that as more Sadaqat are shifted to the poor there is fewer probability of a household being poor. There is negative connotation among the poverty and the number of person who earn in the household and educational level of the head of

household. There is a positive association among the number of members in the family and paucity

Awan *et al.,* (2013) examine a research of multidimensional energy scarceness in Pakistan. The objective of the existing research is to examine the level of energy shortage in Pakistan and to discover the degree of energy poverty which effects the lives of people in in rural and urban areas of Pakistan . it also includes some other variables to check the impact. Outcomes of the study demonstrate that in the rural areas of Pakistan the proportion of extreme poverty is precisely high as compare to the urban areas.

Rate of Headcount for rural Pakistan is 71 percent as compared to 29 percent in urban areas of Pakistan. Consequences display that Multidimensional Energy Poverty headcount for rural Pakistan is 71.4 percent and 28.6 percent of the households living in rural areas of Pakistan are energy non-poor. Poverty in most deprived areas particularly the rural areas on priority basis by allocating more funds to them. Study also suggest that as to meet their survival needs in absence of efficient energy using technologies and adequate energy resources majority of poor depend animal power and their own labor. To improve the level of satisfaction of basic human needs and living standards of the people and to eradicate poverty energy resources must be improved. Achievement of efficient energy resources can lead to the accomplishment of unbiased, economically strong and sustainable development.

Khalid and Sattar (2016) conduct a research for families to investigate their out of pocket health expenses in Pakistan. The amount of wellbeing expenses by government to GDP ratio has continued at lower level in developing countries however specifically this ratio in Pakistan has not only remained below one percent of GDP

besides deteriorating with passage of time . In 2000-01 government assigned 0.72% of GDP for health sector and it was further abridged just 0.23% and 0.35% in 2010-11 and 2012-13 correspondingly. While studies have revealed that public health expenditure to GDP is 2-3% for low income countries and 8-9% for high income countries (Musgrove *et al.*, 2002) .

Conversely, people have no choice nonetheless to pursue healthcare from their personal income which has endured the main basis of finance (Syed 2012). In Pakistan during the year 2007-08 around two third of the expenditure on healthcare was sponsored by households' out of pocket (OOP) expenditures, 23.67% was financed by different levels of the government and remaining percentage of the expenditure were financed by private companies, social security fund, health insurance, local NGOs and official donor agencies. Pakistan's annual per capita income is $1,368 but annual per capita health expenditure is just $35 constructed on basis the revised National Health Accounts. In Pakistan, disastrous health expenses are almost 70 percent of the entire wellbeing expenses.

According to the analysis of accounts for health at nationwide level in (2014-15) presented that out of pocket (OOP) health outlay statistics exposes that in Pakistan about 24 percentage of the overall OOP health disbursement are sustained for services provided to in-patients while OOP expenditure are 29 percent for the outpatient care in the hospitals . Around 47% are consumed on medicinal goods, tools and machines. Several patterns for medical yields, tools & utilizations specify that this group also wrapping the spending generally for self-medication. Self-medication are those individuals who are getting the treatment along with medication without any advice of a doctor through pharmacies it includes all those patients also who have

already known of that diseases and these diseases are for long time of period as diabetes and higher level of blood pressure .

The design of households OOP health spending is also described between city and rustic areas. This show that the amount of health expenses in the city region is larger than the rural areas of Pakistan along with its provinces. In region of cities and developed parts sixty eight percent is the portion of catastrophic health spending contrast to the rural regions which is thirty two percentages. The examination of statistics illustrate that the output-based wellbeing outlines have discovered poor presentation in contrast with several other unindustrialized nations. While there is an augmentation in some measures including the education level among adult and child mortality but the degree of development has continued inactive rather minor than the other fast-growing emerging nations.

2.3 Theatrical Framework

There are five theories for poverty in modern literature. Latest work on poverty and theories are different from each other's and every theory marks the outcome in a diverse kind of community development intervention approach Bradshaw(2005) .

2.3.1 Paucity Produced by Individual Deficiencies

This very major theory of poverty refers to a massive and multidimensional set of descriptions which emphasizes that a person is the reason behind its own paucity condition. According to the conventional scholars the individuals generate that condition of scarcity in their own resources by their selves and made issue of poverty. They also claim that with tough work and moreover improved selections of way of living , poor people can get rid of their poverty and absconded from their problems. According to this theory poor is poor due to the nonexistence of absence of some hereditary abilities like brain power to deal with their poverty with some innovative ideas that are not so simply inverted. This belief that poverty is due to the absence of some persons qualities is not new in fact, it is very traditional. In old years it was believed by the people that assets and prosperity is with the kindness of God, and those people who are deprived and living in miserable conditions, they get the penalty by God either for their mistakes or their parents mistakes (Weber 2001)

2.3.2 Creation of Poverty through Social Belief Structure

This concept represents that basic origins of the poverty place in the culture of society. According to this concept deficiency is created via the transformation of some principles, ethics and abilities from generation to generation hereditary, and all these are produced socially .Theoretically, the culture of poverty is produced when the

poor class of the society starts believing that they have poor social background and they born in a poor family so they will be poor for their all lives. They get this sense of their idea from a common set of philosophies, ethics from their surroundings and they adopt civilizations for activities to believe in this cycle of scarcity. According to Lewis poverty a set of situations which is being practiced from generation to generation if anyone get its influence. When individuals start perceiving themselves poor, they automatically start thinking their children will also be poor and they raise their children considering them poor.

2.3.3 Poverty Caused by Economic, Political, and Social Distortions or Discrimination

The conservative thinkers sponsored the first "individualistic" theory of poverty whereas, the following is an ethnically abundant theory. This theory is an advanced societal theory of poverty. This gives a clear statement that poverty is not generated by the means of individuals, in fact, it is the system of powerful institution, fiscal sets , and polices by political organizations . All these factors jointly work for personal motive and limit the access of poor towards the chances for employment and assets that can generate income and well-being. In the 19th century, researchers and scholars did a lot of work to highlight this issue that social and economic system in the country has the power to change the lives of masses , however these systems controlled the resources of wealth and make other individuals poor. For instance Marx presented that in what ways the monetary structure of entrepreneurship generated the backup mass of the unemployed persons by the means of a painstaking policy with the purpose of low wages. Moreover, radical thinkers discussed that the structure was defective and must be fundamentally changed. A lot of work on poverty issue proposes that the monetary organization is organized in a mode that deprived people

drop behind despite a lot of their good work. .A similar obstacle occurs with the administrative organization in which the welfares and contribution of the poor remain alarming and misleading. Joined with racial discrimination, the influence of poor people in the system of government is very limited and there is not a proper share for poor in financial welfares and income integrity. There is also a system of poverty linked with some clusters of people presence with a societal humiliation for their race, gender incapacity, belief, or other grouping.

2.3. 4 Deficiency Produced Through Geographical Disparities

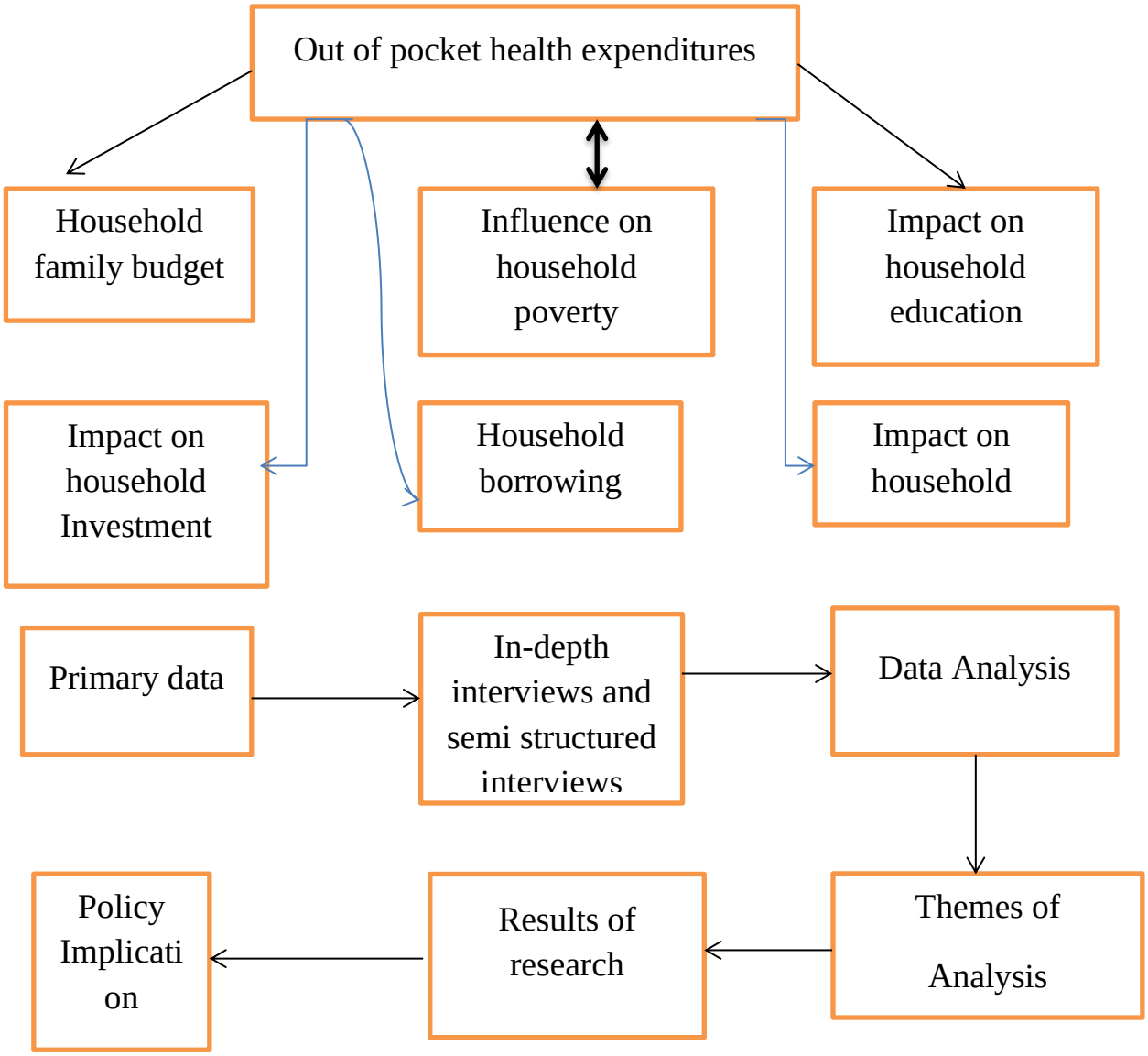
This theory explains the statement that in certain regions people, organizations, and cultures in specific regions face the deficiency of the assets required for the conception of well-being and income, with lacking the influence to assertion of reallocation of financial resources. As Shaw (1996) explains, the location of any region in this universe is not a problem for capitalism system, in fact capitalist take the raw resources from the poor spaces and make profit for them, this difference in space is good for a capitalist. “The extreme level of poverty exist in definite zones of world is an old opinion, and a lot of descriptions prosper in the development literature about it (Wohlenberg, 1971). Goldsmith and Blakely propose an inclusive perception regarding the connection among progress and paucity in city backgrounds. They claim that the combined progressions of society of families and occupations with rich resources start building their areas far away from the poor regions in dominant modern developed towns and rural regions creates a sense of departed life for poor people with the difference between poor and rich society’s way of living including work, houses, social, economic and political life. As Niles Hansen (1970) argue that mostly rural spaces are considered inferior and last places for

machineries, short remunerations and absence of organization that permits progress of human possessions restrict financial movement .

2.3.5 Scarcity Formed Through Increasing And Cyclical Interdependencies

This last philosophy to explain the concept of poverty is more multifaceted and it also have the pieces with its expiation of all other concepts. This concept visibly interprets that a person lives in a community and the assets of environment and individual life surroundings are heavily linked with each other. For in an poor economy where conditions are not very workable, in this situation an individual with nonexistence means cannot contribute towards the economy for betterment in fact it makes for economy even more deprived condition with less tax amount . As the tax collection is the major resource for any economy of a country Myrdal notes that individual and communal welfare are closely linked so if any negative sudden misfortune will happen in the community it will adversely affect the personal and social life in that part of state. For example, If a business owner shutdown the business then this is not just one individual who is now unemployed, rather all the factory staff and employees are now living with no job. In the result of it this happening overall the level of unemployment in the society has increased. This theory explain that community is a just like another family , with a lot of families in it, and how all the individual and environment is related with each other in the community (Bradshaw,2005) .

2.4 Conceptual Framework



This conceptual frame work is based on the results of the study. In this frame work out of pocket heath expenditures and household poverty have a clear effect on each other. When a household's expenditure for health services increases the level of poverty also increases. Whereas in any situation in which a household is already belonging to the poor income class in society, any health expenditure which can be low for a middle or high income class will lead to household in to more poverty.

Data has been collected through primary sources as In-depth interviews and semi structured interviews. Data analysis is done on the basis of data and through data analysis themes of analysis have been written in the research. Results for this research is based on the themes of analysis and policy recommendations are given accorging to the results of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research Method Strategy

Qualitative research strategy has been used for this research. It is a kind of research which uses scientific method to prove an issue. Normally it has a study, in which there is an enquiry to answer, and then answer is being searched through systematically set of procedures. it also collect proof for its topic , then show some results that were properly found by the researches after complete inquiry . Moreover, it pursue to recognize an agreed investigation issue from the perspectives of the native populace which are involve in this research .This research is mostly used for the arena of cultural related evidence . It gathers data for the ethics, ideas, actions, and community circumstances of specific populaces.

The influence of qualitative research is its capability to deliver multi-layered literal explanations of how people experience an assumed investigation subject. It gives evidence for description of that side of a matter which is related with the human life. It also allows and observe the repeatedly conflicting actions, views, thoughts, sentiments, and connections of individuals. Qualitative methods are also effective in classifying intangible issues, including community customs, socioeconomic position, gender roles and ethnicity.

3.2 Research Design

A descriptive research design has been used for this research. The descriptive study has a formal design. A formal design ensures that the researcher covers all the phases that the researcher may envisage, with respect to the particular research problem. It entails a precise statement of the problem and from this precise statement; specified

methods of selecting the sources of information should be stated. The determination of a descriptive research is to portray the characteristics of a particular phenomenon.

3.3 Method Of Data Collection

There are two major approaches to gathering the evidence regarding a situation, individual or an issue . On the basis of these comprehensive methods to collect any information , data is categorized as

- Secondary data
- Primary data.

Material which is collected through the use of the first approach is said to be composed from secondary sources, Whereas the source used in the second approach is called primary sources. A primary source gives raw information which is collected by the researcher individually whereas the second person data is gathered in secondary data This research will use primary data sources. Primary data sources includes observations, Interviewing, , questionnaire , in-depth interview and focused group interviews .

Unstructured interviews are flexible in structure, contents and question whereas structured are the rigid. In-depth interviews are best for gathering statistics for individuals' specific antiquities, viewpoints, and understandings, mostly when topic of research is sensitive. Similarly, focus groups are also very useful and active tool in data collection for ethnical customs of a group and in making comprehensive impressions of matters of concern to the traditional clusters. In an interview or questionnaire, questions are expressed as:

Open-ended

Close –ended

In an open ended inquiry the respondent is not given any option by the researcher, in fact respondent is free to express the answer without any bounding of options . If any interview is conducted by the researcher, researcher can record it with in written foam as well . . , In a closed- ended the possible answers are set out in the questionnaire or interview the respondent or the investigator ticks the category that best describes the respondent's answer.

In the present research both the primary and secondary methods of data collection will be used. For the purpose of secondary data we will seek help from Pakistan Economic Survey and Household Integrated Economic Survey (HIES) of Pakistan. For health OOP expenditures we will review the reports of State Bank of Pakistan for health. And primary data will be collected through direct interviews , survey , in-depth interview and focused group interviews and unstructured interviews directly to the households.

All data for the interviews has been collected through primary sources and field work, however for review of literature in my research I have been used the secondary data like research articles, reports and books.

3.4 Sampling

Small part of the large population for generalization of results of studying is called the sample. Purposive sampling technique has been be used and sample size is 35 . Purposive sampling procedure has been used in this research. Purposive sampling is selected established on characteristics of a population and the objective of the study. Some researchers believe that they can, using their own judgments or intuition, select the best people or groups to be studied.

3.5 Units Of Data Collection

Primary Data has been collected through interviews of 15 household and 20 patients /attendants for per capita income and out of pocket health expenditures and food expenditures. Individuals who are register as patient (or from their attendants) with government hospital, to which data for their OOP heath expenditure has been collected.

3.6 Locale

Islamabad is the beautiful city of Pakistan and it is included on the included in the list of beautiful capital in the world also. It was established in 1960 and currently is being administer by the federal administration of Pakistan. People live in islamad enloy a

Islamabad is renowned for its great standards of living security, and plentiful greenery. Its population is 1,014,825 according to 2017 census, Islamabad is the 9th largest city in Pakistan. . Islamabad is located in the Pothohar , in the northeastern part of the country, between Rawalpindi District and the Margalla Hills National Park to the north.

I went on the location of locale in a village near Islamabad name NOOR POOR SHAHAN and a public hospital in Islamabad I interviewed almost 20 patients who visited the hospital for infectious diseases and 15 household from the village. As I want to check the impact of out of pocket heath expenditures on household poverty and other household expenditures.

CHAPTER 4

DISCUSSION AND ANALYSIS

4.1 Impacts of Health Expenditures on Daily Household Budget

Health expenditures have great impacts upon other budget such as household expenditures like education, dietary patterns, decoration related goods and others. If a family faces any type of illness, it will be managed from the existing familial budgets. Families are afraid from all types of diseases because healthcare and health treatments are too much expensive to afford not only for lower -class families but also for middle-class families in the present locale Noor Poor Shahan. Moreover, the present data was conducted from the respondents who have direct or indirect relations with health related problems especially with hospitals. The data is being sequenced with the following themes in the proceeding paragraphs.

4.2 Educational And Personal Background Of The Respondents

I visited the households in village and patients who visited hospital for general health care . The behavior of the households and the patients was not very supportive initially as they were afraid to answer the question specifically regarding their Income, however I mentioned them properly before the interview that If “they are willing to answer or not?” . After their consent I interviewed my respondents. However I realized that people were so concerned about mentioning their Income. Then I assured them that I will not use their information in any other activity and their information will be used purely for the educational research purpose, then they started cooperating with me. My respondents especially people of village were not highly qualified however some respondent of hospital were highly qualified with the reason that , mostly I interviewed the attendant (people who were with their patients) as sometimes patient are not in a position physically and mentally to answer so I

interview only those patients who were willing to answer by their own . As mostly attendant were the daughters or sons of the patients that's why their level of education was high.

I also visited the village for my data collection from households. Most of the respondents were locals of the village and running their shops in the markets. Their education levels were mostly matriculation. However my every respondent of the village was very determined regarding their children education and for their children to attend school, most of all public sector institutions. And when I asked them that their children go to school? They respond very happily and proudly yes they go to school and we will educate them till the higher level education. Most of them said that they were not as fortunate enough to have had the opportunity of higher education but they are trying their best to give their children this opportunity to have education. Here one thing which made me amazed and hopeful for our country's better future was that even I interview 2 persons whose income was very low according to them but still they were very determined for their children education especially for their daughters' education. A person was saying that he has four daughters and they all go to school, he was so happy that his daughters go to school and getting education. According to him, he will educate them make them skilled professional of my country.

4.3 Impacts Of Health Expenditures On Familial Budget

In hospital most of the respondents were the local residents however, there were some patients who came from very far location. For example my one respondent who has a health issue of bones (arthritis), came from Jhelum with her husband. I asked her that whether her health expenditures have any effect on their food expenditures or any

other household expenditures? Then she and her husband also replied “yes it is very clear that whenever we have to face any sudden health expenditures it surely effect the budget of household negatively and we are worried about our transportation expenditures which we have to make to reach at the hospital. Every time I have to visit the hospital my husband and I have to arrange a vehicle at rent, as if we travel in public transport then we miss the appointment due to the wastage of time in public buses. And moreover we have to change three to four buses if we come in public transport, my health does not allow me to travel in this problematic way. Due to my health expenditures my household’s budget affect severely. Most of my household income is being spent on my health issues. I have one daughter, and now in next two months we will enroll her in a school and I am very worried about the management of my household’s expenditure along with my health”. Here one thing was also noticeable that she and her husband were very disappointing as they mentioned that they came from a very far location and doctor is absent and said that, today we will go back to our city and now next week we will come again and this is very disappointing that we came and it is very hard for us to manage the transport cost for again and again .doctor has given me this appointment by himself and today he is not available. I am suffering from pain in my backbone for the last four days severly . my husband’s income is not enough for my health expenses that a lot of time my parents finance me for my health expenditures”.

Another respondent who is a female also give me her interview. She was very cooperative and sharing her hospital experiences and household financial condition related my research very detailed. She was a forty years old woman with three kids. Her husband was in out of country for earning money purpose. She told that I and my all three kids have health issue and for them as a family it is very difficult to survive

and meet their household expenditures with all these huge health expenditures. She also told that “yes health expenditures have very severe and negative effect on my other basic necessities and needs expenditures as in some months when I and my kids have to visit the hospital we even have to cut down the expenses of our daily grocery and dairy products for kitchen. She also told me that in hospital she face a lot of difficulties, and she stand in queues for more than two hours whenever she visited the hospital and at any counter she has to wait. There are long queues and a lot of patients’ standing to waiting for their turn. There are not enough counters for patients even. And she also told me that ‘even when any patient seek out help from the ZAKAT fund of the hospital, every patient have to wait for so many days and the process is also too lengthy as the administration offices waste so much time and patients have to wait and go again and again just to sign the documents or application for the process. I regularly visit the hospital with my children for the treatment of diseases and I have viewed several patients who swoon in queues and their health condition become more unpleasant. And the behavior of the staff is also so self-centered and unkind that they don’t even care about these issues.

Another respondent who, came from another city with his mother shared his views. He explained that “yes, of course we as family have to reduce our other expenditures to meet the health expenditures. He said that I am a school teacher and I have a limited amount of salary every month with no savings in my account. I have five children and I have also a health issue of my lungs. But as this issue is minor so that’s why I am not giving attention to it instead I am concerning for my mother’s health more who is the heart patient. However I can feel with the passage of time my own health issue is becoming problematic, and due to the lack of finances I am avoiding it. He also added that before every visit he has to arrange transport to reach the hospital

as in his city there is no hospitals with better services for heart patients. He also included that I have to manage doctors' fees and medicines before visiting and cut down my other household expenses. But I never prefer to reduce my household's food expenditure rather I always reduce my household cloth expenditure in the sense that I buy my children one suit in one month instead of two if in any month health expenditure become severe, and when these expenditures become more severe then I borrow money. He mentioned that most of the time before visiting hospital he has to borrow some money from his friends or close family members. According to him, sometimes health expenditures are severe that even after diminishing other household expenses still these expenditures are out of range, so he borrowed".

4.4 Impacts of Health Expenditures on Children's Educational Budget

Another respondent told me that "she has four children and she has a major issue heart and his husband is also a patient. Before her health issue all her children were studying in a high standard school. But now she explained that "due to out of pocket health expenditures not only household budget effects, my children's' education is also being effected. I have dropped out my all kids from the educational institutes with huge fees and now they are studying in schools with low fees. Sometime due to health expenditures I cannot even pay my children's tuitions fees. My all children also not get the facility of tuition. My two children are very good with studies; however my other two children need some tuition before their exams. And in the months when my household health expenditures are high my children skip their tuition. I have to cut down my food expenditures as well to fulfill my health expenditures. And household is becoming poor and poor in the sense that our all income is getting spend on household expenses and health expenditures specifically. I have not any savings with me and for future income I also don't own any investment. As now my children are

growing up and with the passage of time my family needs a stable income for which I am worried about. My children deprived health affects their education also as my son was a brilliant student before his health".

A woman gave me interview and told me that she has only one daughter and her husband is a labor. And due to her expenditures, her daughter's education is being affected. And OOP heath expenditures also reduce her household food expenditures. She was about to crying while expressing her emotions for her daughter education and she was heart patient. According to her due to her health expenditures she admitted her daughter in an institute with low fee, and her daughter is very intelligent and score good grades. She also mentioned that "due to health expenditures my husband start working more hours and our household's food expenditure also reduce dramatically just to meet her health expenditures. My husband is an old man and his health is also not in a condition to work as a labor but still for our only child (daughter) we will do all the hard work which we can. In past my brother give me some money for my household but I buy some gold jewels for my daughter at the time of her marriage. But unfortunately I have to recently sell out that set of jewelry just to pay my daughter's education. And now my health is in very poor condition and my daughter asked to quit her education but I and my husband refuse it. Last year due to now he sell out our last assets which is a house just for my medical and my daughter's educational expenses. Last year due to my health expenditures my daughter has to take admission in a college with fewer fees even she had a bright merit to qualify for any high standard educational institute. I don't even worry about my food expenditures but I am so upset for my daughter's future". She was much concerned for her daughter better future even at the cost of her own heath. She was the perfect example of a mother-child love.

Another respondent told me that he has three children and in his family his mother is suffering from some serious mental health issues. He was a shop keeper; according to him “yes it is very clear that health expenditures have a very clear and negative impact on my household food and education expenditures. As you also know that a household can minimize its food consumption at a certain level. After that level a household is not able to minimize its food consumption. However due to sudden increase in health expenditure my children education has been affected. As my mother was a very active lady but one day she got seriously ill and took her to doctor. After that day for last two years my mother mental health is getting serious. Every day she has to take three time medicines and even she miss one time medicine her mental condition become unstable. Before these health expenditures my two children went to school. I enroll them in a high fee school. As now my mother medicines and treatment is expensive and it is difficult for me to manage it, I enroll all my three children in a school with less fee. I cannot do any compromise for my mother’s health. And I am doing my best to work hard to give my children better standard education and in future I will give them high level and quality education. I also have a younger sister who was a student of college before my mother mental illness, however due to high medical expenditures she just completed her bachelor’s degree and say good bye to her education. I completely agree that due to any household’s health expenses, a household has to sacrifices or decrease its expenses for education if that household has low or even middle income”.

The above interviews made it very clear that out of pocket health expenditures have a negative impact on household’s educational expenses. OOP health expenses also lead to a household towards more poverty.

4.5 Health Expenditures For Government Employees

One of my respondent was a government employee with a decent grade and he also was the patient of heart and when I asked him the same question about out of pocket heath expenditure then he said “no: I am blessed and I dint have to less or compromise my other household expenditures and especially for food expenditures . His children’s are also getting education from high level institutes. He was entitled by government for his health facilities; however he also mentioned that poor patients face a lot of difficulties for their health expenditures and even services. There were my two more respondent who was also entitled but they were also having the same opinion that for poor patients the condition is very pathetic.

Another respondent who was a government servant and he lived in JIDDAH for his job . He was also entitled for health services by government. However when he came to know that I am doing my research he gave me interview very happily and share a lot of his experiences. According to that man it is almost impossible for Pakistan to achieve that level of health system which I have seen in Jeddah, in Pakistan if any government can achieve their 50 percent of health level that I have seen in Jeddah that will be more than enough. He also mentioned that there is a lot of difference between the living standard of lives between two countries. He was so disappointed and he express his emotions for poor “ it is really painful for me to see people around me suffering from diseases and in government hospital I enjoyed the better facilities but I can feel for poor and their whenever I visited the hospital I always found the conditions of poor more worse as compare to earlier. Situations and conditions for poor are getting worse day by day”. In his last two minutes of interview he said that in Pakistan poor people are living like goats (and animals) as compare to the standard of life I have seen in Jeddah and it make me sad but it’s the reality. He

was so impressed by the health system of Jeddah as he said in that its the responsibility of state to provide all kind of health facilities to the patients and its citizens without any discrimination of poor and rich. He mentioned that I pray that my country also get the equal level of health for poor and rich both.

Another respondent was also government employee but he came from other province to Islamabad and he was heart patient, so he mentioned firstly in his interview that he has to pay transportation expenditures as well with other health expenditure. When I asked him that whether out of pocket health expenditure affect the food expenditure of his household? Then he relied “yes my overall budget if the house got affected by health expenditures, however I reduced my clothes expenditure more as compare to food. And in any case if this expenditure become more worse then I borrow money and today I also borrow some money before reaching in the hospital”. Then he also added that “as I told you that I am government employee and entitled for health services still I borrow money for my health expenditure and now just think for the people of my area where there is very less people who are educated”, and developed , how those poor people manage their health expenditure? Then he answered that those poor people haven’t any finance and approach to better health facilities. He also said that in his area there is not any government hospital which can give any reliable services for heart disease that why he has to come in Islamabad and pay the additional transport bills. He was also very concerned about the other poor people of his area and shared with me the poor health conditions of those with health issues. As per research ethic before interview I mentioned my each and every respondent that I will not use their name and cities. But After interview he said to me that I you want to share my this information (name, area ,income , designation) in your research you can use, in fact he said to me that if you want to publish my this interview in any newspaper you

can as I want to share the situation of my city. This all shows that he was educated and belongs to an area where literacy and health facility are very low and he felt the responsibility that if he is lucky enough to have this chance to highlight his area condition he should do it sincerely and he gave me very detailed interview willingly. As a researcher this really encouraged me as well.

Here one thing which as a researcher I noticed is that if my respondent belongs to rich family or entitled for health services they were still have a very sensitive and soft side for poor people and patients who cannot afford the better facilities for health . they were having the opinion that no doubt we haven't face any difficulty , but we can feel the see the difficulties for poor people financially especially, even in government hospitals if there is any medicine which is not provided by the hospital then these poor people face many difficulties. This shows that as a nation and society Pakistani people have a huge and strong sense of care for each other.General analysis of government employees shows that OOP health expenditures did not affect their household's budget and other household expenses negatively, due to the different kind of health allowances by the government for its employees.

4.6 Impacts Of Health Expenditures On Household Savings And Investment

My one respondent told me that he has a disease of heart for last eight years. After he got a major surgery for his health issue for the first year he used to manage his household expenditures by himself as he had some saving with him. However with the passage of time his saving in foam of money and his all savings spent within few months. He had not any assets with him as he was a driver in a company. He also mentioned that he had to borrow some money from his friends and family members for his medicines and other health expenditures. He also mentioned that he had a

dream for a good quality education and a better living standard for his family. But due to his health issue and lack of finances it did not work. He was so worried for his health expenditures along with his household expenses. He was of view it is right that due to health expenditures his food expenditures has to be eliminated and his poverty level increases every time.

Another respondent was also a patient of heart disease and he also told me that in the initial stages of his diseases he used his savings in the foam of cash and he also possesses some investment in foam of land assets. But he told me that after borrowing some money, he had to sell out his land for the purpose of returning his debt. He was so upset while he mentioned about his investment his eyes were full of tears. He also told that due to out of pocket heath expenditures his food expenditure become decreased and along with it his savings has finished. He is so disappointed that along with his saving he also lost his investment opportunity as he thought he will generate income from his land but before this he had to sell it out. He was with the view that in Pakistan health expenditures of each and every patient should be paid by government so that a household do not has to suffer with poverty.

Another respondent who belonged to a poor village family also mentioned that due to any increase in health expenditures, his family has to lower the expenses for food items. He also shared that due to his father severe health issue, his family has to sell out their family cattle. As he belong to a village where people mostly have no savings in foam of cash rather have their investment in foam of cattle and land. His family has not any land assets, but they have cattle. They also made money from their cattle and sell their milk and other dairy products. He explained that now after selling their cattle even it is still very hard for his family to manage the huge amount of the health expenditures .He also explained that *before this, my father once make some money in*

the foam of savings but then at that time that money spend on my grandmother(father's mother) health expenses . And now again our family is facing this problem of health expenditures. His father also explained the whole situation; he also added that whenever he visits the hospital he has to pay a lot of transportation cost. Every time he has to visit for his regular medical checkup, he has to wait for weeks or even months for the management of his expenses. He also mentioned that sometimes he has to skip his visit for hospital when he is not able to manage money.

Another respondent who has a health issue of his kidneys told me that he had a stable income and he was running a small business before his health issues. His household expenses were fulfilled by him properly and moreover he has some saving and investment also. His children go to a very high standard school and their health expenditures were also affordable. He shares his journey from middle class businessman to a poor patient very sadly. He told me that in initials stages of his disease he spend all his savings. He has some saving in foam of cash in his account and even his wife's account. But then one day he fell sick and visited the doctor, doctor gave him medicines and said it's a minor health issue. However one day during his normal daily routine at his work, he feels pain in his kidney that his employees helped him to reach in hospital. Where after some test and treatment doctor told him that he has a major issue of kidney. He explained at start he and his family thought that this will recover soon and they can manage it. However with passage of time this issue becomes severe. Firstly, all his and his family's savings in cash foam goes out from them , then their investment in the foam of a house that generated rental income for family sold out. His children had to change their school due to huge amount of fees. He explained that in his present health state his wife is managing his household with very low income budget. His wife is also start doing a job for her family. He was

so upset that after savings his investment is also gone and his business situation is also not very stable. According to him his health also affects his household and even business also. Not only just his family has to decreased food expenditures along with it his family has to decrease educational and other basic needs expenses eliminates as well. He told me that before every month he went with his children for shopping and purchased them many clothes and shoes. Now it is really hard for his family to manage a lot of clothes even for his children uniforms and clothes for occasions like Eid is being managed by his wife.

Another respondent who was a patient of heart and was quite young also gave me interview in very detail. He has a heart disease since his childhood. He was doing good and helped his father with his fruit and vegetable shop. But for the last five years his disease with his age his disease become severe day by day that now doctors recommend his a major operation. He told that this operation will cost huge amount of money for his family. He also told that before this his parents had already spent a lot of money on his health expenditures. As he mentioned that his mother even had been sold out her jewelry for his medical expenses. He said that her mother jewel was the only assets which she owns but still for his life and health his mother sacrificed her asset without any thinking. He added that now for his future medical expenditures his father is ready to sell out his only investment that is a small piece of land from where he got the vegetable for his shop. His parents almost spent their all savings and investment on his health expenditures.

Analysis for savings and investments clearly depicts that there is a negative association among OOP health expenditures and these two.

4.7 Impacts Of Health Expenditures On Gendered Positions

During my interviews surprising I have realized that out of pocket health expenditures and poverty have a major significant impact on gender.

My one respondent who was a driver by occupation. He visited the hospital for his check up as he had an appointment by his doctor. He had a health issue of back bone due to which he has to quit his job. He has three daughters and two sons. He mentioned that before his medical expenditures and issues. He was able to manage the educational and all other expenses for his family, although it was a tough problem. But when he quitted his job , this has a negative effect on his children education . He told that I have shifted my daughters to a low fee school and my sons are still getting education in the same high standard fee school. According to him: I think my daugters can get education from a school with less fee or standard but my sons should get a high standard education. He explained that after getting a high standard education my sons will be able to get a good job in future while my daughters job is not guarantee with the reason that in my family it is not a norm for girls to enter in job market. Moreover he explained that it is also not sure that after my daughters getting marry , their new families allow them for a job or not. He was also saying that " no doubt my daughters are more intelligent from my sons are always scored good marks and even still their grades are always good. But still I prefer to change their school rather than my sons and in future it will also not acceptable for me to allow my daughters for jobs and if my daughters will want to do a job they are just allowed to join teaching profession."

Another respondent also explained that he has two sons and five daughters. He had a major health issue of lungs. He was an employee of an organization before his health issues. His all children go to school. However due to his health issue he has to quit his

job . Then his household's budget was being affected negatively. His elder two daughters has to sacrifice their educational dream and start doing work with their mother to finance his family. He explained that after his job his wife has started doing a job for his family. He explained "firstly my elder daughter and son had to quit their education as they both are elder , however my second daughter one day asked her mother that she wanted to finish her education . her mother became worried about it then her daughter shred with her mother that she wanted her elder brother to get education at the cost of her education" . So, in this manner his daughter's educational dream remains unfulfilled. Now his one daughter makes some decoration pieces and second daughter stitches clothes for women at their home and shared their family's income burden. He also explained that he also wanted his other daughters to quit their education but their mother and elder siblings are not willing and they are financing their education. He also added that his younger son has enrolled in academy for his school subjects but his daughters are not enjoying this educational facility. He more explained that "I want my all children to get better education without any discrimination of a son and daughter, but my circumstances did not allow me to do it. So when it come the preference between my daughters and sons education, I prefer my sons to get education. If my family can easily afford my daughters education then it is preferable in other case my sons education is compulsory as compare to girls education". He was also giving the same typical reasons for this behavior like early marriages of a girl, her job opportunity and other reasons mentioned by above interviewer.

Another respondent who was a patient of diabetes also gave me interview in very detailed. She has three daughters and one son. Her husband was died and she had few small pieces of land. She also told me that after getting sick, then she dropout her

daughter from college. She explained that it was difficult for her to manage all her health expenses with her household expenses. So she asked her daughter to quit her college after her intermediate level. She added that now her younger daughter also in the last year of college and she will also not continue her education. She also mentioned that for covering all household expenditures she sold out the piece of land which she was thinking to give her daughters. She also mentioned that she has some other two pieces of land which she is thinking to transfer to her son and she will not sell these assets in future even if she has to compromise on her health facilities. According to her as these assets are for her son, so these should be completely saved. Her son is getting high standard qualification from an expensive institute. She was saying that she only has one son so this makes her more sensitive for her son and his matters. Moreover according to her every time she is more worry for him.

According to the analysis for gender, a preference for male child and facilities for male child is more as compare to female in poor households.

4.8 Technological Health Expenditures And Its Impacts On Poor Population

During data collection for this research some impacts of technology on OOP and poverty was also examined. As when I interviewed both the staff and the patients they shared their views about the advanced and modern techniques of medicine field.

My one respondent told me that whenever he visited the hospital he has to go through some test and machines which is very expensive. He was a heart patient. According to him, due to the heavy amount of test fees his health expenditures go out of pocket. He was an old man whose son was financing his health expenditures, he told that even though his son is fully managing his heavy medical expenditures however his son has also a family. His son has four children. He said that it is very obvious that due to the

advancement of technology and modern way of medical field life expectancy and standard of health is increased but it is too costly. According to him, countries like Pakistan the new technology and machinery for advanced surgeries is too expensive. A person with less amount of income even cannot afford it. He explained that he was a business man and now his son is also running his business and they have a stable amount of income. With a stable amount of income still it is difficult for his to pay the fees for test.

A staff member also told me that in hospital there is a lot of machinery is required for the surgeries for serious disease like cancer. He also shared that these machinery cost in huge Pakistani rupees. Now a day the developed world is using these new technologies and machinery for their patients. In Pakistan so many types of machinery is not even available due to the heavy amount of it . The rich people who can afford the huge medical bills go to abroad for their treatrnent but the middle class and poor patients are not able to get the treatment from the new technologies. The staff member also told that for the huge and serious surgeries there require million and billion Pakistani rupees for public sector hospital. Overall the machines and technology put a little more burden on patients out of pocket health expenditures.

A respondent explained that due to technological change the facility of better health come with huge cost that poor people even cannot think about it. He told me that in his town hospitals mostly do not have many new advanced machinery for patients checkup, still people and doctors are using old machinery and

4.9 Interviews From Hospital Staff

I also interview the Deputy Chief Executive of the hospital for my data collection. He has 30 years of experience in his profession. When I asked him that are there any

facilities by the government for poor patient? Then he told me in detailed that yes in hospital's emergency ward provide free treatment to the patient and then there is ZAKAT committee to finance the poor patients. However, he told me that in Islamabad the rich people of society donate very less as compare to Karachi as the doctor had served for many years in Karachi.

He also mentioned that he had visited United Kingdom and United Sates of America. And if a comparison made between the health sector of Pakistan and these developed countries then unfortunately our country is far away from the facilities and sources. In developed countries hospitals use new technology and machines for patients treatment. In Pakistan government has not proper finance to provide the machinery in public hospital for public . He also explained that in Pakistan public also has very less knowledge about basic health issues. For instance if any patient got even a minor health issue they will visit this hospital with the reason that this is located in big city so they should visit this hospital instead visiting their city or local areas.

4.10 Discussion With Pakistani Citizens Living In Foreign Countries

Another respondent who is Canadian citizen and he visited the hospital with his relative and for general checkup. He was also said that in Canada it's the responsibility of government to provide the equal health facilities to all its citizens whether it poor or rich. According to him in Canada the behavior of the staff as doctors and nurses is so good and they train their staff through workshops and proper training, which he can't see in Pakistan health system. He also mentioned that in Canada hygiene system of hospitals is excellent. He said that as he and his other family members in Pakistan have no issue of out of pocket health expenditures. He said I and my family has the financial resources that can make income for my other

family members in Pakistan that they don't have any issue like this. But he was also very concerned about the situations for poor patients who visited the hospital and he said that in Pakistan government should also take steps for better health facilities specifically for poor people.

Another respondent was the Pakistani born citizen of United Kingdom. He told me that every year he came to visit Pakistan as he is living abroad for 40 years. He has two sons and now his children are doing their jobs so he and his wife visit Pakistan regularly. He visited the hospital with his wife who got an infectious illness. He was running a coffee shop and was very upset while talking about health system in Pakistan. He was saying that he is very disappointing to see the whole situation of a public hospital as in developed country the situation of a public hospital is totally different from this. Each and every patient is treated very politely and carefully by the staff and whole expenditures of public hospital is paid by government. There are so many medical allowances for children, patients, old age people , disable people and even for unemployed persons. According to him, whenever he came Pakistan he observe the worst condition of standard of living and even the basic neseeicaries are not being fulfilled for people. He shared a story of his friend's family in London; his friend has a special child. He told that every month he visit to doctor with his daughter. On the other side if you look at the situation in Pakistan it makes us so dismay as we want the good health facilities at national level and for everyone. He also mentioned that "*the thing which makes me more upset is that in our country only rich people can enjoy good health facilities, in case if there is not any modern treatment for them in country they go to abroad and get treatment. He said instead developing their own country the rich class visits other modern countries in case of any medical emergency. These rich people should focus on Pakistan development"*

4.11 Difficulties In Data Collection

As a researcher I have faced some difficulties in collecting data from hospital and households.

4.11.1 Administrative Difficulties

As being a researcher it was my ethical duty to get permission from the hospital staff and mention to them that I want to collect data from here for my thesis purpose. So I have to fulfill their required process. However it was a very lengthy process and I have to wait for three working days to just get the permission letter signed by the respective person. Although the whole staff was so cooperative and supportive, otherwise this letter may be signed in one or two working week. I have been waited for some medical officers for three to four hours just to show my letter and field work form. Then I realized that if despite a lot of cooperation and support by the staff I have to wait for so many hours then other people and patients who don't have any support by the staff have to wait for days and days. My respondents also mentioned that they have to wait for so many hours and even days if in any case they have to get signed any administrative form or document regarding any financial support like ZAKAT or any other charity.

4.11.2 Respondent Behaviors

The behavior of my respondents was overall very supportive and my entire respondents gave me their interview happily, however mostly respondents were concerned regarding their income. In an interview my respondent asked me that he did not want to mention his income. In another interview my respondent was a government official appointed at a higher grade firstly he misunderstood me as an employee of income tax department and refused to give his interview. But when I

interview another respondent in front of him then he again asked to me the purpose of my research and then he gave me very detailed interview with properly mentioned his income . and he also mention the reason why he refuse initially for interview he said with a smile that

"I thought that you are official of income tax department and collecting the data from government employees but when you interviewed the two persons in front of me then I realized that you are not just interviewing government employees", then I explained to him again in detail the whole purpose of my research. Then he said that as you are a research student and now I am very confident and comfortable while giving interview as it will help you in your research. My respondents of village were also very much concerned while they mentioned their income. Then I have to assure my respondents that I will not share their income and personal information with any irrelevant person and their information will be only used in educational purposes. People were even not comfortable with giving the recorded interview so I have to write all the interviews details.

CHAPTER 5

RESULTS AND FINDINGS

Total out of 40 respondents 32 said “yes” for my research question that which means that in any case of OOP heath expenditure their household food expenditures has to be reduced. This shows that 80 percent of the household in Pakistan has to reduce their food expenditures in case of OOP health expenditures. And only 8 said no, indicating that household these household did not reduce their food expenditures rather they all explain that they reduce cloth expenditures. This shows that 20 percent of the people in Pakistan have not reduced their food expenditure for OOP heath expenditures. Or the reason behind this is that these households have a stable financial budget and resources to fulfill any OOP health expenditures without falling into poverty impoverishment. According to World Bank (2015) in Pakistan there are 58.1 percent food insecure households. However respondents mentioned other expenditures with food expenses, which has to be eliminated by households in order to meet the out of pocket health expenditures.

Savings, according to Keynesian economics, are what a person has left over when the cost of his or her consumer expenditure is subtracted from the amount of disposable income earned in a given period of time. In other words, saving is that amount of money which left over after spending for a specific time. generally a household has a proper monthly income for its expenditures and after paying all its bills and expenses if any amount remain with household , then the household don’t spend that money rather save for their difficult time in future. Household usually try to save more from their income on regular basis however it is very hard for households to own a proper regular savings as mostly a household all montly income sprnt on its expenditures. Whenever a household wants to save, it has to cut down its expenditure or increases

its income. Results of the study show that there is a negative association between savings and out of pocket as when any household face any sudden increase in its health expenditure, its first expectation to these expenditures are savings. If any household has attractive savings amount of cash or other things as jewels, then they manage their OOP health expenditures with it. If any household's expenditures are huge in amount that these are not covered by savings or a household own no savings then people look for other resources.

According to the findings of the study in any situation where a household has not any savings or due to immense amount of health expenditures the savings has been spent out. Then a household look for borrowing. Mostly households prefer to borrow money from close family members or friends. In any situation where household has to borrow the huge amount of money then in most of the circumstances the lender also don't has this amount every time so lender refused . A household's investment is also a strong support for the management of its expenditures. In an economic sense, an investment is the purchase of goods that are not consumed today but are used in the future to create wealth. However, when people suffer with out of pocket health expenditures they even sell their assets or investment to save their dears lives. They even don't care or think about future wealth from investment. People sell their investment and spent money on their health expenditures as they think when they will get back their better health bank, they will work more and they can make assets again, as health is also a wealth . Analysis of the data collected from respondents clearly shows that OOP health expenditures clearly have an impact on household's educational expenditures as well. In any case if a household faces OOP health expenditures the educational expenditures of that household goes down. It is also observed that a child health condition also has an impact on that child's education

performance also. Analysis also reveals that patients are also concerned for their transportation cost which they have to pay to reach in hospitals.

Overall results and analysis show that poverty and OOP health expenditures both have an impact on each other. When a household has to pay its OOP health expenditures its financial status decline. It is clear no matter before OOP health expenditures which category of financial status a household places, its position falls financially after paying extreme OOP health expenditures out of budget. So, if a household before rests in category of rich or middle income, OOP health expenditures can makes it poor after the payment of OOP health expenditures. In this way OOP health expenditure affects household financial position. When a house hold is already holding a position in the financial category of poor. Then it's very difficult for household to manage the health expenditures, these expenditures might be not problematic for any stable income household, however it is very challenging for a poor household to pay whether it's a less amount or not .

5.1 Other Findings Of The Study

This study checks the impact of OOP health expenditures and poverty on each other. This study also reveals the impacts of OOP health expenditures on food expense and other expenditures of household income. There is clearly a positive relation between OOP health expenditure and poverty. People ignore their health issues until they become severe and treatment become mandatory only because of financial problems. This means that when a household has to pay huge amount of health expenditures or in any sudden increase occur in health expenses a household become poor in the process to manage it. These results are consistent with the earlier studies. however I also observed that a there are some respondent who were with the view that in any

case of OOP heath expenditures they prefer to reduce their cloth expenditure, transportation expense and even in some cases people compromise at educational expenses rather than food expenditure. However in case of severe OOP health expenditures people borrow money. People borrow money from their friends and family members in case of any emergency. Usually people prefer to borrowing instead of selling or use their investment or assets.

CHAPTER 6

CONCLUSION AND POLICY IMPLICATIONS

Dealing with the poverty and out of pocket heath expenditures is a dilemma of developing countries, exclusively reduction in poverty and better health services have been very important for the development agenda. As finish poverty in all its practices universally is the top of the list goal in the maintainable progress objectives in world . Guarantee well standard of lives and support well-being for all at all ages is at third number in the list. It is estimated that around one billion folks recently survive on lesser than $1.25 a day and beyond than 800 million people are not getting sufficient amount of food to eat (World Bank, 2015). The first step is to reduce the poverty and then moving towards for the achievement of sustainable development growth with reduction in poverty and high level of per capita income. When people will start generating more income their basic necessaries along with health status will increases as well. In literature there are several studies which show an optimistic connection between per capita income and out of pocket health expenditures. As when people start making more money their affordability for better standard of health is also improve so their out of pocket health expenditures also increases.

This shows that these two issues have already taken attention to get resolved world widely. And when we observe the situation for these two concerns then we come to know that in Pakistan situation for these two is not very encouraging. In Pakistan 21.04 percent population is below poverty line $1.25 and 60.19 percent population is below poverty line $2(World Bank, 2015). It is said that any nation require to get rid of poverty to catch in to road of development. If in any nation each and every individual has some kind of fair and rational resource for generating income then that nation can achieve the ultimate of development goals. If we analyze the current

situation of Pakistan then in our country a large number of individuals and especially young people are with no source to generate income. In Pakistan there is a large number of young people and in this time period young people with capabilities are the worthy assets for any nation as many developed nations has lacking the number of young individuals due to the modern approaches and population control for the last forty to fifty years.

The share of health expenditures in Pakistan is less than one percent of GDP for so many last decades. As in 2017, Pakistan was at 150 positions out of 189 nations in the world in terms of human development Index (HDI). HDI is a rapid magnitude of regular accomplishment in key magnitudes of human progress including having education , health and a better standard of living (UNDP). However as compare to 1990s the situation is getting better for health in Pakistan as, infant death has reduced from 86 deaths per 1,000 live births in 1990 to 61.2 in 2017. In the same time period, under-5 mortality has significantly dropped from 112 to 74 deaths per 1,000 live births. Newborn child death has dropped from 55 in 2012 to 42 deaths per 1,000 live births. Health Expenditures by federal and provincial governments during 2018-19 recently increased to 203.74 billion rupees which is 3.29 percent greater than corresponding period of previous year, which was recorded at 197.25 billion rupees. In Pakistan 2015-16 OOP heath expenditure were 542 billion rupees .Punjab has the greater portion with 54% in total OOP health expenditure, Sindh is with 24% and KP (including FATA) has 16% share while Baluchistan has just 5% share of the total OOP health expenditure (PBS,2015). It is estimated that 40 percent of Pakistani living in poverty that they cannot even afford their OOP heath expenditure, in recent times the growing inflation make it more difficult for poor people to finance these

expenditures. All the amount of OOP health expenditures is being paid by privately usually from the people that put a lot of burden on them.

There are some policy recommendations based on the results of this thesis. Firstly, government should provide free medical care system in all public hospital, at all levels and also introduce proper check and balance processes as well. As government is still provided free health and medicine for patient, however the distribution of those facilities is not as fair as it should be. People who have references or relatives in government hospital staff get access to good facilities provided by government without any criteria of deserving. During my research and data collection so many respondents explain that the behavior of the staff is not every time kind and this make patients more upset mentally. Government should arrange workshops time to time to train staff for behaving politely with patients. Secondly, government should build new hospitals at local level for example in small cities and town .People living in small towns and villages have to face many problems including transportation cost to reach in big cities for treatment and regular checkup. Thirdly, government should introduce new hospital with advanced technology and machines for patients in hospitals. As for serious diseases and surgeries there is not enough availability of machinery in government hospital. Government should increase the share in its budget for the provision of public health services with the emphasis of advance ways of treatment. It is observed that in public hospital in emergency ward there are very few bed and space for patents. So, people can enjoy better standard of health. Forth, government should also give proper attention towards the system of hygiene. In public sector hospitals the condition of proper hygiene needs a lot of attention and work. Government should also arrange campaigns for public awareness in this matter. This proper and clean hygiene is not just necessary for public hospital rather it is also very

important for patients and households as well. Lastly, Government should make measures to increase per capita income of the people, so people can not fall into poverty impoverishment due to OOP health expenditures. This is the most important step that government should do for the overall betterment of the nation. It is observed that mostly households with high per capita income have better health condition as compare to households with low per capita income. Nations with high per capita income enjoy better living standard including good quality healthy life.

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APPENDIX I

EXPLANATION OF KEY TERMS

Health In 1948, the World Health Organization (WHO) defined health with a phrase that is still used today. "Health is a state of complete physical, mental and social well-being and not merely

Catastrophic health expenditure It is defined as out-of-pocket spending for health care that exceeds a certain proportion of a household's income with the consequence that households suffer the burden of disease. A household is said to have been impoverished by medical expenses when health-care expenditure has caused it to drop below the poverty line.

A popular approach has been to defi ne medical spending as "catastrophic" if it exceeds some fraction of household income or total expenditure in a given period, usually one year (Berki 1986; Russell 2004; Wagstaff and van Doorslaer 2003; Wyszewianski 1986; Xu et al. 2003). The idea is that spending a large fraction of the household budget on health care must be at the expense of the consumption of other goods and services.

Poverty is the scarcity or the lack of a certain amount of material possessions or money. According to world bank if an individual is having less than income of US$1.90 a day than that person is poor universally. According to the most recent estimates, in 2015, 10 percent of the world's population lived on less than US$1.90 a day (WHO,2015) .

International Poverty Line The international poverty line is a monetary threshold under which an individual is considered to be living in poverty. It is calculated by taking the poverty threshold from each country – given the value of the goods needed

to sustain one adult – and converting it into dollars. The poverty threshold, poverty limit or poverty line is the minimum level of income deemed adequate in a particular country. In practice, like the definition of poverty, the official or common understanding of the poverty line is significantly higher in developed countries than in developing countries.

Poverty threshold Poverty threshold, poverty limit or poverty line is the minimum level of income deemed adequate in a particular country. In practice, like the definition of poverty, the official or common understanding of the poverty line is significantly higher in developed countries than in developing countries. In 2008, the World Bank came out with a figure (revised largely due to inflation) of $1.25 a day at 2005 purchasing-power parity (PPP). In October 2015, the World Bank updated the international poverty line to $1.90 a day.

Household: A household might either be a single person household or a multi-person household. A single person household is one where the individual makes provision for his/her own food and other essentials of living, without combining it with any other person and without any usual place of residence elsewhere. A multi-person household is a group of two or more persons who make some common provision for food or other essentials of living and who are without usual place of residence elsewhere.