

RESEARCH BRIEF

Pattern and correlates of out-of-pocket payment (OOP) on female sterilization in India, 1990–2014

In India, the national and state-level government have mandated that female sterilization be available for free in public health centers, and women who undergo sterilization are eligible to receive compensation. According to NFHS-4, uptake of female sterilization in the private sector is on the rise and women are incurring out-of-pocket (OOP) expenses. To help understand these trends, this study examined the trends in where women access female sterilization and factors associated with choosing the private sector and incurring OOP expenditures.



Photo Credit: Population Council

RECOMMENDATIONS



Investment in public health centers should continue since the majority of the population use these services, including poor, less educated and marginalized women.



Given the increasing use of private health centers, states need to consider regulating the cost of private health care, especially in poorer states.



As OOP was high among some disadvantaged groups, strengthening public private partnerships can reduce financial burden of disadvantaged groups.



Future work should explore why women are choosing to pay for services in the private sector when public sector services are free and reimbursed.



Photo Credit: Population Council

India's trends in declining fertility and increased in modern contraceptive are largely attributable to the high prevalence of female sterilization. While women can get female sterilization for free at public health facilities, uptake of female sterilization from the private sector is increasing.

FINDINGS

- While most of women still opt to have female sterilization at public health facilities, between 1990 and 2014, the share of female sterilizations taking place in the private facilities increased from 12% to 22%.
- At the national level, about 60% of women did not pay for female sterilization and received compensation, 20% paid and did not receive compensation, 12% neither paid nor received compensation, and 8% paid and received compensation. These proportions varied substantially by state.
- Kerala, Daman and Diu, and Karnataka had the highest proportions of sterilizations at private facilities while Chandigarh, Haryana and Andaman and Nicobar Island had the highest proportion at public facilities.

METHOD

A two-part multivariable (logit and ordinary least square) regression model was used to explore factors associated with the likelihood and probability of incurring OOP expenses using NFHS-4 (2015-16) data from married women (aged 15- 49 years).

RASTA

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