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# Gender Bias in Hospitalization Financing from Borrowing, Selling of Assets, and Contributions from Relatives or Friends in India

In India, health care utilization and hospitalizations have increased by more than two-fold over the last two decades. Nearly two-thirds (63%) of health expenditures (including hospitalizations) are paid for out-of-pocket. When the cost of these hospitalizations becomes too high, households may resort to distress financing such as borrowing, selling of assets, and/or contribution from relatives or friends. Social and cultural norms in India, such as patriarchy, often give lesser value to female patients, which may influence decisions on how to pay for expensive hospitalizations.

**OBJECTIVE:** This research brief examines the gender differential in the use of distressed financing for hospitalization (DFH) among young people, adults, and older adults in households incurring catastrophic out-of-pocket expenditures. Additionally, this brief examines the role of health insurance coverage on gender differentials in the use of DFH.

**METHODS:** Data were taken from the National Sample Survey Office 75<sup>th</sup> round survey on “Household Social Consumption in Health” in India. The survey collected information on socioeconomic and demographic factors, and hospitalization details.

For each hospitalization case, information was collected on:

- A. Nature of ailment;
  - B. Expenditure thereon;
  - C. Sources of hospitalization financing
    - 1) Distressed financing for hospitalization
      - ❖ Borrowing
      - ❖ Sale of assets
      - ❖ Contributions from friends/family
    - 2) Non-distressed financing for hospitalization
      - ❖ Income/savings
      - ❖ Other sources
- Primary independent variable - sex (male/female) of hospitalized cases
- Control variables - hospitalization & treatment, economic, and social characteristics

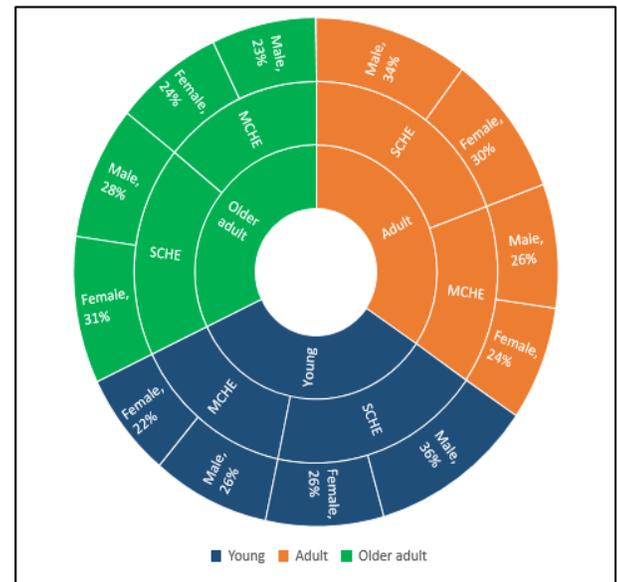


Figure 1. Share of male vs. female hospitalizations that used distressed financing in households that incurred moderate and severe catastrophic health expenditures (MCHE & SCHE) in last 365 days, India 2017-18.

This brief summarizes findings from the following research paper: Kumar, K., Singh, A., James, K. S., McDougal, L., & Raj, A. (2020). Gender Bias in Hospitalization Financing from Borrowings, Selling of Assets, Contribution from Relatives or Friends in India. *Social Science & Medicine*, 113222.

**DATA ANALYSES:** The analytic sample includes 27,323 hospitalization cases from households that incurred MCHE (out-of-pocket hospitalization expenditure/total household expenditure  $\geq 10\%$ ) and 11,908 hospitalization cases from households that incurred SCHE (out-of-pocket hospitalization expenditure/total household expenditure  $\geq 25\%$ ).

Bivariate log probability models assessed bivariate associations between gender and use of DFH. Multivariable probit models estimated the adjusted marginal effects of gender on use of DFH.

Two-stage sample selection models were used to adjust for sample selectivity.

**KEY FINDINGS:** Among young and older adults, 31-33% and 37-42% of hospitalized cases were female, respectively. Among adults, 47-48% of hospitalized cases were female.

- i. Young and older females experience bias in hospitalization financing.
- ii. Biases are concentrated in severe catastrophic hospitalization expenditures.
- iii. Health insurance or assurance did not protect older females against this gender bias.

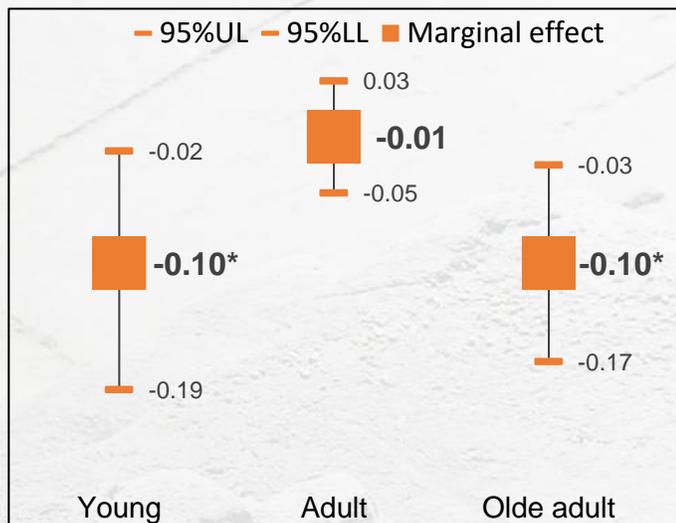


Figure 2 Sample selection probit regression marginal effect (ME) of females using DFH in households that incurred SCHE in last 365 days, India 2017-18.

\* $p \leq 0.05$

Suggested Citation: Kumar, K., Singh, A., James, K. S., McDougal, L., & Raj, A. (2020). Gender Bias in Hospitalization Financing from Borrowings, Selling of Assets, Contribution from Relatives or Friends in India Research Brief No.6. Mumbai & San Diego: GENDER Project, International Institute for Population Sciences and Center for Gender Equity and Health University of California.

**CONCLUSIONS AND IMPLICATIONS:** This study establishes gender differentials in the use of distressed financing - borrowing, selling of assets, and contributions from relatives or friends for hospitalization for young and for older adults in India in households that incurred SCHE.

The implications of these results are:

1. Gender differentials in the use of DFH are likely affected by the social and economic roles and value that a female is perceived to offer the family.
2. Gender bias in hospitalization financing is not only concentrated among the young, but is also experienced by older females.
3. The recently launched health assurance scheme in India “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana” may offer households a financial safety net for healthcare expenditures. However, this may be less likely to protect older adult females from household discrimination in hospitalization financing strategies.

Study findings call for the increased valuation of girls and older women. Greater responses from the health system to support economically deprived girl children and older women are needed to achieve the Sustainable Development Goal of universal health care for all.



The Gender (Gender Equity and Demographic Research) Project is a collaboration of the University of California San Diego’s Center on Gender Equity and Health and India’s International Institute on Population Sciences.

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