

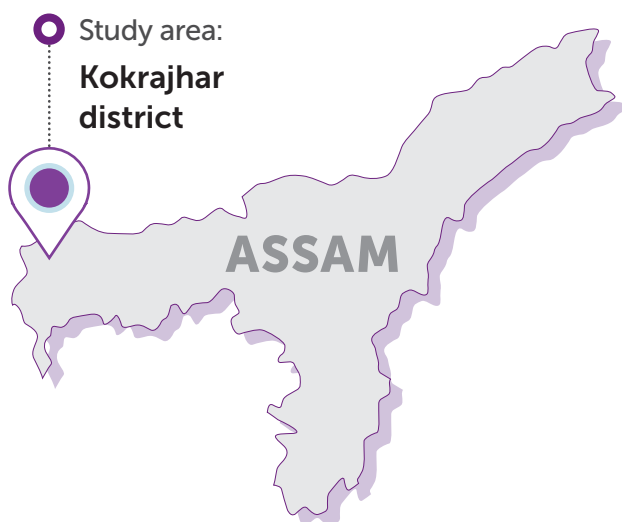
# Out-of-Pocket Expenses for Childbirth Among Tribal Women in Assam: Challenges on the Path to Universal Health Coverage



## Background

Assam state has the highest maternal deaths in India. Over the years maternal mortality ratio (MMR) has reduced considerably from 301 to 195 per 100,000 live births<sup>1,2</sup> between 2012-13 to 2018-20, and yet it is above the national average of 97 per 100,000 live births in 2018-20.<sup>2</sup> Concurrently, utilization of public health facilities for institutional delivery in the state has also increased from 60%<sup>3</sup> to 74.4%<sup>4</sup> between 2015-16 and 2019-20. This is a significant achievement for Assam as institutional delivery plays a pivotal role in reducing maternal death by providing timely access to medical intervention in case of complications.

Though institutional delivery has increased over time, out of pocket expenditure for seeking childbirth in public health facilities in India has also increased, and Assam is no exception.



The study conducted by The George Institute for Global Health, New Delhi in partnership with North East Research and Social Work Networking (NERSWN), Kokrajhar in the tribal villages of Assam unveiled high out of pocket expenditure (OOPE) for delivery care in public health facilities.

The study found that 94% of tribal families spent an average amount of INR 2,500 for childbirth in public health facilities. The average OOPE for normal and caesarian delivery was INR 2,000 and INR 5,000 respectively.

Tribe:  
**Bodo and Rabha**

Method:  
**Cross-sectional study**

Sample:  
**287 tribal women who delivered in public health facilities**



### Out-of-pocket expenses for childbirth in public health facilities

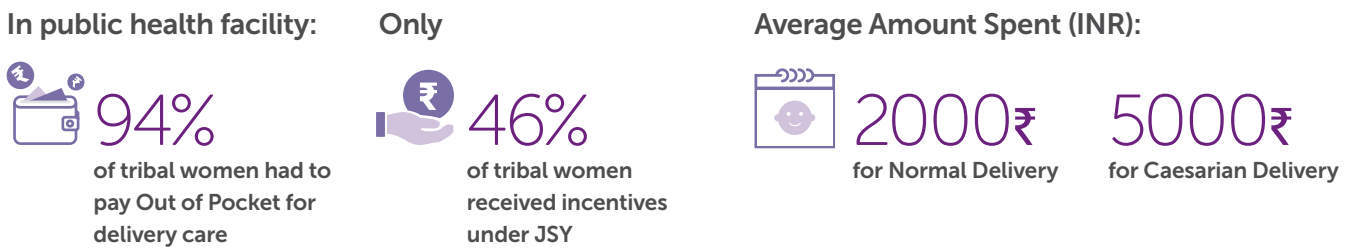


Figure.3. Components of OOPE incurred by tribal women for delivery care in public health facilities

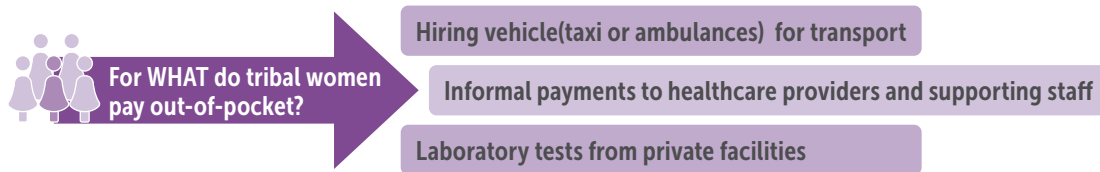


Figure 1. Average cost (in INR) per delivery in public health facilities

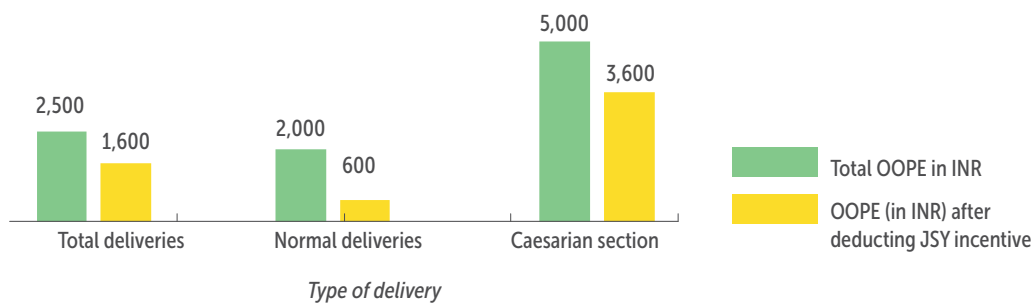
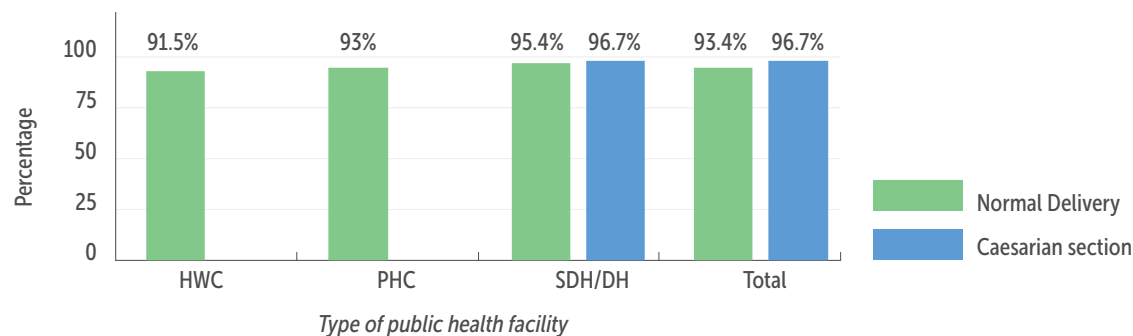


Figure 2. Percentage of tribal women who had to spend 'out-of-pocket' for delivery in a public health facility



Type of Health facility, SHC-HWC-- Sub Health Centre- Health and Wellness Centres, PHC- Primary Health Centre, SDH- Sub Divisional Hospital, DH- District Hospital

### Why is this a problem?

The tribal communities often reside in remote areas with limited access to healthcare services, and the costs associated with associated with childbirth in public health facilities can be a heavy financial burden. As a result, many tribal women in Assam may end up shouldering substantial out-of-pocket expenses for institutional deliveries, which can lead to economic hardship for their families. For many low-income families, this financial burden can be overwhelming, often forcing them to borrow money or use their savings.



This situation not only hampers access to quality maternity care but can also push families deeper into poverty. Additionally, OOPE will force the tribal women to choose home for delivery instead of a health facility. This would be of grave concern as studies suggest that home births without skilled care are associated with a higher risk of maternal and infants' deaths.<sup>5, 6</sup> Several other studies<sup>7, 8, 9, 10</sup> showed that even after the introduction of financial support schemes such as JSY, Indian women had to pay at the time of delivery by themselves in public health facilities where they ought to have received the care free of cost. Financial incentive under JSY is for the nutrition and well-being of mother and her child(ren).

However, in the current circumstances, many mothers are forced to spend the JSY incentive received for meeting the out-of-pocket expenses at the public health facility for delivery. Even though the study undertaken by the George Institute was limited by smaller sample size, it still brought out pertinent findings regarding the financial hardships faced by tribal women. Had it been a larger sample size, the gravity of the issue could have been more evident. This calls for larger studies to explore the financial burden on delivery care from public health facilities particularly among vulnerable sections of the society such as the tribal population.

### Recommendations

- Increase JSY incentives to reduce burden of OOPE on institutional deliveries in public health facilities through Janani Sishu Suraksha Yojana or Pradhan Mantri Matru Vandana Yojana.
- Sensitization and training of health workforce to cultivate empathy and sensitivity, raising public awareness, and enforcing regulations to deter the practice of informal payments.
- Concerted effort to strengthen health care delivery system by streamlining availability of adequate medicines and supplies, equipment and functional laboratory, and diagnostic services.
- Improve and expand ambulance services to ensure timely transportation of pregnant women to healthcare facilities. Concurrently, for hard-to-reach areas, community-based transport systems or volunteer groups that can assist pregnant women in accessing healthcare facilities during labor can be explored. Furthermore, investing in road infrastructure and transportation facilities in underserved areas to improve accessibility to healthcare facilities is the aim to strive for.
- Research with item-wise components to understand areas where tribal women are paying more is recommended. This will help to examine the major components of OOPE and strengthen ongoing interventions to reduce expenditure for delivery care.

### Conclusion:

Reducing out-of-pocket expenditure for deliveries among tribal women is essential to ensure equitable access to maternal healthcare services and reduce maternal and neonatal mortality. Addressing the issues of awareness, accessibility, infrastructure, cultural sensitivity, and financial support is a comprehensive approach that can lead to positive outcomes and a more inclusive healthcare system for tribal communities in Assam.



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