AWARENESS AND UTILISATION OF HEALTH INSURANCE SERVICES BY THE FAMILIES RESIDING AT URBAN FIELD PRACTICE AREA OF A MEDICAL COLLEGE IN BANGALORE

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ABSTRACT

Introduction: According to WHO (2012) only 25% of total Indian population is covered by some form of Health Insurance. To achieve Universal health coverage (UHC), World Bank & WHO, have developed a framework which includes financial risk protection, as one of the component.

Materials & Methods: A community based cross sectional study was done & a total of 447 households meeting inclusion and exclusion criteria were interviewed. Data regarding sociodemographic profile, awareness regarding health insurance, posession of health insurance was collected. Only beneficiaries of Vajpayee Arogyashree scheme were interviewed regarding awareness & utilisation of same.

Results: Mean age of the Head of the Family of study households was 41 ± 12years. Most of the households were headed by males [89.7%]. Majority [79%] belonged to Upper lower class of socioeconomic status. Only 10.5 % of the study households were aware regarding health insurance & only 6.7% of the total households were covered under some form of health insurance. Out of these, only 1.6% of the study households were covered under Vajpayee Arogyashree. None of the study households had utilised Vajpayee Arogyashree in the last 1 year.

Conclusion: Awareness campaign should be undertaken to increase the awareness regarding government health insurance schemes among its beneficiaries, thereby, reducing the out of pocket expenditures as well financial catastrophes during the illness.

Key words: Health Insurance, Vajpayee Arogyashree, Utilisation, Community based Health Insurance

INTRODUCTION

Universal health coverage (UHC) means that all the people must receive the health services they need without suffering financial hardship. The full spectrum of essential, quality health services must be covered including health promotion, prevention and treatment, rehabilitation and pal-liative care. But if people have to pay most of the cost out of their pockets, the poor will be unable to obtain many of the services they need and even the rich will be exposed to financial hardship in the event of severe or long-term illness.[1] WHO along with the World Bank has developed a framework to track the progress of UHC.

The framework has 3 indicators which includes Health service coverage, financial risk protection, equity or coverage for the entire population.[1]

Countries financing for health care varies from country to country which depends upon country's economy, taxation policy etc. In India government is spending a mere 1.4% GDP towards health care.[2] Only 25% of Indians are covered under some form of health insurance and rest of the population is still spending out of their own pockets as per the World Bank report.[3] As per NRHM report, only 10% of the total population in India is covered by some form of Health Insurance.[4] Health insurance is recommended as a measure to protect households from such catastrophic health expenditure.

In Karnataka, following government health insurance schemes are operational covering various beneficiaries, which includes Employees' State Insurance Scheme (ESIS), Central Government Health Scheme (CGHS), and Rashtriya Swasthya BimaYojana (RSBY) under central government. We have two health insurance schemes under state government which includes Yeshasvini Co-operative Farmers Health Care Scheme, Vajpayee Arogyashree Scheme.

Vajapayee Arogyashree (VAS) was started in the year 2009 under Suvarna Arogya Suraksha Trust as the implementing agency. It was first started under Gulbarga division and covers entire Karnataka state from the year 2012 under 4 divisions i.e. Bangalore, Mysore, Belgaum & Gulbarga.[5]

Apart from this, there are many private insurance companies which offer insurance cover, but not all can afford to pay the hefty premiums, nor do these companies offer the policies for people with pre-existing illness.

In this regard the present study was undertaken with the following objectives to describe the Socio Demographic Profile of the households, to assess the awareness regarding Health Insurance schemes by the households, to assess the awareness & utilisation of Vajpayee Arogyashree by the BPL families. We were committed to increase the awareness regarding government health insurance schemes in order to improve their utilisation and reduce the financial catastrophes due to illness.

METHODOLOGY

A community based cross sectional study was conducted, at urban field practice area of our medical college from October 2014 to December 2014. Using probability proportional to population size 447 households who were residing in our urban field practice area for a minimum period of 6 months and those willing to participate & cooperate in the study were interviewed after obtaining the informed consent. All the door locked houses during the survey were excluded.

A household is defined as a group of individuals both related and not related residing together and consuming food from same kitchen.[6]

In each area we first moved to the centre of the area and numbered the roads imaginarily. Then using a currency note one of the road was chosen randomly. Then a walk through survey was taken along the road. Then again using the currency note, a household was chosen randomly.

After interviewing of the first household, decision of moving to the right or left was determined by tossing the coin. Following which survey was continued in the given direction till the required number of households was surveyed in the given area. In case of door locked houses next adjacent house was selected.

Data collection was done using a pretested semi structured Proforma, Which included data regarding socio demographic profile like name, age, sex, education & occupation of the Head of Family, Total family income, and possession of Ration card were collected. Families were classified based on socioeconomic status using Modified Kuppuswamy classification. [7] Awareness regarding health insurance, awareness and utilisation of Vajpayee Arogyashree was collected. Data was entered in Microsoft Excel 2007 & analysed using spss 16.

RESULTS

The mean age of the head of the family [HOF] in the study households were 41$\pm$ 12 years. Only 47(10.5%) of the households were aware, regarding some form of health insurance of which only 41(9.2%) felt, it was important to have health insurance. Among all, only 30(6.7%) were covered under some form of health insurance. Though they were aware, 17 of the 47 respondents didn't have health insurance.

The reasons for not having health insurance were, 5 respondents felt it was not useful and 12 respondents didn't know the procedure to get the same.

Table 1: Socio demographic profile of study households (n=447)

	Frequency (%)
Sex of HOF	
Male	401 (89.7)
Female	46 (10.3)
Family type	
Nuclear	301 (67.3)
Joint	47 (10.5)
Three generation	99 (22.1)
Religion	
Hindu	47 (10.5)
Christian	3 (0.7)
Muslim	397 (88.8)
Education of HOF	
Illiterate	166 (37.1)
Primary school certificate	132 (29.5)
Middle school certificate	80 (17.9)
High school certificate	48 (10.7)
Intermediate or post high school diploma	14 (3.1)
Graduate or post graduate	07 (1.6)
Occupation of HOF	
Unemployed	36 (8.1)
Unskilled worker	93 (20.8)
Semi skilled worker	148 (33.1)
Skilled worker	92 (20.6)
Clerical, shop owner, farmer	72 (16.1)
Semi profession	6 (1.3)
Total family income	
<2024	15 (3.4)
2025-6014	175 (39.1)
6015 – 10024	160 (35.8)
10025 – 15036	67 (15.0)
15037 – 20049	24 (5.4)
20050 – 40099	4 (0.9)
>40100	2 (0.4)
Socio economic status [7]	
Upper	1 (0.2)
Upper middle	4 (0.9)
Lower middle	67 (15.0)
Upper lower	353 (79.0)
Lower	22 (4.9)
Possession of ration card	
Below poverty line	237 (53.0)
Above poverty line	43 (9.6)
Anthyodaya	6 (1.3)
Doesn't pocssess	161 (36.0)

Table 2: Awareness regarding Health Insurance

Awareness regarding Health insurance	Frequency (n = 447) (%)
Yashaawini	15 (3.4)
Vajpayee arogyashree	11 (2.5)
Esi	2 (0.4)
Rashtriya swasthiya bhima yojana	4 (0.9)
Others	15 (3.4)
Dont know	**400 (89.5)**

Table 3: Coverage under various Health Insurance schemes (n = 447)

Coverage under various health insurance	Frequency (%)
Yashaswini	4 (0.9)
Vajpayee arogyashree	7 (1.6)
Esi	2 (0.4)
Rastriya swasthiya bhima yojana	6 (1.3)
Others	11 (2.5)
Don't have	417 (93.3)

Table 4: Knowledge regarding Vajpayee Arogyashree (n = 7)

	Frequency (%)
Premium to be paid	
Free	6 (85.7)
Chargeable	1 (14.3)
Beneficiaries	
Anybody	1 (14.3)
Only bpl families	4 (57.1)
Don't know	2 (28.6)
Family members	
4 members	2 (28.6)
5 members	2 (28.6)
All the members of the family irrespective of number	2 (28.6)
Don't know	1 (14.2)
Hospitals	
Only empanelled hospitals	2 (28.6)
Don't know	5 (71.4)
Illness covered	
Cancers	1 (14.3)
Cardiology	4 (57.1)
Poly trauma	1 (14.3)
Others	1 (14.3)

No BPL household among the study population had utilised the Vajpayee Arogyashree scheme in the last 1 year.

DISCUSSION

Majority of our study households [79%] belonged to upper lower class of socio economic status according to modified Kuppuswamy classification, with mean age of the Head of family 41 ± 12 years. Most of them [88.8%] belonged to Muslim by religion; majority [67.3%] resided in nuclear families. Education of the Head of the families was considerably low with majority [37.1%] being illiterates and did semiskilled work.

The awareness regarding some kind of health insurance was 10.5% which is very low compared to a study done in 2007 by Reshmi et al at Mangalore which was 64%. [8] This may be attributed to low level of education and lower so-

cio economic status of our study population but in the latter the educational qualification of the Head of the families was higher.

Only 6.7% of the members of study households in our study were covered under some form of health insurance which is very low when compared with national statistics as stated in the Mission document in the year 2012 by National Rural Health Mission according to which it was 10%. [3]

According to World Bank report published in 2012 states 25% of the Indians have access to some form of health insurance but it is very low in our population when compared to it. [4]

Though a very small proportion Below poverty line study households had enrolled under Vajpayee Arogyashree health insurance scheme they are lacking the knowledge regarding which are Hospitals where they can utilise it, what are the illness covered under the scheme. [10, 11] Hence it is not serving the purpose as the beneficiaries are not fully aware regarding its utilisation.

CONCLUSION

Though government health insurance schemes like ESI are operational since 1952, Yashaswini since 2003, Vajpayee Arogyashree since 2012 the awareness regarding the same is lacking among its beneficiaries. Also few of the people who were aware regarding them haven't obtained these insurance schemes as they don't know the procedure to obtain the same. As a result ill health continues to bring financial catastrophes in their families.

RECOMMENDATIONS

Awareness programmes regarding health insurance should be undertaken, Electronic media seems to be an easy way of increasing the awareness as also mentioned in a study done by Reshmi et al. [12] More enrolment and registration centres have to be set up in order to register more beneficiaries under the scheme.

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