



Decomposing inequality in catastrophic health expenditure in Tunisia: which differences between rural and urban women after the 2007 reform

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Abstract:

Despite the latest wave of Tunisia's healthcare financing reform initiated in 2007 has achieved unprecedented progress, little is known for specific vulnerable women groups' catastrophic health expenditure (CHE) determinants in urban and rural areas of Tunisia. This study aims to estimate the trend of the economic and access incidence factors and inequality of CHE between rural and urban women, Tunisia in 2010.

Materials and methods

Using on the Tunisia - National Survey on Household Budget, Consumption and Standard of Living for 2005 and 2010 which was conducted by the Tunisian institute for Statistics, we employ the Simultaneous Logistic Model to determine CHE determinants between the rural and urban women in Tunisia using 40% of a household's capacity to pay (nonfood expenditures). Concentration index and its decomposition were employed to measure the income-related inequality of CHE.

Results

We find that CHE occurred in 12.80% of the women in rural areas against 8.22% in the urban areas. Furthermore, there were strong pro-poor inequalities in CHE in the rural women (0.279 and 0.283). The majority of observed inequalities in CHE could be associated with household economic status, access factors and having elderly members.



Conclusion

Despite the 2007 financing reform, we find a sharp increase of CHE occurrence and the sustained strong pro-poor inequalities among the rural and urban Tunisian women but with a high intensity in the rural areas. Our study suggests that more concerns are needed for the vulnerable especially the women situation

Biography

Khoulood Khemiri has completed his PhD at the age of 32 years from Faculty of economics and management of Tunis Manar, Tunisia. She is an assistant and associated research in the Faculty of economics and management of Tunis Manar.

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