

Healthcare consumption and its determinants in China

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Abstract: In the majority of countries includes China, the escalating health expenditures have become a major social concern. In China, overall health expenditures continue to increase at a rate faster than the economy, a fact that has become increasingly apparent in the 21st century and has placed a significant burden on the government and the population. Health care costs will continue to climb in tandem with the growing middle class and the aging of the population.

The purpose of the research is to identify the main determinants of health consumption in the selected country of China, and based on the results, provide recommendations.

Keywords: overall health expenditures, determinants of health expenditure, health consumption, aging of the population, entire population.

Introduction

Motivation of the research

In the majority of countries includes China, the escalating health expenditures have become a major social concern. In China, overall health expenditures continue to increase at a rate faster than the economy, a fact that has become increasingly apparent in the 21st century and has placed a significant burden on the government and the population. Health care costs will continue to climb in tandem with the growing middle class and the aging of the population. This is due to the fact that the rich tend to take better care of their health and that the elderly require more extensive medical attention than younger individuals (Fumitaka Furuoka et al., 2011). As a result, health care costs have increased in the developed countries during the past two decades. Therefore, the purpose of the research is to identify the main determinants of health consumption in the selected country of China, and based on the results, provide recommendations.

Literature review

There were conducted several researches on a different determinants of health expenditure such as overall population of the country, population whose age above 65, out of pocket health expenditure and GDP of the country.

According to Getzen (2004), important determinants of health care expenditure is an ageing population has its effects on cost and utilization of health care though the foregoing could be general factors or determinants of a country's total health care expenditure. Moreover, another factor influencing the quantity of public health care expenditures is the demographic issue. If the proportion of old persons in the total population increased, health care expenditures would increase. In other words, there would be a positive correlation between health care expenditures and the percentage of the entire population that is 65 or older. (Warshawsky, 1991).

According to the Zhai et al.(2017), since economic reform began in 1978, overall health expenditures have increased significantly, and their growth rate has surpassed that of GDP. Huanhuan Jia et al. (2021) , in his resource examined the driving factors of health expenditure such as GDP, number of population ,population aged 65 above, in China. Researcher stated that, GDP and Population aged 65 above have a significant effect on health expenditure. Almost the same study was conducted by Linan Wang and Yuqian Chen (2021). Experts analyzed the relationship between several factors such as, GDP, aging level, technological progress ,on the health consumption in China between 2000 and 2017. The research result illustrated the positive relationship aging level, and negative with GDP. In addition, Fumitaka Furuoka (2011) conducted the same study, about GDP, Ageing level, Government health expenditure as the determinants of health expenditure. The results of the research suggested positive significant relationship of GDP, Aging level, and negative significant between Government health expenditure on health expenditure

Moreover, in contrast to previous study that was mentioned, which was conducted by Linan Wang and Yuqian Chen (2021), the findings of a more recent study of health expenditure provided the significance of GPD as well as Grand in the determinations of health expenditure. Furthermore, Tiemin Zhai et al. (2017) researched the study a main drivers of health expenditure in China and study shows positive correlation between, Population growth and health expenditure.

Data Description

Research represents OLS method to estimate main factors of health expenditure in China. Data was obtained from CSY (China Statistical Yearbook) and World Bank for the period 1990-2020.This data used for composing OLS regression analysis.

Dependent variable

lnEH - Health expenditure per capita (% of GDP). Health expenditure per capita as a percentage of GDP.

Independent variable

lnGDP - GDP per capita (current US\$).GDP per capita is gross domestic product divided by midyear population.

lnAge65 - Population ages 65 above (% of total population). Total population ages 65 above as a percentage of the total population.

lnGrand - Grants, excluding technical cooperation (BoP, current US\$).Instead of technological progress, grants are defined as legally binding commitments that obligate a specific value of funds available for disbursement for which there is no repayment requirement.

lnPGR - Population growth (annual %). Annual population growth rate for year t is the exponential rate of growth of midyear population from year t-1 to t, expressed as a percentage .

Table 1. Descriptive data

Variable	Obs	Mean	Stv.Dev	Min	Max
lnHE	31	1.562936	.185263	1.255616	1.960095
lnGDP	31	7.607126	1.18261	5.761689	9.250395
lnAge65	31	4.250283	.0389697	4.185912	4.294091
lnGrand	31	19.60469	.3319739	18.97094	20.30435
lnPGR	31	.3669903	.4066513	1.435313	.3834262

31 observation and summary of the statistics can be seen in the *Table 1*.

Methodology

OLS (Ordinary Least of Squares) regression was used in order to examine how much effect each variable has on the Health Consumption in China. The null and alternative hypotheses are set:

- 1) Ho: there is no significant relationship between health expenditure and GDP
Ha: there is significant relationship between health expenditure and GDP
- 2) Ho: there is no significant relationship between health expenditure and aged population
Ha: there is significant relationship between health expenditure and aged population
- 3) Ho: there is no significant relationship between health expenditure and Grand
Ha: there is significant relationship between health expenditure and Grand
- 4) Ho: there is no significant relationship between health expenditure and Population growth
Ha: there is significant relationship between health expenditure and Population growth

If it is less than the critical value of the lower limit (0.05), we do not reject the null hypothesis, which states that there is link between dependent and independent variables. We reject the null hypothesis and come to the conclusion that there is a no significant connection between the independent variable and the dependent variable if the t-statistic value exceeds the critical threshold of 0.05. To establish the relationship between one dependent variable and the other main independent variables, we employ a similar method of hypothesis testing.

Equation for OLS regression analysis:

$$HE = \beta_0 + \beta_1 * \ln GDP + \beta_2 * \ln Age65 + \beta_3 * Grand + \beta_4 * \ln PGR$$

β_0 indicates intercept, β_1 , β_2 , β_3 , β_4 are coefficients of independent determinants in our model and u as an error term. These coefficients illustrate how significantly the health expenditure will change; if there will be change in independent variable.

In order to reduce the highly skewed distributions, the ln transformation was used. This helps satisfy the presumptions of statistical analysis and improves the comprehension of data patterns. The ln transformation is intended to improve the logic of both cumulative and linear models in a variety of situations. The ln transformation may be quite helpful when the data has significant relative scale variations.

Interpretation of empirical results

The all results regression was done from software Stata, results can be seen in tables below. *Table.2* shows that there is 31 observations, which is fits the minimum amount of observation in OLS method. Moreover, Prob>F is equal to 0, therefore regression module is significant and we 95 percent confident to reject null hypothesis. Furthermore, the R squared is 0.9489, its means that, almost 95% of the data fits the regression model, explain the relationship between dependent and independent variables and predict future value of health expenditure

Table.2

obs	31
F(4, 26)	120.70
Prob > F	0.0000
R-squared	0.9489
Adj R-squared	0.9410
Root MSE	0.04499

Table.3

Source	df	SS	MS
Model	4	.097705427	.244263682
Residual	26	.052616774	.002023722
Total	30	1.0296715	.034322383

Table.4

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	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>
Intercept	-42.1449	11.40642	-3.69	0.001	-65.59113	-18.69867
lnGDP	-.1896025	.0724455	-2.62	0.015	-.3385164	-.0406885
lnAge65	11.04533	2.705939	4.08	0.000	5.483197	16.60747
lnGrand	-.1132256	.0306152	-3.70	0.001	-.1761561	-.0502952
lnPGR	.0160111	.0515019	0.31	0.758	-.0898525	.1218748

According to *Table.4*, there are 3 statistically significant variables: GDP, Age 65, Grand, thus we fail to reject null hypotheses $p\text{-value} < 0.05$, and one insignificant population growth – 0.758 is greater than 0.05. Therefore we reject null hypothesis.

$$HE = -42.1449 - 0.1896025 \ln GDP + 11.04533 \ln Age65 - 0.18255 \ln Grand + 0.0160111 \ln PGR$$

The coefficient for GDP is negative and statistically significant. It is established that a 1 percentage increase in the nominal GDP would decrease HE by 18.9 percent with the ceteris paribus effect. Since Fumitaka Furuoka (2011) used GDP as an explanatory variable in his analysis of HE, the found positive connection is consistent with economic theory and his results.

Moreover, the results suggest that a 1 percentage increase in the Age65 is associated with the 110% percentage rise in the rate of HE. The positive impact shown for Age65 is consistent with the researcher that there is a direct correlation between the two variables.

Grand is identified as the statistically significant determinant of the HE. 1 percent change in Grand associated with 18 percent decrease in HE. The result of significance is consistent with the findings of Linan Wang and Yuqian Chen(2021). Furthermore, 1 percent growth in the PGR change would increase the HE by 1,6 percent, holding all other variables equal. The results of the effect of population growth on unemployment are inconsistent with the economic theory and findings of Tiemin Zhai et al. (2017).

OLS assumptions

1. Zero-mean Condition

Table.5 shows that, the average value of health expenditure is 3.75e-10, which indicates that the term "Errors" should not be used in conjunction with regressions since the distribution of error terms should be equal to zero.

Table.5

Variable	Obs	Mean	Std. Dev.	Min	Max
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uhat	31	3.75e-10	.0418795	-.0886484	.0753638
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2. Homoscedasticity

The Breusch-Pagan test is used to establish the homogeneity or heterogeneity of our regression. Therefore, if p is very small, we must reject the hypothesis and instead select an alternative hypothesis involving variance heterogeneity.

Breusch-Pagan / Cook-Weisberg test for heteroskedasticity

Ho: the variances of residuals are equal

Ha: the residuals are not equally distributed.

Variables: fitted values of lnHE

Table.6

chi2(1) =	2.24
Prob > chi2 =	0.1348

P-value is 0.1348 which is greater than 0.05 at significant level 5%. In this case, we fail to reject null hypothesis. Therefore, our data homoscedastic

3. No auto-correlation

According to the Durbin-Watson theory, the static value of D is calculated to determine the correlation, whereas, according to the Durbin-Watson table for our model, if the value of D falls within the range of 1.090 to 1.825, then there is no correlation, and if it falls outside of this range, then there is a correlation. As illustrated in *Table.8*, D value is 0.925883, indicating there is auto-correlation.

Table.7

time variable:	years, 1990 to 2020
delta:	1 unit

Table.8

Number of gaps in sample:	0
Durbin-Watson	d-statistic(5, 31) = 0.925883

4. No perfect multi-collinearity

The *Table.9* shows that vif values of lnAge65 and lnGDP are critically high, more than 9. Therefore there is multi-collinearity, to solve this problem, we need to see the correlation between variables.

Table.9

	vif	1/vif
lnAge65	139,25	0.007182
lnGDP	108,81	0.009190
lnPGR	6,50	0.153794
lnGrand	1,53	0.653051

As we can see the *Table.10* illustrate that the highest correlation is lnAge65 – 0.9270, thus, we remove the lnAge65 to eliminate multi-collinearity. And create a new regression without lnAge65.

Table.10

	lnHE	lnGDP	lnAge15	lnGrand	lnPGR
lnHE	1.000				
lnGDP	0.8964	1.000			
lnAge65	0.9270	0.9927	1.000		
lnGrand	-0.8087	-0.8535	-0.1307	1.000	
lnPGR	-0.3811	-0.0838	0.3662	-0.0128	1.000

Solution:

As each variable's value dropped below 5 *Table.11*, we eliminated multi-collinearity and confirmed that our regression model was accurate after lnAge65 was removed.

Table.11

	vif	1/vif
lnGDP	3,81	0.262533
lnPGR	3,71	0.264347
lnGrand	1,03	0.966797

Conclusion

To summarize, it was analyzed several past articles, in order to understand the importance of the topic. Due to those studies, it was selected 4 factors such as GDP gross domestic product, Age65 population aged above 65, grand, that affect the health expenditure in China. The empirical results showed us the GDP, Grand and Age65 have significant impact on the HE rather than Population growth. Therefore, we accept null hypotheses for GDP, Grand, Age65, and reject null hypothesis for Population growth. Moreover, the parameters R^2 the model also showed that the model works in 95 percent of the cases. Thus we can state that the regression model can predict the future value of the HE in China, and help the scientist to make right economic decisions.

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Appendix

sum lnHE lnGDP lnAge65 lnGrand lnPGR

Variable	Obs	Mean	Std. Dev.	Min	Max
lnHE	31	1.562936	.185263	1.255616	1.960095
lnGDP	31	7.607126	1.18261	5.761689	9.250395
lnAge65	31	4.289213	.0358168	4.236206	4.345064
lnGrand	31	19.60469	.3319739	18.97094	20.30435
lnPGR	31	-.3669903	.4066513	-1.435313	.3834262

reg lnHE lnGDP lnAge65 lnGrand lnPGR

Source	SS	df	MS	Number of obs	=	31
Model	.977054727	4	.244263682	F(4, 26)	=	120.70
Residual	.052616774	26	.002023722	Prob > F	=	0.0000
Total	1.0296715	30	.034322383	R-squared	=	0.9489
				Adj R-squared	=	0.9410
				Root MSE	=	.04499

lnHE	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
lnGDP	-.1896025	.0724455	-2.62	0.015	-.3385164	-.0406885
lnAge65	11.04533	2.705939	4.08	0.000	5.483197	16.60747
lnGrand	-.1132256	.0306152	-3.70	0.001	-.1761561	-.0502952
lnPGR	.0160111	.0515019	0.31	0.758	-.0898525	.1218748
_cons	-42.1449	11.40642	-3.69	0.001	-65.59113	-18.69867

. vif

Variable	VIF	1/VIF
lnAge65	139.25	0.007182
lnGDP	108.81	0.009190
lnPGR	6.50	0.153794
lnGrand	1.53	0.653051
Mean VIF	64.02	

. corr lnHE lnGDP lnAge65 lnGrand lnPGR
(obs=31)

	lnHE	lnGDP	lnAge65	lnGrand	lnPGR
lnHE	1.0000				
lnGDP	0.8964	1.0000			
lnAge65	0.9296	0.9927	1.0000		
lnGrand	-0.3811	-0.0838	-0.1307	1.0000	
lnPGR	-0.8087	-0.8535	-0.8802	-0.0128	1.0000

vif

Variable	VIF	1/VIF
lnGDP	3.81	0.262533
lnPGR	3.78	0.264347
lnGrand	1.03	0.966797
Mean VIF	2.88	

predict uhat, residual

sum uhat

Variable	Obs	Mean	Std. Dev.	Min	Max
uhat	31	3.75e-10	.0418795	-.0886484	.0753638

```
. estat hettest
```

```
Breusch-Pagan / Cook-Weisberg test for heteroskedasticity
Ho: Constant variance
Variables: fitted values of lnHE
```

```
chi2(1)      =      2.24
Prob > chi2   =      0.1348
```

```
. gen years = _n
```

```
. tsset years
```

```
time variable: years, 1 to 31
delta: 1 unit
```

```
. dwstat
```

```
Durbin-Watson d-statistic( 5, 31) = .9025583
```

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