

How satisfied are people with health services?

Satisfaction levels vary across social, economic and geographic characteristics

Sandhya Venkateswaran

Satisfaction with public services can influence political outcomes; and low satisfaction can sometimes be a catalyst for change. Low levels of satisfaction can either spur political leaders to initiative public policy reform or they can lead to action by citizens, who either vote for political leaders who promise to make services better or seek private alternatives instead.

Therefore, understanding citizen satisfaction with the provision of health services has important consequences, particularly in India, where citizens use both public and private services. Table 1 shows the overall level of satisfaction with the health system in India, irrespective of public or private access. Over a third of respondents are fully satisfied with the overall healthcare system, and nearly half of all respondents are fully satisfied with the treatment

Table 1: Satisfaction with health services

	Overall healthcare system*	Treatment in hospital last visited**
Fully satisfied	37	48
Somewhat satisfied	42	35
Somewhat dissatisfied	10	3
Fully dissatisfied	7	2
No response	3	11

Note: All figures are in percentage.
Question asked:
*In general, would you say that you are satisfied or dissatisfied with the overall healthcare system in India?
** Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary?

they received in the hospital the last time they had to visit. Although relatively few people express dissatisfaction, the majority are not fully satisfied. However, citizens are not a homogenous community and levels of satisfaction vary across social, economic and geographic characteristics. Differences are most pronounced in terms of economic status, with rich people expressing the most satisfaction at 45% and the

poorest expressing the least at 32%. Thus, those with the least capacity to negotiate the healthcare system are the least satisfied. Rural-urban divides are also visible, with levels of satisfaction amongst rural residents higher than amongst urban residents. However, there are no meaningful differences in satisfaction between people who use public services and people who use private services. There are also no

differences between men and women. Age demographics also do not suggest significant differentials. It is only citizens in the middle age group (46-55 years) who reveal a higher level of satisfaction. With the exception of Hindu Adivasis, caste and religious identities also do not vary widely in their levels of satisfaction. Satisfaction levels also vary by State. Satisfaction is highest in Gujarat and lowest in Tamil Nadu and Uttar Pradesh. Part of these differences may reflect voters' experiences of using health services, but part of them may also reflect their expectations about what the service should deliver. In this respect it is important to track how these levels vary over time in response to what governments do to see whether voters' expectations can be met (or even exceeded).

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Table 2: Overall satisfaction with health service by demographics

	Fully satisfied
Overall	39
Male	39
Female	39
Up to 25 years	37
26 to 35 years	41
36 to 45 years	37
46 to 55 years	46
56 years and above	37
Lower	38
Poor	32
Middle	38
Rich	45
Hindu upper caste	39
Hindu OBC	38
Hindu Dalit	42
Hindu Adivasi	52
Muslims	42
Hindu, but caste not revealed	20
Other religious minorities	30
Rural	43
Urban	35
Government	39
Private	39
Bihar	35
Gujarat	56
Rajasthan	48
Tamil Nadu	26
Uttar Pradesh	27

Note: All figures are in percentage.
Question asked: In general, would you say that you are satisfied or dissatisfied with the overall healthcare system in India?

Methodology of the study



The findings presented here are from a survey conducted among 1,522 citizens across five States - Bihar, Gujarat, Rajasthan, Tamil Nadu and Uttar Pradesh - between March and April 2022. This is a collaborative study conducted by Lokniti-Centre for the Study of Developing Societies (CSDS) with King's India Institute, Royal Holloway (University of London) and the Centre for Social and Economic Progress (CSEP). The survey received funding from the British Academy small grant SRG21\211431. These five States were selected because they represent a range of overall health outcomes, a public/private healthcare mix, and are governed by different political parties. In each State, three districts were selected for sampling based on their performance on various health indicators. From each district four locations - two villages, one town, and one district headquarters - were selected. From each location, the enumerators were instructed to interview 25 respondents randomly. In total, 100 interviews were conducted

per district which accounted for 300 interviews from each State. A random sampling method was used for selecting a household and quota sampling was used for selecting a respondent. For mapping out the profile of respondents, we provided a sheet with a pre-assigned quota of age and gender. The interviews were conducted face to face at people's homes by specially trained field investigators, mostly students from various colleges and universities. A specially designed App (SurveyCTO) was used for the data collection. The questionnaire for the survey was translated into Tamil and Gujarati for Tamil Nadu and Guja-

rat, respectively. In Bihar, Rajasthan and Uttar Pradesh, a Hindi questionnaire was used. Each interview took 20-25 minutes to be completed. Rakesh Ranjan in Bihar, Sanjay Lodha in Rajasthan, Gladston Xavier in Tamil Nadu and Shashikant Pandey in Uttar Pradesh coordinated the study. The Lokniti team which coordinated and analysed the data constituted of Jyoti Mishra, Vibha Attri, Himanshu Kapoor, Rishikesh Yadav, Himanshu Bhattacharya, Devesh Kumar, Aaliyia Malik and Dhananjay Kumar Singh. The study was directed by Sanjay Kumar, Suhas Palshikar and Sandeep Shastri.

Does contact with a service make people more or less satisfied?

Devesh Kumar & Suhas Palshikar

The level of voter satisfaction with public health services is a crucial indicator of the strength of a country's healthcare system. The quality of interaction between voters and healthcare services can significantly influence voter satisfaction. As public health systems are primarily funded by the government, political support for public healthcare policies is crucial. If the public is not satisfied with the healthcare services, they are more likely to withdraw their support for political leaders and policies that support public healthcare. This could lead to reduced funding for public health services, which would impact their quality and accessibility.

Our survey found that close to a quarter of people have availed of popular health schemes, including Ayushman Bharat (28%), State Health Insurance Programmes (26%), Janani Shishu Suraksha Yojna or JSY (20%), while close to half have benefited from Mission Indradhanush (48%). It is interesting to note that close to half the people never benefited from these schemes (barring Mission Indradhanush). Health schemes aimed at providing better health services for women and children had the lowest outreach (Table 1).

Overall, people who benefited from these schemes were more likely to be satisfied than those who had not. Intriguingly, substantial numbers were satisfied with the schemes despite not having benefited from them (Table 2). The proportion of satisfaction of voters was also formed by the quality and duration of the service provided at hospitals. The people who had to wait for less than an hour for medical treatment tended to be more satisfied than those who waited for more than two hours (63% and 36%). In general, the level of being 'fully satisfied' decreased with increase in waiting time. This also suggests that higher proportion of satisfaction is also indicative of greater degree of access to outpatient ser-

Table 1: Access to health schemes

	Benefited	Not benefited	Not heard
a. Pradhan Mantri Jan Arogya Yojana/ Ayushman Bharat	28	58	14
b. State Health Insurance Programmes	26	44	10
c. Janani Surksha Yojna	20	58	22
d. Janani Shishu Suraksha Karyakaram	24	54	22
e. Mission Indradhanush (free vaccination for children)	48	32	21

Note: All figures are in percentage.
Question asked: Have you or your family ever benefited from the following health schemes? Names of the schemes are listed in the first column of the tables.

Table 2: Access to health schemes and full satisfaction with health services

	PMJAY / AB	State Health Insurance	JSY	JSSK	Mission Indradhanush
Benefited	41	47	44	38	48
Not benefited	39	38	39	40	30
Not heard	28	26	31	32	28

Note: All figures are in percentage.
Question asked: Have you or your family ever benefited from the following health schemes?

Table 3: Satisfaction with hospital treatment and length of waiting time

	Fully satisfied	Somewhat satisfied	Somewhat dissatisfied	Fully dissatisfied
Less than an hour	63	33	2	2
1-2 hours	45	48	5	2
More than two hours	36	49	8	7
Don't know	45	45	6	3

Note: All figures are in percentage.
Question asked: Were you mostly satisfied or dissatisfied with the treatment provided at that hospital or dispensary?

Table 4: Evaluations of health performance and satisfaction with services

	Fully satisfied	Somewhat satisfied	Somewhat dissatisfied	Fully dissatisfied
Condition of the govt. hospital improved	46	41	9	4
Condition of the govt. hospital remained the same	33	50	10	8
Condition of the govt. hospital deteriorated	25	34	19	22
Don't know	18	61	11	10

Note: All figures are in percentage.

vices that require less time (Table 3). Moreover, voter satisfaction is also related to the perception of whether the conditions of hospitals have improved or worsened in the last few years (Table 4). The findings suggest

that judgments on whether things have got better or not are more important than the absolute level of service provided.

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Do voters care about health?

Vibha Attri & Aaliyia Malik

In India, the issues that occupy a crucial space in electoral campaigns have traditionally revolved around the subject of development. Past Lokniti-CSDS data show that the majority of voters identify development, inflation and unemployment as the main voting issues during elections, and relatively few people mention the provision of health services even after the pandemic. However, this does not mean that voters do not care about health at all. We asked voters about the various issues that they thought were important for improving the level of development in their area. While 31% report jobs and employment to be the most important, health is the se-

Table 1: Most important issues to develop local area

	%
Jobs	31
Schools	17
Health	17
Roads	13
Water	11
Electricity	2
Other	5
Don't know	4

Question asked: Which of these is the most important for improving the level of development in your local area?

cond most important issue along with schools at 17% (Table 1). Further, when we asked voters about the biggest concern for their own fami-

Table 2: Biggest concerns over the next five years

	%
Employment	37
Education	26
Health	20
Security	7
Food	5
Other	2
Don't know	3

Question asked: When you think about your own family/ household, over the next five years, what is your biggest concern out of these five issues?

ly and household in the next five years, one in five people cited their own health or the health of a close family member. The biggest concern is employ-

Does health impact voting decisions?

Oliver Heath & Louise Tillin

The famous adage 'It's the economy, stupid' has been used to explain election outcomes. But other aspects of government performance receive less attention. It is often thought that Indian voters do not pay attention to health as a political issue. The Lokniti-CSDS survey data allows us to assess the extent to which voters do hold the government to account on this issue.

We asked voters to say whether different services have got better, stayed the same, or got worse over the past five years. Most voters report that government hospitals (52%) have got better, though a sizeable number say that they have stayed the same (31%) or got worse (12%). Public evaluations of health services are therefore more positive than evaluations of employment opportunities, which only 14% think have improved; but behind education and electricity which 57% and 66% think have improved (Table 1). Voters are more likely to attribute responsibility for running government hospitals to their State government than to the Central government (37% compared to 14%). We, therefore, look first at whether

Table 1: Evaluations of service delivery

	Improved	Remained the same	Got worse	Can't say
Employment opportunities	14	30	48	8
Government hospitals	52	31	12	5
Government schools	57	26	11	6
Supply of drinking water	51	29	17	3
Supply of electricity	66	21	10	3

Note: All figures are in percentage.
Question asked: During the last five years, has delivery of these services improved or deteriorated in your area? List of items are given in the first column.

performance-based voting on health issues occurs in State elections. Table 2 shows the link between performance evaluations of government hospitals and support for the Chief Minister's party in the Vidhan Sabha elections. Overall, voters who said hospitals had got better were about 10% points more likely to vote for the Chief Minister's party than those who said hospitals had stayed the same or got worse (except in T.N.). By contrast, performance evaluations of government hospitals have less of an impact on how people vote in general elections. Voters do not tend to reward or punish the Central government in the same way, perhaps because they do not hold it

Table 3: Health as an electoral issue

	Local elections	Assembly election	National election
To a great extent	27	22	25
To some extent	29	39	32
Not very much	12	13	14
Not at all	18	12	12
Can't say	15	14	17

Note: All figures are in percentage.
Question asked: To what extent do health facilities (doctors and hospitals) affect your voting choice in local elections, State Assembly elections and national (Lok Sabha) elections - to a great extent, to some extent, not much or not at all?

ment (37%), but once again, education and health both emerge as issues of concern. (Table 2). This is particularly the case among older voters who are more concerned about health than younger people (29% versus 19%). By contrast younger people are more concerned about employment (46% versus 30%). Health is also an issue

that is of some electoral importance. Overall, more than half the respondents said health facilities affect their vote choice 'to a great extent' or 'to some extent' at local (56%), Assembly (61%) and national elections (57%) (Table 3).

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Table 2: Performance evaluations and support for Chief Minister's party

		Incumbent CM's party	Other parties
Bihar	Same/ Worsened	14	86
	Got better	26	74
Gujarat	Same/ Worsened	73	27
	Got better	83	17
Rajasthan	Same/ Worsened	32	68
	Got better	43	57
Tamil Nadu	Same/ Worsened	62	38
	Got better	61	39
Uttar Pradesh	Same/ Worsened	61	39
	Got better	72	28

Note: All figures are in percentage.

Table 3: Performance evaluations and support for the BJP

		Support for BJP	Other parties
Bihar	Same/ Worsened	70	30
	Got better	63	37
Gujarat	Same/ Worsened	76	24
	Got better	82	18
Rajasthan	Same/ Worsened	69	31
	Got better	57	43
Tamil Nadu	Same/ Worsened	21	79
	Got better	17	83
Uttar Pradesh	Same/ Worsened	62	38
	Got better	78	22

Note: All figures are in percentage.

responsible for the provision of health services. Table 3 shows that performance evaluations are less likely to impact whether or not people vote for the BJP in general elections, particularly in States where the

BJP is not in power at the State level. In States with a BJP Chief Minister (Gujarat and U.P.), people who said hospitals had got better are more likely to vote for the BJP in general elections than people who said that

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