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risk for incurring any OOP and CHE in the household. Health policymakers in Turkey should target vulnerable groups to provide financial protection to reduce OOP and CHE.

#### Key messages

- In addition to individuals with no insurance, green card type health insurance holders were also more likely to incur OOP health expenditure.
- Our findings have important policy implications and can be used to ensure a higher degree of financial protection for households with preschool children, elder individual or disabled person.

## Determinants of out of pocket health expenditure in Turkey

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### Background

Financial protection against the adverse effects of household out-of-pocket (OOP) health expenditures is an important policy goal for governments. The aim of the study is to quantify the extent of OOP health care expenditure and determine the factors responsible for it in Turkey.

### Methods

We used data from nationally representative Household Budget Survey 2008 with 8549 participants. Dependent variables were incurring any (OOP) expenditure, catastrophic health expenditure(CHE) (OOP expenditures on health care/total household budget >10%) and average OOP health expenditure during last month. Independent variables were age, gender, marital status, education level, employment status, insurance type, household size, income, area of residence, having preschool aged child (<5 years old) and presence of elder person(>65 years old) in the household. Multivariate logistic regression and linear regression methods were used to identify the determinants for OOP health spending, CHE and level of OOP expenditure. Odds ratios and 95% confidence intervals were presented for independent variables.

### Results

Determinants for any OOP health expenditure according to multivariate logistic regression were; household size >5 1.33 (95%CI: 1.19-1.49), being 55 year and older 1.24 (95%CI: 1.09-1.41), being married 1.31 (95%CI: 1.07-1.61), presence of disabled 1.64 (95%CI: 1.27-2.12), preschool child 1.33 (95%CI: 1.19-1.50) or elder person 1.36 (95%CI: 1.19-1.55) in household, high income level 2.75 (95% CI: 2.32-3.25) and having “green card” type Health insurance 1.41 (95%CI: 1.14-1.73). The key determinants of CHE were being wealthy 2.29 (95%CI: 1.53-3.44), having no insurance 2.59 (95%CI: 1.61-4.19) or having green card type insurance 2.11 (95%CI: 1.26-3.54), presence of elder 1.58 (95%CI: 1.18-2.11) or disabled 2.04 (95%CI:1.30-3.18) person in the household.

### Conclusions

High income, green card type insurance and presence of elder or disabled family member significantly increased the