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**Title of the Thesis: Analysis of Willingness to Pay for Reproductive HealthCare Services: A  
Case Study of Patna.**

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### **Abstract**

The study focused on the situation of reproductive healthcare in Patna and aims to find out the willingness to pay for reproductive healthcare services in Patna. Poor reproductive health outcomes such as early pregnancies, unintended pregnancies, excess fertility ,gestational diabetes, gestational high blood pressure, hypertension, risk of post natal depression immediately after the birth and poorly managed obstetric complications would have negative effects on overall health and development of the country. Each year in India, roughly 30 million women experience pregnancy and 26 million have live birth. India recorded around 57,000 maternal deaths in 2010, which translate into a whopping six every hour and one every 10 minutes. Woman dies of pregnancy related complications like severe bleeding after childbirth, infections, high blood pressure during pregnancy and unsafe abortion. With an estimated 77,000 deaths per annum, India contributes to a majority of maternal mortality burden. Most of these deaths and disabilities are preventable, but in many instances, the interventions are either not available to poor women or are too low-quality to be effective. The trade-offs that women may make in order to pay for reproductive health care can lead to debt, use of ineffectual treatments or neglect her health and other needs.

There are direct and positive link among reproductive health, economic growth and development. It has been widely recognized that investment in the reproductive health of the poor can enhance growth and reduce poverty. There are however, varied sources of health care financing in India. These include budgetary allocations from the government at all levels of the federal structure (local government, state and federal), loans and grants obtained from multilateral and bilateral agencies in the form of international aid, private sector contributions and the out of pocket payment. Among all the sources, the worrisome picture is the heavy out of pocket expenditure on health which adversely affects access to health care. It is estimated that out of pocket payment dominates the bulk of health care financing in India. The immediate effect of this method of health care payment is catastrophic to poor households and further impoverishes them. Keeping in view the State's constitutional obligation and its inability to fulfil the healthcare needs of the disadvantaged section (due to resource crunch, lack of political will etc), inefficient public health care system, problem of inflation in healthcare services, shrinking budgetary allocations for health and heavy out of pocket expenditure on health have created a strong need and desire for a relatively new concept (in India)-Health Insurance based on the willingness to pay of the patients/households for reproductive healthcare services.

The present study aims to find out willingness to pay for reproductive healthcare services of the households in Patna and how to convert the out of pocket expenditure into reproductive healthcare

financing as payment of insurance on the basis of the willingness to pay. For valuing willingness to pay for reproductive healthcare services Contingent Valuation Survey is used to elicit directly people's WTP for increasing the condition of reproductive healthcare in Patna. The study is divided into two broad sections. Section-I focused on the total actual cost of reproductive healthcare services (TACRHS) which they have actually incurred in the previous delivery. Section-II-part (a) focused on WTP for RHCS with binary logistic approach to identify the determinants of participating in hypothetical reproductive health insurance programme and the second part of this section aims to identify the determinants for participating in MWTP for RHCS for the next delivery. It provides an overview on the MWTP focusing on Contingent Valuation Methodology (CVM). It aims to find out the maximum amount (magnitude) of MWTP for RHCS of the households in Patna using open ended question.

### **Findings:**

- Out of total 528 respondents in the survey study, 391 respondents, i.e, 74.1% of the total respondents accepted the programme for participating in WTP for reproductive healthcare services.
- The mean value of Monthly WTP of the respondents paid for eight months to the agency /organisation for RHCS is Rupees 1074.17.
- The Monthly WTP decreases with the increase in the age of the respondents but the association is not significant.
- WTP and expectation of the sex of child born (female) and birth order of children in the next delivery are negatively related but their association with WTP is insignificant.
- The Monthly WTP increases with the increase in husband's education, wife working status, number of earning members in the family, insurance information among households but their association with WTP is insignificant.
- As the number of members in the joint family's increases, the WTP for reproductive healthcare services decreases and the association is significant.
- WTP and the increase in the household monthly income are found to be positively related and the association is significant.
- WTP and delivery type (caesarean delivery) are found to be positively related and the association is significant.
- WTP and early delivery complication are found to be positively related and the association is significant.
- The present study shows that increase in reproductive healthcare services offered to the respondent will lead to increase in WTP for reproductive healthcare, findings appear to be highly significant.
- Relation between hospital type (private hospitals) and WTP for reproductive services appear to be positive and significant.