

ABSTRACT

The aim of the study was to assess the financial burden to the family due to the treatment cost of thalassaemia patients especially due to repeated blood transfusion and the cost contributed by the hospital for these patients. The study design was cross sectional and descriptive. The study was conducted at the Day care room (DCR) of Yangon Children Hospital (YCH) to interview with parents of the 107 thalassaemia patients, who attend DCR during 3rd week of September to 3rd week of October, 2011. Mean age of the patients was 6.4 years \pm 3.3 SD. Median monthly family income was 120000 Kyats (Interquartile range (IQR) = 70000 to 208000). Fourteen percent of the families lived with less than 50000 Kyats per month but 34% of the families lived with more than 150000 Kyats. Monthly family income had statistically significant association with financial burden of the family ($p < 0.001$). Median cost of one visit for blood transfusion was 16500 Kyats (IQR = 8000 to 24550). Direct medical and non-medical cost constituted 36% and 64% respectively. The cost was increased if the patient had major complication. Fifty percent of the families spent 10% or less of their monthly income for one visit of blood transfusion. The rest 50% were faced with financial burden because they spent more than 10% of their income. Financial burden had significant association with occupation of the patients' fathers, non-medical cost, number of blood transfusion since the time of diagnosis, number of blood needed for one year and interval of blood transfusion ($p < 0.05$). For transfusion dependent thalassaemia patients who attended DCR, hospital contributed 9500 Kyats for each unit of blood and 1000 Kyats for each patient who could not afford for drugs and other medical accessories. Average 820 units of blood were issued monthly, so total of 833,500 Kyats were contributed monthly by the hospital (and government). Every year, approximately 10 million Kyats had been contributed. This study indicated that the financial burden of thalassaemia patient to the family and government was not negligible and it pointed out the necessity of prevention programme for thalassaemia.