

A study to assess the awareness and utilization of selected government health insurance schemes among the rural population in Puducherry

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Abstract: The Government supported insurance schemes are a form of social security in India. The aim of the study was to assess the awareness and utilization of selected government health insurance schemes among the rural population in Puducherry. A Quantitative approach with descriptive research design was adopted for the study and 399 head of the households members in the rural population was selected by enumerative sampling technique. The predesigned structured questionnaire on awareness and utilization of health insurance schemes was administered. Among 399 head of the households members, 159 (39.8%) were aware of government health insurance scheme and 240 (60.2%) of them were not aware of any government health insurance scheme and major source of information was from Television 118 (29.6%), 82 (20.6%) of them got the information from Internet. Majority 366 (91.7%) of them were not utilizing any government Health insurance scheme and 33 (8.3%) of them were utilizing government health insurance. On that 10 (2.5%) of them were utilizing CGHIS, 6 (1.5%) of them were utilizing CMCHIS & ESIS, 5(1.3%) of them were utilizing PMSBY, 2 (0.6%) of them were utilizing RSBY & UHIS, 1 (0.3%) is utilizing ABY and 1 (0.3%) is utilizing others. There is an association found between awareness and utilization with selected demographic variables level of significance found at $P < 0.05$. There is still an alarming need to improve the awareness and utilization of selected government health insurance schemes among the rural population.

Key Words: Awareness, Utilization, Government Health Insurance Schemes, Rural Population, Puducherry

1. INTRODUCTION:

The Government insurance schemes helps in the form of social security in India. These schemes are initiated with the aim to provide protection to the population against income losses. In India, Government insurance schemes have been started in the last decade. There are four health insurance schemes which are initiated by Government of India, for specific occupational groups and for the BPL population. For occupational groups, the Government supports Health Insurance Scheme for Handloom Weavers and the Rajiv Gandhi Shilpi Swasthya Yojana for handicraft artisans. For BPL population, the Rashtriya Swasthya Bima Yojana (RSBY) and Universal Health Insurance Scheme (UHIS) are supported by Government of India (GoI). Schemes for occupational groups are operated by ICICI Lombard, UHIS is operated by the four public sector insurance companies and RSBY by both private and public sector insurance companies across the country. The coverage of beneficiaries under most of the insurance schemes appears to be low. In a number of schemes, the share of beneficiaries covered in the targeted population is less than 20 per cent. Universal Health Insurance Scheme (UHIS) and the Rashtriya Swasthya Bima Yojana provide insurance cover to the BPL population against hospitalization expenses, the UHIS is likely to be less relevant in the presence of RSBY as there is no requirement of premium contribution in RSBY unlike UHIS. ⁽¹⁾

Households at the time of illness go through out-of-pocket payments. Only about 3% - 4% of Indians are covered under some form of health insurance and four-fifth of the population is still spending out of their own pockets. ⁽²⁾ With more than two-thirds of the out-of-pocket expenditure on health in India being towards outpatient treatment, this is more important for all the citizens to make use of the health insurance scheme. So, investigator selected this study to assess the awareness and utilization of selected government health insurance schemes among the rural population in Puducherry.

2. MATERIALS & METHODS:

Design: A Descriptive research design was adapted for the present study.

Sample Size: A sample of 399 head of the household's members in the rural population.

Sampling Technique: Enumerative sampling technique was used to select the sample.

Data collection Procedure: The formal setting permission was obtained from concerned authorities. The predesigned structured questionnaire on awareness and utilization of health insurance were administered. Preferably the heads of the household are interviewed. If not available then the next responsible family member is selected. The data were analysed using descriptive and inferential statistics.

3. RESULTS:

Distribution of demographic variables of breadwinner of the family:

The mean age is 43 with a standard deviation of 9.1. Majority of rural population 361(90.5%) were male and 38(9.5%) were female; 92(23.1%) have studied up to high school 84 (21.1%) were studied up to higher secondary school and 56 (14.0%) has completed middle school, 39 (9.8%) were illiterate, 32 (8.0%) has done primary schooling and 4 (1.0%) of them were post graduates; 53.6% has an income of rupees 7533 and above and 2.3% has an income of rupees 1129 and below; 317 (79.4%) were in nuclear family and 82 (20.6%) were in the joint family; 391 (98.0%) were having pink card and 5 (1.3%) of them were holding Green card, 3 (0.8%) of them do not have ration card.

Distribution of awareness on government health insurance among rural population:

159 (39.8%) were aware of government health insurance scheme and 240 (60.2%) of them were not aware of any government health insurance scheme.

Distribution of government health insurance scheme known by the participants:

Majority 294 (73.4%) of them were not aware of any government health insurance scheme and 21 (5.3%) of them were aware about ABY, 15 (3.8%) were aware about CGHIS & CMCHIS, 14 (3.5%) were aware of COVID 19 health insurance scheme, 13 (3.3%) of them were aware of AABY & ESIS, 5 (1.3%) were aware about RSBY and 3 (0.8%) of them were aware of PMSBY.

The major source of information regarding health insurance was from Television 118 (29.6%), 82 (20.6%) of them got the information from Internet, 76 (19.0%) got the information from Newspaper, 64 (16.0%) of them received from Hospital and 59 (14.8%) knew information from colleague.

The purpose of having government health insurance scheme:

356 (89.2%) have said that, it saves the medical expenses and 43 (10.8%) have responded as, for employer compulsion. The majority 328 (82.1%) of them do not know about the benefits of health insurance, 32 (8.0%) responded as cashless treatment, 10 (2.6%) of them as to claim the medical coverage, 21 (5.3%) of them as low cost expenses and 8 (2.0%) have mentioned it as one of a saving scheme. Majority 264 (66.2%) have reported that health insurance is not like a monthly saving. Pay any premium for health insurance showed that 123 (30.8%) of them said Yes and 276 (67.2%) of them said No.

Awareness on RSBY health insurance: 153 (38.3%) of participants knew about no age limit for RSBY, 73 (18.3%) of them had knowledge about eligibility criteria for RSBY that is every members in this family, Rs.30, 000 is the financial coverage provided by RSBY was known by 136 (34.1%) and 282 (70.7%) knew the BPL families are the beneficiary of RSBY. (Table 1)

Table 1: Frequency and percentage distribution of Awareness on RSBY health insurance

Awareness on RSBY health insurance	Frequency (N)	Percentage (%)
Age limit for RSBY-No age limit	153	38.3
Eligibility for RSBY - Every members in the family	73	18.3
Total insured amount in RSBY - Rs.30,000	136	34.1
Beneficiary of RSBY - BPL families	282	70.7

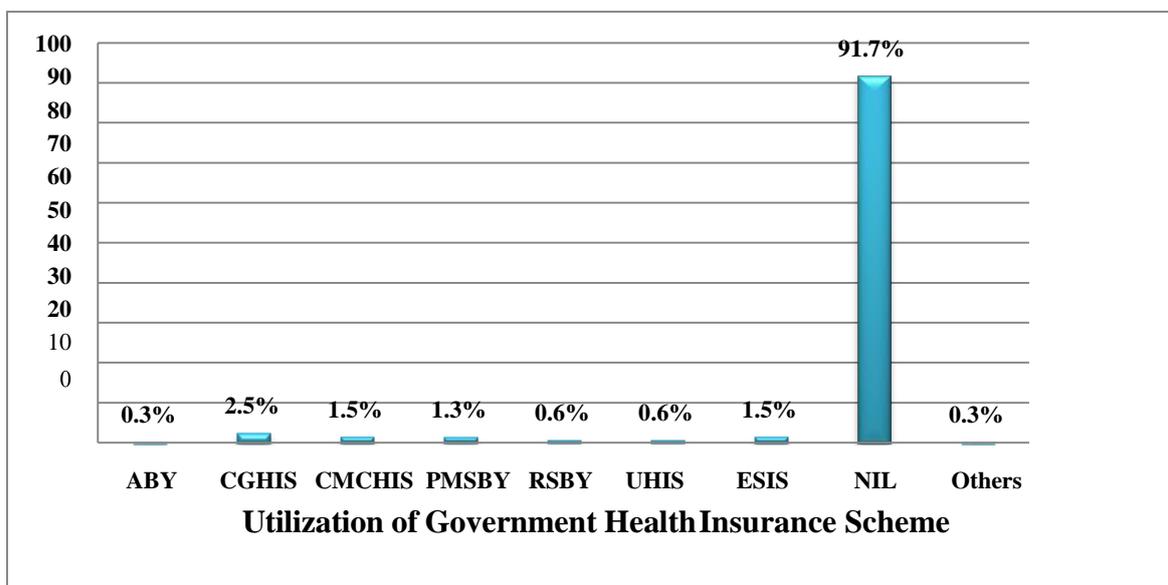
Utilizing any government health insurance scheme, Majority 366 (91.7%) of them were not utilizing any government health insurance scheme and 33 (8.3%) of them were utilizing government health insurance. (Table 2)

Table 2: Frequency and percentage distribution of utilization of government health insurance scheme

Utilization of Government health insurance scheme	Frequency (N)	Percentage (%)
Yes	33	8.3
No	366	91.7

Distribution of utilization of various government health insurance scheme, 366 (91.7%) were not utilizing any Government health insurance scheme, 10 (2.5%) of them were utilizing CGHIS, 6 (1.5%) of them were utilizing CMCHIS & ESIS, 5(1.3%) of them were utilizing PMSBY, 2 (0.6%) of them were utilizing RSBY & UHIS, 1 (0.3%) are utilizing ABY and 1 (0.3%) are utilizing others. (Figure 1)

Figure 1: Percentage distribution of utilization of various government health insurance scheme



There was a significant association found between utilization with Awareness of health insurance scheme (P =0.0001*), source of information (P =0.008*), Health insurance is a monthly saving (P =0.025*), Pay premium (P= 0.026*), Age limit for RSBY (P= 0.007*), Eligibility (P= <0.001*) and Beneficiaries of RSBY (P= 0.008*).

4. DISCUSSION:

A descriptive research design was used to select the sample; Total 399 head of household members in the rural population were selected by Enumerative sampling technique. The aim of the study was to assess the awareness and utilization of selected government health insurance schemes among the rural population in Puducherry.

The first objective was to find the awareness on selected health insurance scheme among the rural population:

Regarding the knowledge about awareness of health insurance schemes, only 39.8% of people were aware. This may be due to lack of education status and socioeconomic empowerment.

The study findings were similar with Raja T.K., Buvnesh Kumar M., Muthukumar T., Anisha Pannakal Mohan (2019) revealed that 51% were aware about health insurance, the source of awareness was mostly from television (38.3%).⁽³⁾

The second objective was to find the utilization of government health insurance scheme among the rural population:

In this study, the majority of people (91.7%) have not utilized the government health insurance scheme. The results revealed that 0.3% of ABY beneficiaries, 1.3% of PMSBY beneficiaries, 2.5% of CGHIS beneficiaries, 1.3% of ESIS beneficiaries, 1.5% of CMCHIS beneficiaries, 0.3% of RSBY beneficiaries, 0.5% of UHIS Beneficiaries, & 0.3% of Other scheme beneficiaries. The government health insurance scheme was only utilized by 8.3% of households.

This study is consistent with the results conducted by Harshad Thakur (2016) showed 21.6% of study participants utilized a health insurance scheme during the period of 2010 - 2012. Only 11.3% of head of the households has reported that they were currently enrolled for RSBY in the year of 2016. It is seen that at each step, there is an increase in the exclusion of eligible head of households from the scheme. The participants felt that such schemes did not reach their intended beneficiaries due to various factors. ⁽⁴⁾

The third objective was to determine the association between awareness and Utilization with selected variables:

Out of 399 respondents, 159(39.8%) of them were aware of health insurance. Among 159 only 33(8.3) were utilize it. Significant association was found between utilization with Awareness of health insurance scheme, source of information, Health insurance is a monthly saving, Pay premium, Age limit for RSBY, Eligibility, Beneficiaries of RSBY at $p < 0.05\%$ level of significance.

This finding was similar to the study results of Indumathi K, Hajira Saba Ishaq, Arun Gopi, Mangala Subramanian (2016) which showed that among 399 respondents, 302 (75.7%) of them were aware of health insurance. Among 302 only 202 (66.9%) had procured health insurance. Of these 187(95.5%) had government insurance and 15(7.5%) of them had private health insurance. Awareness of health insurance was associated with socioeconomic status and education ($p < 0.05$). ⁽⁵⁾

5. CONCLUSION:

The present study findings on the awareness and utilization of selected government health insurance scheme among people residing in the rural areas of the Puducherry still need to improve at a faster rate with regard to their viable knowledge about health insurance covering the medical expenses in the rural communities. It is important to value the perception of people and develop a package that is accessible, available, affordable and acceptable to all sections of the society. There is a need to make them aware of the need for health insurance to meet the ever rising medical expenses in view of unpredictable injuries and illness.

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