

Health Insurance: It's Awareness, Coverage and Factors Influencing Its Subscription In Field Practice Area Of KIMS, Koppal, Karnataka

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ABSTRACT

Background: Health is a human right. In order to achieve Universal Health Coverage and to bridge the gap between the community and the provision of quality health care, there is a need to improve the financial protection for health. Health insurance is a promising way for improving health by reducing health expenditure and providing financial protection

Objectives: Assessment of awareness about health Insurance schemes, assessment of coverage of health insurance schemes and the factors influencing the subscription and utilization of Insurance Schemes.

Materials and Methods: A community based cross sectional study was conducted in the RHTC Irkalagad, a field practice area of Department of Community Medicine, KIMS Koppal during February and March 2020 among 500 individuals aged 18years and above using predesigned semi-structured questionnaire. **Results:** Out of 500 individuals, 59% of the participants were aware of health insurance, the awareness about health insurance was significantly associated with gender and socio-economic status. Only 29% of the participants were subscribed to health insurance and 6.8% of those insured availed the benefits. Majority(78.5%) of the participants reported lack of awareness was the reason for non-subscription to health insurance.

Conclusion: The awareness about health insurance was satisfactory but the coverage and its utilization is poor. There is a need to mobilize the rural population for subscription and also for creating awareness about the services, mode of availing the services.

Keywords: Health Insurance, Awareness, Coverage, utilization,

INTRODUCTION:

Health is a human right. Its accessibility and affordability has to be insured to all sections of the community. The rural population face a variety of health problems when compared to the urban because of varying environmental and geographic conditions, they also have a poor health seeking behavior and also non availability of health care facility. [1]

In Developing countries like India where the majority of its population lives in rural areas, Health Insurance is an unfamiliar word. The people belonging to low socio economic status and those living in rural areas lack quality health care. [2]

The factors contributing for health inequalities are related to socio-economic status, gender, accessibility to health care center, affordability resulting in high out of pocket expenditures and also financial burden of health care being met by the population. [3] The rising cost of healthcare has resulted in reaching the specialized care beyond the extent of a common man. [4]

The rural population face a variety of health problems when compared to the urban because of varying environmental and geographic conditions, they also have a poor health seeking behavior and also non availability of health care facility. [2]

To endeavor and accelerate the universal health coverage (UHC), World Bank & World Health Organization (WHO), have developed a framework which includes financial risk protection, as one of the component. [4] Health insurance is a method to finance healthcare. There is need to improve the financial protection of rural poor. Health insurance acts as a promising way of providing health equity to the whole population. Health Insurance is a form of Social protection. [4]

In order to achieve Universal Health Coverage and to bridge the gap between the community and the provision of quality health care the Government of India has initiated various Health insurance programs such Ayshman Bharat, RashtriyaSwastaBimaYojana, Yeshasvinietc, [5]

Majority of the population are not aware of the health insurance schemes and if aware only few are utilizing it. Moreover there is no active participation from the community in utilization of these schemes, because of which still the population is facing financial hardships after the major illness in their families.

So the present study was conducted to assess the awareness of health insurance and its utilization and also the factors responsible for subscription and non-subscription of health insurance schemes.

Objectives:

- To assess the awareness about availability and utilization of health Insurance scheme.
- To assess the coverage of health insurance schemes.
- To assess the factors influencing the subscription of Insurance Schemes.

METHODOLOGY

A Community based cross sectional study was conducted in the field practice area of department of community medicine, KIMS, Koppal among the residents residing in Irkalgad village, Koppal district during February and March 2020. Permission for the study was obtained from the College Institutional Ethics Committee prior to commencement.

Inclusion criteria:

1

2

Exclusion criteria:

1

2

In a study conducted by Indumati et al in rural area of Bangalore[6] about 75.7% of the residents were aware of one or the other health insurance schemes. Considering P as 0.75, the sample size was calculated using $N=4pq/d^2$. The calculated sample size was 442, the final sample size was rounded of to 500. Simple random sampling was used to select the study population. Residents aged above 18 years of age who give consent for the study were included.

The data was collected using predesigned, pretested questionnaire by house to house survey. The information collected included socio-demographic details, awareness about health insurance scheme, factors determining subscription and non-subscription of health insurance schemes.

Statistical analysis: The data was entered in MS Excel and analyzed using SPSS v21, Suitable descriptive and inferential statistics were used for the study.

RESULTS

Socio-demographic Characteristics: Out of 500 study participants, majority (94%) were Hindus. About 54.8% of the participants were males, and majority of them belonged to Class IV socio-economic status.(Table 1)The mean age of study participants is 37.8 ± 15.2 years.

Table 1: Socio-demographic characteristics of study participants

Socio-demographic details		Frequency	Percent
Religion	Hindu	470	(94%)
	Muslim	30	6.0
	Total	500	100.0
Gender	Female	229	45.8
	Male	271	54.2
	Total	500	100.0
Socioeconomic status	Class I	22	4.4
	Class II	78	15.6
	Class III	99	19.8
	Class IV	217	43.4
	Class V	84	16.8
	Total	500	100.0
Age Categories	<20 years	52	10.4
	20-30years	153	30.6
	30-40years	115	23.0
	40-50years	82	16.4
	>50years	98	19.6
	Total	500	100.0

Awareness about Health Insurance: About 59% of the study participants were aware of Health Insurance (Fig 1). Majority of the participants did not know any source of Information, television and friends were the main source of information about health Insurance, followed by newspapers. (Table 2)

The Awareness about health insurance was significantly associated with Gender and Socioeconomic status. Awareness was more among males when compared to females and also among participants belonging to higher socioeconomic class. (Table 3)

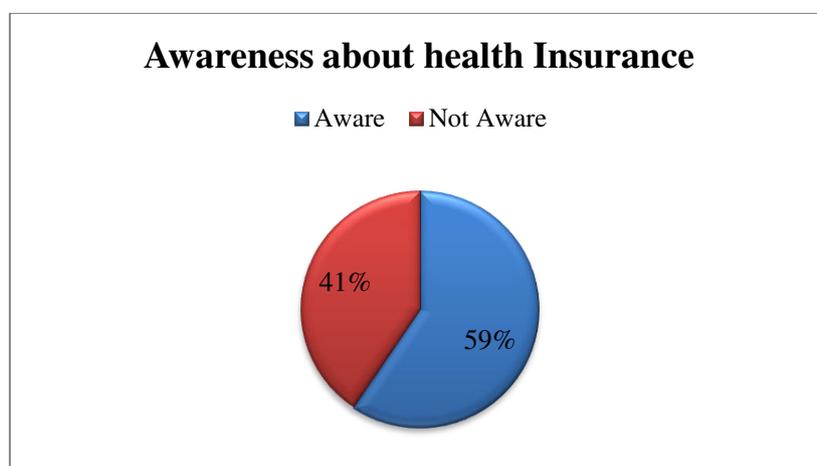
Figure 1: Awareness about Health Insurance Scheme

Table 2: Sources of Information about Health Insurance

Source of Information	Frequency(N=500) [#]	Percentage
Newspaper	100	20
Friends	140	28
Employee of insurance company	51	10.2
Television	156	31.2
Agents	42	8.4
Radio	10	2
Don't know	180	36

Multiple answers were considered

Table 3: Association between awareness and socio-demographic characteristics.

		Awareness about Health Insurance			Chi square
		Not Aware	Aware	Total	
Religion	Hindu	187(39.8%)	283(60.2%)	470(100.0%)	X ² : 2.146 P Value: 0.143
	Muslim	16(53.3%)	14(46.7%)	30(100.0%)	
	Total	203(40.6%)	297(59.4%)	500 (100.0%)	
Sex	Female	109 (47.6%)	120 (52.4%)	229(100.0%)	X ² : 8.580 P Value : 0.003*
	Male	94(34.7%)	177 (65.3%)	271 (100.0%)	
	Total	203(40.6%)	297(59.4%)	500(100.0%)	
Socio- economy c status	Class 1	1(4.5%)	21(95.5%)	22(100.0%)	X ² : 20.166 P Value: 0.0001*
	Class 2	22(28.2%)	56(71.8%)	78(100.0%)	
	class 3	46(46.5%)	53(53.5%)	99(100.0%)	
	class 4	97(44.7%)	120(55.3%)	217(100.0%)	
	class 5	37(44%)	47(56%)	84(100.0%)	
	Total	203(40.6%)	297(59.4%)	500(100.0%)	
AGE	<20 years	28(53.8%)	24(46.2%)	52(100.0%)	X ² : 8.050 P Value : 0.090
	20- 30years	61(39.9%)	92(60.1%)	153(100.0%)	
	30- 40years	41(35.7%)	74(64.3%)	115(100.0%)	

	40-50years	39(47.6%)	43(52.4%)	82(100.0%)
	>50years	34(34.7%)	64(65.3%)	98(100.0%)
	Total	203(40.6%)	297(59.4%)	500(100.0%)

* P value < 0.05, Statistically significant

Subscription to Health Insurance: About 29% of the Study participants availed Health Insurance (Fig 2), among them only 6.8% of the insured individuals availed the benefits in the last 6 months.

Majority of the participants were insured with government insurance scheme, followed by Community Insurance (27.2%). Only about 7.2% had private insurance.

The main reason for subscription was the awareness about the insurance benefits (70.7%), followed by advice from others, only 6.1% of them had prior experience with the insurance. (Table 4)

Reasons for Non subscription: Majority(78.5%) of them were not aware of Health Insurance Schemes, about 38.2% reported low salary and they cannot pay for the insurance.(Table 5)

Figure 2: Population having health insurance

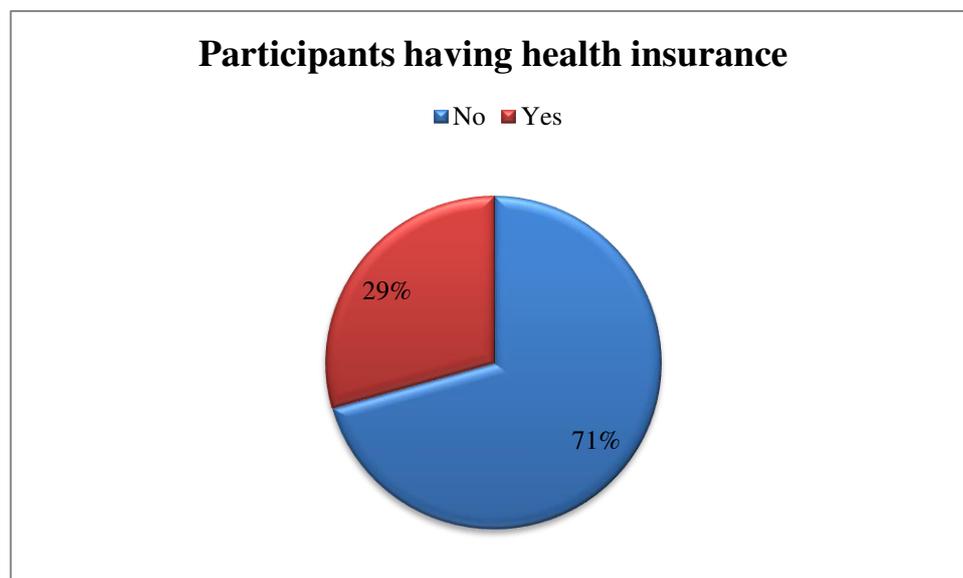


Table 4: Reasons for subscription to health insurance

Reasons for subscription	Frequency [#]	Percentage (N=147)
Awareness of Benefits	104	70.7
Advice from others	84	57.1
For better health care	24	16.3
Reduce the health care expenditure	29	19.7
Prior experience with the insurance	9	6.1

Investment	7	4.8
Mandatory at Work place	12	8.2

Multiple answers were considered

Table 5: Barriers for subscription to Health Insurance

Barriers for subscription	Frequency [#]	Percentage(N=353)
Lack of awareness about the schemes	277	78.5
Difficulty in paying premium	135	38.2
Difficulty in approaching insurance	71	20.1
Accessibility to insurance linked hospitals	29	8.2
Difficulty in availing services at hospital	11	3.1
Government Job	2	0.6
Not interested	2	0.6

Multiple answers were considered

DISCUSSION

The present study shows the awareness about health insurance among rural population of a village in North Karnataka. In the present study about 59% of the study participants were aware of Health Insurance where as in a study conducted by Gowda⁷ et al in Mandya district, 81% of the respondents were aware about the health insurance which is significantly high. [7]

One more study conducted in Bangalore by Indumati⁶ K showed the higher awareness (75.6%) when compared to the present study. [6]

In the present study the awareness was significantly associated with Gender and Socio-economic status, the similar results were observed in a study by Indumati et al in Bangalore, Gowda et al⁷ in Mandyadistrict,. [6,7]

In the present study, about 29% of the participants were subscribed to health insurance and about only 6.8% of the participants availed the insurance benefits in the last 6 months where asin a study by L. M. Manuja⁸ in B G Nagar44.7% of the study participants were enrolled for health insurance Schemes. [8] In a study conducted by Netra G about 45.5% were covered by health insurance schemes.

The main reason for subscription was awareness about benefits followed by advice from others. Actual reason of health insurance to reduce the health care cost was not known to many of the participants and only 6.1% of them had prior experience with the insurance.

The reason for non-subscription was lack awareness about insurance scheme, many of the participants reported difficulty to approach insurance, insurance linked hospitals are not easily accessible and difficulty in availing services in hospitals as a barrier for non-subscription to health insurance.

Conclusion: More than half of the participants were aware of health insurance schemes, gender and socio-economic status determined the awareness. Even though the awareness is satisfactory, its coverage is poor and if covered under insurance the utilization of benefits is poor. There is a need to create awareness about the service under health insurance schemes. The population should be mobilized for enrolment and also for utilization. Health Insurance Information center should be started at Taluk levels, so that the rural population can access the needed information and can utilize the health insurance schemes. The information regarding the schemes, services, diseases covered, lists of hospitals under the schemes have to be updated at regular intervals and to be notified to the general population.

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