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# EL NIÁGARA EN BICICLETA

HOW HEALTH EXPENSES SET MEXICAN FAMILIES BACK AND  
WHAT FINANCIAL SERVICE PROVIDERS CAN DO ABOUT IT

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# EL NIÁGARA EN BICICLETA

“

*No me digan que los médicos se fueron  
no me digan que no tienen anestesia  
no me digan que el alcohol se lo bebieron  
y que el hilo de coser  
fue bordado en un mantel.*

*No me digan que las pinzas se perdieron  
que el estetoscopio está de fiesta  
que los rayos x se fundieron  
y que el suero ya se usó  
para endulzar el café.*

”

*Don't tell me that doctors left / Don't tell me there's no anesthesia / Don't tell me  
they drank all the alcohol / and the thread for stitches / was embroidered into a  
tablecloth. / Don't tell me that the tweezers were lost / that they wore the stethoscope  
to a party / that the x-rays melted / and that the serum was used / to sweeten coffee.*

– Juan Luis Guerra, *El Niágara en Bicicleta*

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Above all, we are grateful to the Mexican families who bravely agreed to share their personal stories and the details of their financial and personal lives.









# THE WAITING GAME OF HEALTH SPENDING

When “Carmen’s” three-year-old daughter “Eva” ran a high fever over the course of four consecutive days, she was out of money and at a loss for what to do. Her husband had migrated to the US to work and send back money, but Carmen had a hard time getting in touch with him. There is no cell phone service in Carmen’s community in Oaxaca, and her husband was slow to respond to messages Carmen sent from the nearest internet cafe. Indeed, later in the study it would turn out that Carmen’s husband stopped sending money or responding to her all together—Carmen suspected he had met someone else in Michigan where he was working. She had taken her daughter to the local clinic run by community members, but was not happy with the quality of care. Carmen’s desperation grew as Eva got worse. When Eva became unresponsive, Carmen begged her husband’s extended family for a loan in order to take her daughter to a private clinic in the nearest city, the trip alone costing MX\$100 pesos (US\$ 7.60).<sup>1</sup> Carmen mentally added this new debt to the sums she already owed to three other family members and a neighbor, and to the tally of small debts she had racked up using *fiado*, or store credit, with three shop owners in the community from whom she took food, promising to pay later.

Like many other families in the Mexico Financial Diaries, Carmen relies on loans from family and friends to finance health spending. Carmen spends all her income on basic consumption needs, and is never sure if or when her husband will be able to send money. Like other parents in the Diaries, Carmen scrambles to cover the cost of treating basic health problems that affect children all over the world—fevers, ear aches, and colic—through a careful dance of borrowing from people she knows, many of whom are also hard up.





The informal credit and insurance systems of borrowing and lending to family and friends often fail in times of urgent need. Yet this is the mechanism Diaries households used most to pay for medical expenses. When members of their social network have maxed out on loans to others, families delay medical care. As we will see, in the most extreme cases people may delay life-saving care, as was the case for “Celia” in Oaxaca, whose daughter “Montserrat” passed away of curable appendicitis during the Financial Diaries.

Despite the challenges of serving remote populations and offering low-cost, flexible products for health spending, financial service providers have an opportunity to improve the well-being of millions of Mexicans with products that help people to afford the most basic need: feeling healthy enough to study and work productively.

# ABOUT THE MEXICAN FINANCIAL DIARIES

The Mexico Financial Diaries followed 185 families in three locations representing three very different realities of Mexican life over the course of about a year. The research sites included a poor neighborhood on the outskirts of Mexico City, a small town in Puebla state, and a rural Mixteca community in Oaxaca state. About two-thirds of the 185 households in the sample received *Prospera*<sup>2</sup>, and the remaining one-third was selected to be a comparison group that did not qualify for *Prospera*. Our research team visited these households to conduct interviews approximately every two weeks from early 2014 through January 2015 (eight months of cash flow analysis are included in this report).<sup>3</sup> This is a qualitative sample that is not meant to represent all low-income Mexicans. Please see BFA's Financial Diaries website ([www.financialdiaries.com](http://www.financialdiaries.com)) for more details about the sample and methodology.



# HEALTH PROBLEMS AND TREATMENT OPTIONS IN MEXICO

Poverty and poor health are closely related: 20% of the adults in the Mexico Financial Diaries reported a health problem that limited the amount they can work. As previous research has shown, when poor health limits economic activity, households find themselves in a poverty trap, with people paradoxically unable to work to earn the money that would allow them to pay for health care.<sup>4</sup>

We found that low-income Mexicans suffer the worst of two worlds when it comes to health problems. Respondents suffer from illnesses often associated with poverty, such as water-borne sicknesses, malaria, and hepatitis, as well as tuberculosis. However, these families are also afflicted by diseases that are often associated with more affluent countries, such as obesity, diabetes, depression, and asthma (Table 1).

**Table 1**

COMMON HEALTH PROBLEMS IN THE MEXICO  
FINANCIAL DIARIES, SELF REPORTED

Medical Problem	No. of families experiencing this at beginning of study
Back problems	70
Diabetes	35
Breathing problems	33
Migraines	31
Stomach problems	25
Arthritis	17
Depression	15
High blood pressure	9
Alcoholism	8
Mental illness	7
Asthma	6
Heart disease	4
Hepatitis	2
Epilepsy	2
Tuberculosis	1
Cancer	1

**Table 2**

**COMMON MEDICAL SERVICES USED**

Source of medical attention	% of individuals using as primary service
Seguro Popular	44%
Instituto Mexicano de Seguro Social (IMSS)	25%
Private doctor	13%
Private service in pharmacy	7%
Community health center	5%
Local public service	2%
Other	1%
Does not seek attention/traditional medicine	1%
None of the above	1%

*Seguro Popular* is the most common channel for medical care with this sample (Table 2).<sup>5</sup> *Seguro Popular* is the national public health care system in Mexico covering those who work outside the formal sector and do not have insurance coverage under the Mexican Social Security Institute (IMSS or ISSSTE for government employees).<sup>6</sup> While *Seguro Popular* is the financing entity providing financial coverage, technically most patients receive care through *Servicios Estatales de Salud* (SESAs) or state level health providers run by local governments. From 2004 to 2015, *Seguro Popular* has expanded to cover 55.6 million Mexicans.<sup>7</sup> This service provides free or low-cost consultations and subsidized medicine at government-run clinics and hospitals and at offices of designated private sector partners. Many Financial Diaries households benefited significantly from this program during the research. Others, however, were not enrolled in the program, despite being eligible. This was the case of one family in Mexico City:

*“The family had to pay for medicine and a doctor’s visit for the husband’s hernia. He does not have Seguro Popular, so they have to pay for these expenses.”*

–Field researcher’s qualitative notes, Mexico City

Enrolling requires proof of address and birth certificates and identification for all members of the family, which may be a barrier for some families, especially in rural areas where obtaining official documents requires traveling.<sup>8</sup> Other families in our study were not fully aware of the program or had not enrolled for other reasons such as apprehension about politics and government in general, or because of stories about low-quality care.

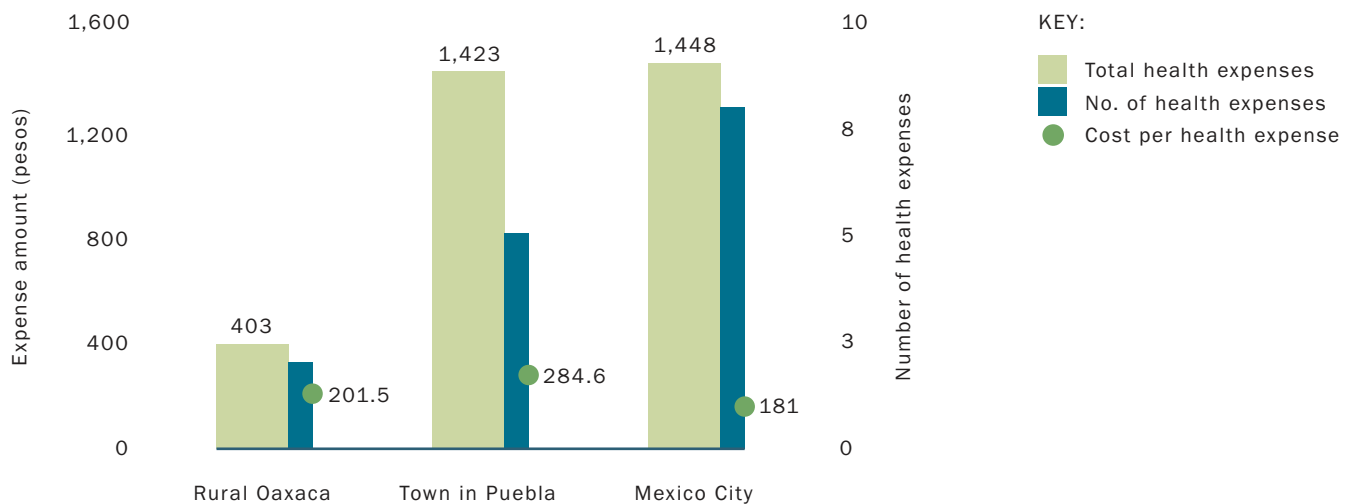


# HEALTH SPENDING IN THE DIARIES

During the study, households paid for health expenses an average of five different times over eight months, spending an average of \$1,080 pesos (US\$ 81) in total (Figure 1). These health expenses are non-trivial amounts, considering the average per capita monthly income for the households was \$863 pesos (US\$ 66). Households in Puebla and Mexico City spent money on health care more often, but the average cost per health expense was similar across the locations.

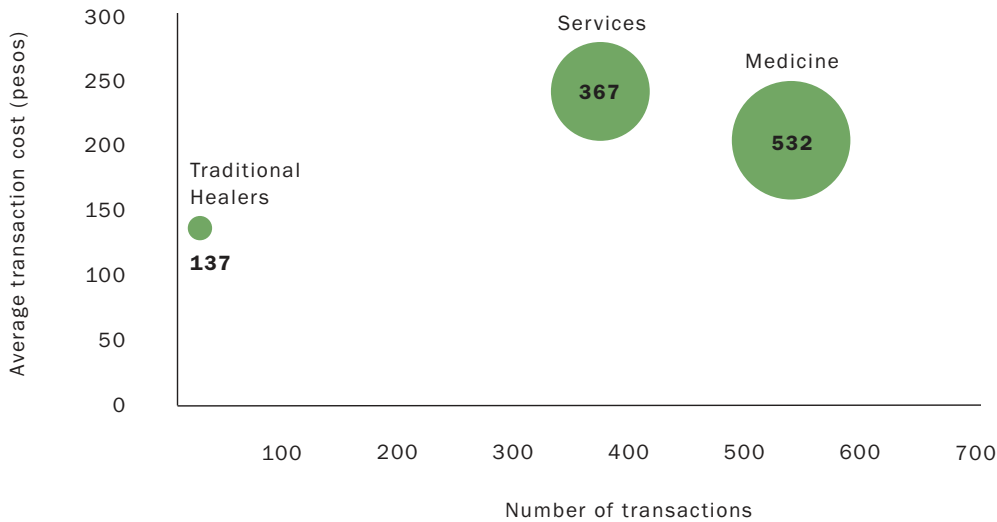
**Figure 1**

NUMBER OF TIMES FAMILIES SPENT ON HEALTH CARE AND TOTAL COST



**Figure 2**

**AVERAGE TRANSACTION VALUE (IN LABEL) AND  
NUMBER OF TRANSACTIONS (SIZE OF BUBBLE) FOR SERVICES AND MEDICINE**



Spending on medical care is made up of spending on doctors visits or other services, medicines, and visits to traditional healers (*curanderos*). For the sample as a whole, 54% of all health spending went to medicine, and 46% was spent on consultations and other health services. While doctor’s visits to public clinics are subsidized by the Mexican government health care system Seguro Popular, medicines may not be covered, or the subsidized cost can also be expensive. On average, Diaries households spent \$204 pesos (US\$ 16) on medicine each time (Figure 2). This works out to nearly 25% of monthly per capita income, a significant amount for these households.

In addition to costing about \$100 pesos less than formal doctors on average, traditional healers, called *curanderos*, offer more flexible payment plans, the ability to negotiate, and are located closer to people’s homes. Because of these traits some families prefer traditional healers to conventional clinics or doctors. “Marcos” in Oaxaca had success with this option:



*“About a year ago Marcos had hurt his foot, and recently it had been bothering him a lot, so much so that he went to see a bonesetter (specialized traditional healer working with aches, sprains, and broken bones). With this treatment from the curandero he felt much better. The bonesetter did not charge anything, but the relief he felt was so great that Marcos paid him 100 pesos (US\$ 7.60)”*

-Field researcher's notes about a family in Oaxaca

Families may try their luck with the more affordable traditional healers, and then see a doctor or travel to the hospital if the curandero is ineffective. Another family in Oaxaca correctly anticipated that the costs of conventional medical services put them out of their reach:

*“I noticed that Sebastián was worried and sad, given that it was becoming more and more difficult for him to go to work because of his injured hand. He has seen curanderos in the community, but none have given him a cure. A few months ago Sebastián went to the doctor hoping he could help his injury. The doctor ordered a series of tests, but the family could not afford them [and did not go].“*

-Field researcher's notes about a family in Oaxaca

When households use both traditional and conventional methods in seeking relief, medical expenses can multiply. The psychology of sunk costs may also lead some families to throw good money after bad in the hopes of making money they already spent “worth it”.<sup>9</sup>

In the Diaries study we observed both curanderos who used herbs and seemed to have an understanding of traditional medicine, as well as others who dealt more with curses and stoked up drama among family and community members. This was the case of one traditional healer in Mexico City who used one woman's, "Soledad's", sickness as a pretext to argue that Soledad's son's girlfriend "Raquel", Raquel's mother "Yaneth", and eventually many members of Raquel's extended family, needed to make use of his "cleansing" services or terrible things would happen. Yaneth spent \$450 pesos (US\$ 34) on the curandero's services.

*"Yaneth took Raquel to the same curandero who "cleansed" their house, as well as Raquel's boyfriend's mother Soledad's house [Where Raquel moved after becoming pregnant at age 15 and dropping out of school]. The curandero told Raquel that she was in danger because someone was doing black magic and casting spells on her and Soledad, who is sick. He said Raquel was at risk of losing the baby and that's why she'd been feeling badly."*

-Field researcher's notes about a family in Mexico City

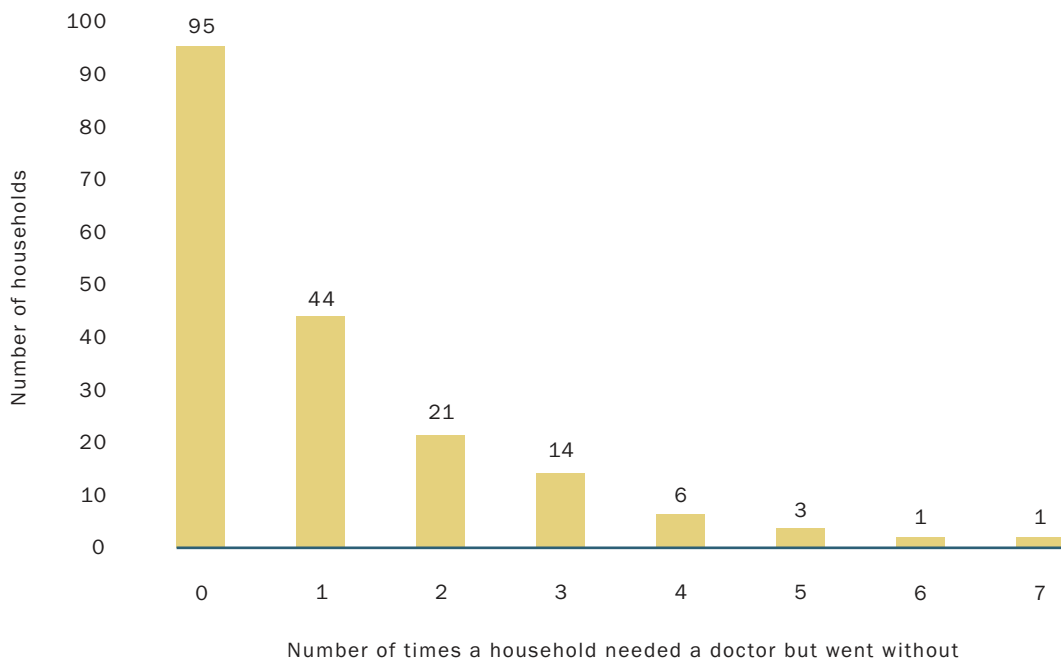


# FORGOING MEDICAL CARE

As it is impossible to know when health emergencies will come up, households do not save up for larger medical emergencies, and delay or don't seek the care they need. Almost half of the households in the study needed a doctor but were forced to go without at least once during the study (Figure 3).

**Figure 3**

INSTANCES OF FORGONE MEDICAL CARE IN MEXICO FINANCIAL DIARIES



Women seem especially predisposed to ignore their own health problems and go without medical attention, attempting to save money for their family's other needs. This was the case for María José in Oaxaca:

*“She is doing poorly and only had money to buy the daily allocation of tortillas for the family. María José has been feeling very sick, but has not gone to the doctor because she does not have enough money.”*

-Field researcher's notes, Oaxaca

As women contributed significantly to household income in addition to being the primary caretakers in Diaries households, this strategy often backfired, resulting in more hardship when women became too sick to continue this substantial role.

At its worst, delaying medical care can have fatal consequences, as was the case for Celia's family in Oaxaca. “Celia” and “Joaquín” were still recovering from the \$3000 pesos (US\$ 228) they had borrowed from a moneylender for a health emergency for their son in 2011. Despite making progress on repayments, with interest accumulating the family hadn't managed to pay the debt in full for over three years. Due to hard physical labor and the stress of poverty, Joaquín and Celia themselves reported suffering from health problems: back pain, migraines, and difficulty breathing. When their 27-year-old daughter Montserrat manifested with stomach pain in late July, the family first tried traditional remedies such as teas and herbs. Our field researcher recorded how the quality of care is so low in rural areas that families do not feel going to the doctor is worth it. Still, the family bought medicine a little bit at a time, delaying spending a larger amount to go to a better doctor.

**Table 3**

**CELIA AND JOAQUÍN'S TIMING OF SPENDING ON MEDICAL CARE FOR MONTSERRAT**

	7/22/14	7/22/14	7/23/14	7/30/14	8/2/14
Amount spent on medicine and health care (pesos)	\$150 (US\$ 11)	\$150 (US\$ 11)	\$150 (US\$ 11)	\$200 (US\$ 15)	\$1,900 (US\$ 144)

*“Today I found Señora Celia rubbing aguardiente on her daughter’s stomach. Her daughter is very sick and they had to buy medicine. They took Montserrat to the health auxiliary services [in the neighboring community]. She really looked very bad, and so I dared to tell the family that they should take her to the community health clinic. They replied that this doctor offers a very poor level of care.”*

–Field researcher’s notes, Oaxaca

With Montserrat getting worse, the family bought medicine that the local doctor recommended over the course of eight days, hoping Montserrat would recover, as stomach pains tend to be fleeting, and the family was totally broke. By the time the family realized the seriousness of her condition and got an emergency loan of 3,300 pesos (US\$ 250) from a community member, they had to spend \$1,900 pesos (US\$ 144) traveling to Oaxaca City to try to seek urgent care for Montserrat (Table 3).

Although doctors at the Oaxaca City hospital operated on Montserrat, her appendix had burst and the resulting infection was serious and became septic. She passed away following the operation. Needless to say, if Celia and Joaquín had not been so constrained by a lack of access to money to spend on health care, or if they had not had the bad experience of a seemingly never-ending debt with the moneylender from the last family sickness, this story may have ended differently. Celia said she partly blamed herself and partly blamed the negligent advice of the staff at the local health clinics for her daughter’s death. Lowering the financial stakes of health spending could help avoid such tragic situations.

# HOW DO HOUSEHOLDS COVER HEALTH EXPENSES?

Money is fungible, so it is difficult to attribute exactly what sources of funds are used for given expenditures in the Financial Diaries. Households in the Diaries used an average of seven financial instruments for saving, credit and income purposes during eight months of research. Households had specific uses for these instruments and often used multiple financial instruments for any given expense. However, we can look at correlations of the type of expenses and income flows that tend to move together over time. We find that three factors are associated with whether or not a household paid for a health expense in a given week. During weeks when households paid for health expenses households also on average had:

1. A higher probability of borrowing from friends and family
2. A higher average weekly income
3. A higher probability of transportation expenses

It is worth noting that these factors are intercorrelated as well. For example, weekly income is correlated with transportation expenses. The results are not causal but controlling for many factors we see associations that arise with health expenses.

To better understand what factors influence the probability of a household spending money on a health expense in a given week, we applied a logit model. The logit model takes in factors and provides correlations as to how they affect the probability of a household having a health expense in a given week. This is an analytical construct to uncover cor-

relation, and not a model for household decision making. The results show that the odds of households spending money on health care were 2.6 times higher when they borrowed from friends and family in the same week. Table 4 shows a sample of the increased odds of having a health expense in a given week given other factors. Any number greater than 1 shows greater odds of a health expense, and any number less than 1 shows decreased odds of a health expense. Importantly, we do not observe the same strong correlation that we do between friends and family borrowing and health spending with any other formal or informal financial instrument.

**Table 4**

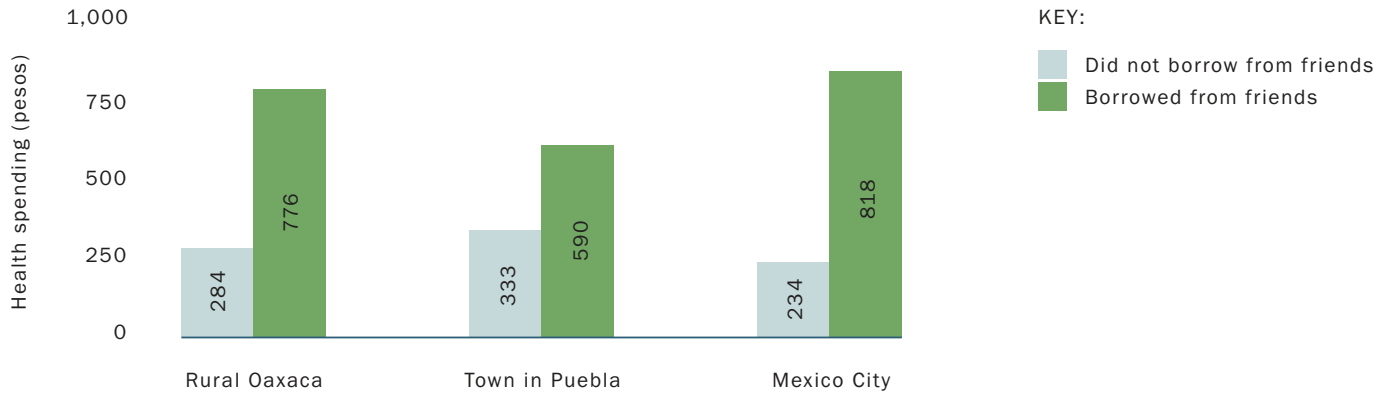
LIKELIHOOD FUNCTIONS AND CORRELATIONS OF  
FINANCIAL INSTRUMENTS AND HEALTH SPENDING

Variable	Increased odds
Weekly income (log)	1.1
Had transportation expense	1.8
Borrowed from friends and family	2.6
Borrowed from the store	1.0
Withdrew from bank account	1.0
Withdrew from savings group ( <i>tanda</i> )	0.6
Withdrew from home	1.4
Puebla	0.9

Households that borrowed from friends and family had higher health expenses in the weeks when they borrowed this money compared to weeks when they did not borrow from friends and family (Figure 4). We do not find a similar pattern with any formal financial instrument. Again, because money is fungible, it is nearly impossible to attribute exactly how money from friends and family was spent. But there is a pattern across households that health expenses were higher during weeks when households borrowed from friends and family.

**Figure 4**

**DIFFERENCES IN HEALTH SPENDING WHEN HOUSEHOLDS WERE ABLE TO BORROW FROM THEIR SOCIAL NETWORK**





A few examples demonstrate the stress of leaving one's medical fate to the liquidity of family and friends.

*“Mr. ‘Ezra’ needs an operation [for prostate cancer]; in order to be able to get the surgery, he is asking for money from four donors [people he knows]. But he doesn’t believe that each donor will be able to come up with the \$1000 pesos (US\$ 76) needed.”*

-Field researcher’s notes, Oaxaca

*“The kids ‘Guillermo’ and ‘Alejandra’ crashed on their bicycle. The family had to take them to the [nearest city] to be treated. Guillermo broke his arm and Alejandra lost two teeth in the crash. To cover medical costs they had to borrow money from another family member.”*

-Field researcher’s notes, Oaxaca

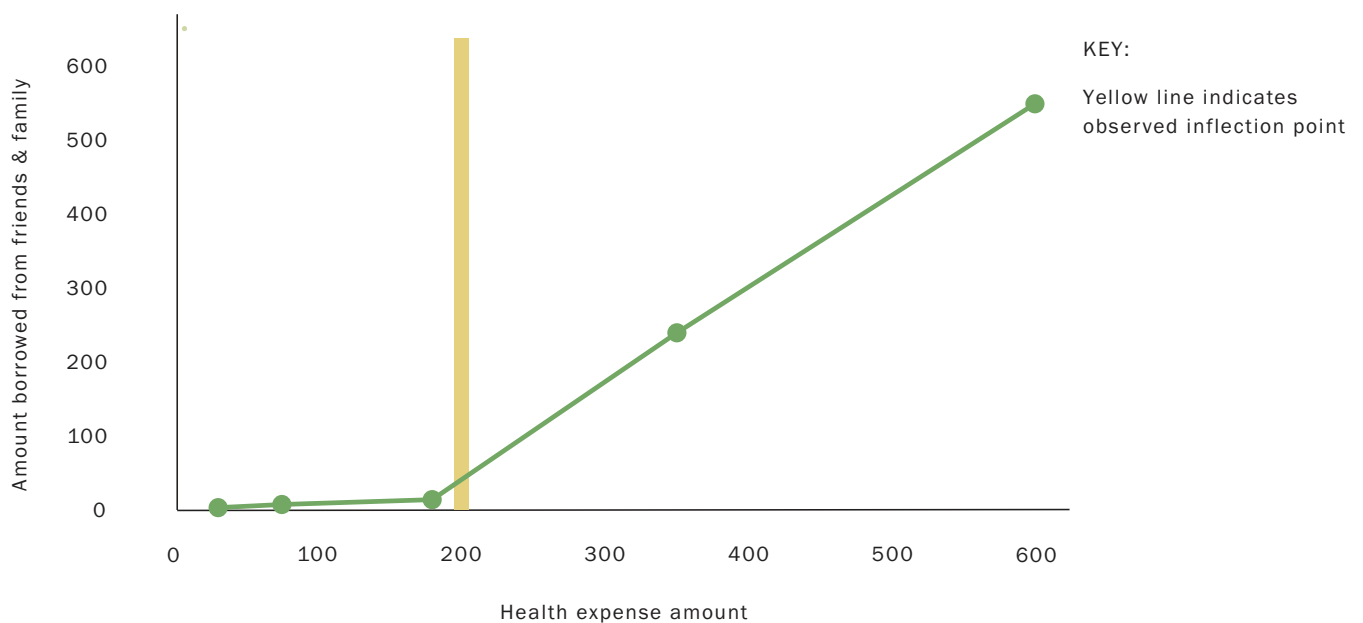
*“They had to rush their daughter to the hospital. Again she had problems due to her heart murmur. The doctor told them that their daughter is susceptible to many sicknesses and her immune system is weak. For this emergency the family had to borrow \$2,000 pesos (US\$ 151) from a moneylender for the doctor and medicine. They went to a neighboring town to get the money. They say the loan is at 4% interest and they will pay 80 pesos a month minimum.”*

-Field researcher’s notes, Puebla

To better understand the potential flow of money from friends and family to health spending, we broke down the amount of money borrowed from friends and family into bins and looked at the relationship between these amounts and health spending. For small health expenses (< MX\$ 200 pesos or about US\$ 15) households do not appear to borrow from friends and family, but for large health expenses households appear to rely mostly on credit from friends and family. Figure 5 shows the inflection point for the health expense amount and the associated level of borrowing from friends and family.

**Figure 5**

**VALUE OF FRIENDS AND FAMILY BORROWING AND HEALTH SPENDING  
IN WEEKS WITH HEALTH SPENDING**



Households appear to wait until they have slightly more income before paying for health expenses, when possible (Figure 6). For some who are engaged in jobs that can be scaled up in times of need, people may work more or do more odd jobs to be able to pay for family member's health care. Of course, as we have seen, those who are sick themselves are unlikely to be able to increase work to contribute to the cost of doctor's visits or medicine. Across the research sites, households reported higher incomes during weeks with health expenses compared to weeks without health expenses.

**Figure 6**

**DIFFERENCES IN HOUSEHOLD INCOME DURING WEEKS  
HOUSEHOLDS SPEND ON HEALTH CARE, BY REGION**

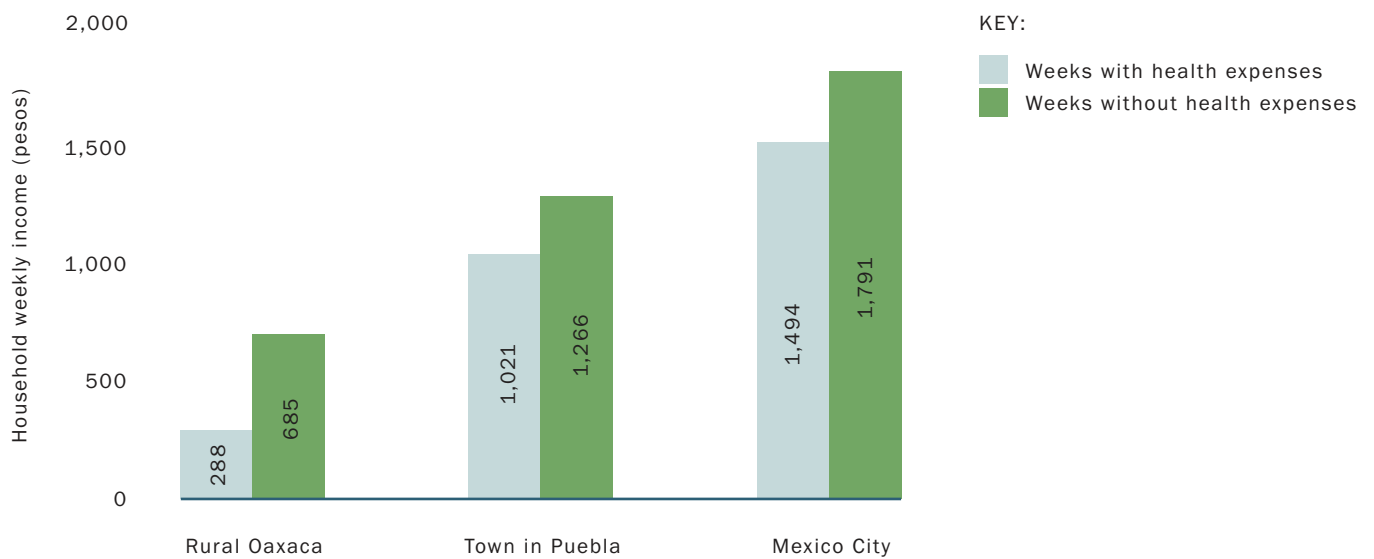
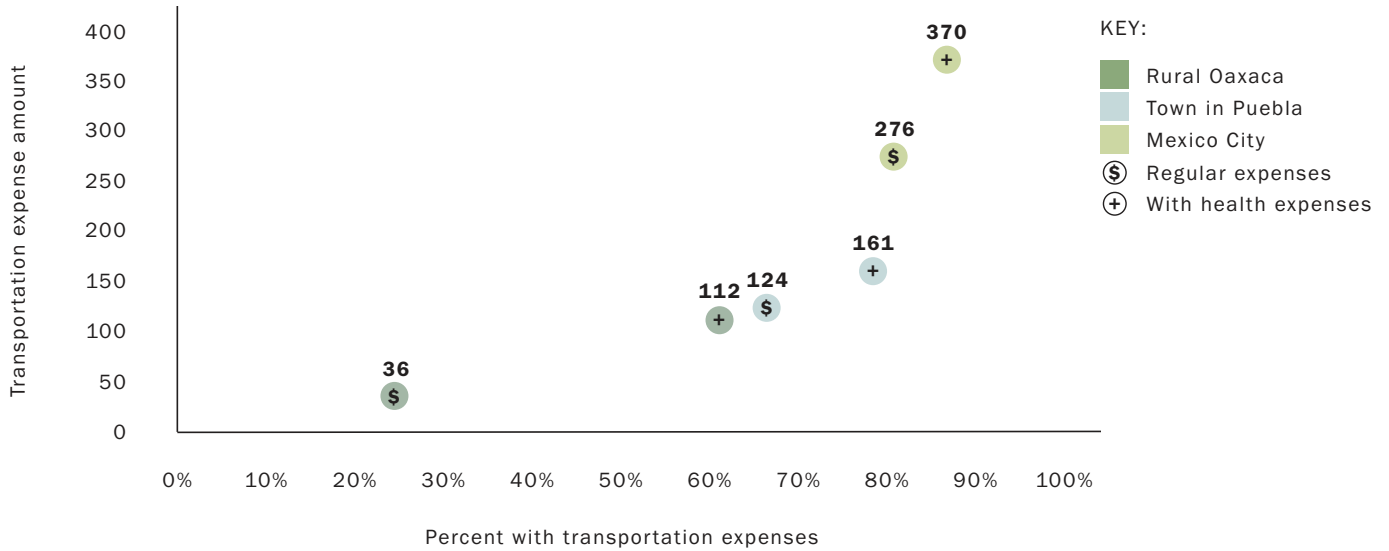


Figure 7

INCREASED TRANSPORTATION EXPENSES IN WEEKS WITH HEALTH EXPENSES



Health expenses also often coincide with transportation expenses as households travel to and from pharmacies, clinics and hospitals. We see this quantitatively: households across the sample not only had increased odds of having transportation expenses the same week as health expenses but the amount spent on transportation was also higher during those weeks (Figure 7).

Not only did we observe households delaying medical care, but we also see the financial behavior of households change during weeks with health expenses. Transportation expenses increase and for large health expenses, borrowing from friends and family increases almost at the same rate as the health expense amount. These financial relationships are influenced by a number of external factors, but it is clear that these households are not currently making use of formal financial services to pay for health care.

## IMPLICATIONS & IDEAS

Health expenses are inevitable but the stress and delayed relief that poor households struggle with in paying for health care can have psychological as well as economic ramifications. When families do make the choice to pay for care, money is limited, and the severe trade-offs they must make magnify the frustration of not getting better:

*“Luisa’ has been unhappy because she has been sick with a skin condition for some time. Although she has gone to the doctor she has not improved. Luisa says she has spent so much money on doctors and medicine. She started crying with pain and desperation during the interview because she does not know what to do.”*

–Field researcher’s notes, Puebla

As anyone who has been ill knows, the fear of not knowing what is wrong and how to get better causes significant worry. Add to this the preoccupation with not having money to pay for the care you need, and another vicious cycle of financial worry and stress results, reinforcing poor health.

The reliance on borrowing from family and friends to finance medical expenses, and the fact that households delay spending on health care for all but the most urgent expenses is concerning and likely impedes progress out of poverty. Borrowing from social networks is not perfect: money may come late or not at all.

Aside from state provided health insurance, no respondent in the Mexico Financial Diaries used private health insurance. This is partly because some families have heard that insurers rarely follow through on their promise to pay out claims. Insurance needs to be explained properly, and if many claims are denied, word spreads quickly through these communities.

Although these families are not yet making use of insurance, there is a clear need for formal financial products in Mexico. Flexible formal credit that can be issued quickly, or insurance products that really do come through would permit families to go to the doctor and buy medicine when they need it, rather than waiting to be able to earn more or for family and friends to come up with the money.

***A. Fight the impression that seeking medical care will have a huge financial cost.***

The perception that formal medical services and medicines will always be expensive deters low-income people from seeking preventative care. For families in the Diaries who knew how to use the benefits of Seguro Popular, especially those in urban areas, these programs did offer significant subsidies that allowed these families to get care. For example, “Catalina” in Puebla had the state medical system pay for all treatment associated with her son’s rare eye cancer and required surgeries. Perhaps better communication around these services can nudge people to seek out care earlier.

***B. Structure payments more like traditional healers do.***

Households like those in the Diaries may rely on traditional healers because they can make payments after the service, or little by little over time. Allowing clients the ability to pay for health care like they pay for many other goods, from appliances to clothing, in weekly or monthly installments, would be attractive to this segment.

### ***C. Expand options for direct payment.***

As family and friends already cover medical costs, why not give them the opportunity to make these payments directly? Julie Zollmann, Principal Investigator for the Kenya Financial Diaries has shown that, with people facing requests from many different friends and family members who need help, it is difficult for people to assess which requests for help with medical expenses are urgent, or even legitimate.<sup>10</sup> Direct payments to hospitals and pharmacies in the name of the patient, and allowing multiple contributions is an innovative idea to bring more transparency and efficiency to informal systems.

### ***D. Offer flexible, low-interest loans for health spending and a bridge to insurance.***

Insurance premiums are a hard sell to people who are already putting every peso to important use. Microinsurance products that are bundled with other products often do not connect the client with the insurance provider, and it can be difficult for customers to figure out how to make a claim. This lack of clarity intimidates clients. More transparent insurance that pays out claims does have potential with this segment. But there is also high demand for formal loans that would pay out money to borrowers (or health care providers) quickly, with the potential for disbursement 24 hours a day. For such products to work, they need to compete with the neighbor and family members in terms of accessibility and speed of disbursement. As evidenced by a number of respondents in the Diaries who borrowed from moneylenders at relatively high interest to pay for health services, customers are willing to pay to have money immediately for health care. Of course fair pricing principles must also be in place to insure families are not taken advantage of at their most desperate moment of trying to help a sick family member. Providing a few different payment plans would be attractive to this segment.

***E. Add in transportation and medicine subsidies to public health services like Seguro Popular.***

High transportation costs when seeking better medical care adds to the burden of spending on health care for low-income families. Adding additional transportation subsidies and publicizing those that already exist could help alleviate this additional hardship. Private providers could also factor in transport costs into loans for medical spending.

***F. Facilitate partnerships with Seguro Popular.***

A related challenge is to expand the provision of services through third party providers that could be financed through Seguro Popular. While the structure for these partnerships is in place, the rules and payment terms need to be clarified. Incentivizing more partnerships with Seguro Popular would improve quality and accessibility of health care for low-income Mexicans.



# NOTES

## THE WAITING GAME OF HEALTH SPENDING

1. We use the exchange rate of 13.18 Mexican Pesos = 1 USD, which is the average exchange rate during the study period.

## ABOUT THE MEXICAN FINANCIAL DIARIES

2. One of Mexico's largest social programs, Prospera makes payments every two months to low-income women with school-aged children, contingent on families visiting health centers and attending other meetings, and on children not missing school.

3. Researchers tracked cash flows from March 2014 through mid-January 2015. However, in this report, we only use data from April to November 2014 in order to use the highest quality data in the analysis. The first and last months (March 2015 and January 2015) do not have complete cash flow information for all households due to differences in when questionnaires started and ended. In December 2015, we were unfortunately unable to capture complete information due to families' engagements during the holidays and unavailability for interviews.

## HEALTH PROBLEMS AND TREATMENT OPTIONS IN MEXICO

4. McIntyre, Diane, et al. "What are the economic consequences for households of illness and of paying for health care in low-and middle-income country contexts?." *Social science & medicine* 62.4 (2006): 858-865.

5. <http://www.seguropopular.org/>

6. <http://www.imss.gob.mx/>, Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (ISSSTE)  
<http://www.gob.mx/issste>

7. <http://www.worldbank.org/en/results/2015/02/26/health-coverage-for-all-in-mexico>

8. "Requisitos Seguro Popular y como Tramitar el Seguro Popular": <http://www.seguropopular.org/>

## HEALTH SPENDING IN THE DIARIES

9. For a related discussion, see for example Baicker, K. et al. 2012. "Behavioral Hazard in Health Insurance." NBER working paper 18468, available <http://www.nber.org/papers/w18468.pdf>

## IMPLICATIONS AND IDEAS

10. See <http://www.cgap.org/blog/kenya-financial-diaries-4-flaws-social-network> and <http://fsdkenya.org/publication/kenya-financial-diaries-shilingi-kwa-shilingi-the-financial-lives-of-the-poor/>

