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Awareness of Health Insurance among Rural Population

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ABSTRACT

For the majority people living in rural India, Health Insurance is a unheard word. As per the findings of a contemporary research report by RNCOS, mentality is one the biggest reasons behind the low penetration rate of health insurance in rural India. Creating awareness about the Health Insurance among the rural population remains a biggest challenge. Materials and Methods:A Descriptive study was carried in 3 out of 10 villages attached to the Yenepoya University through the Rural Community Health Services. The villages were selected by cluster sampling technique by lottery method. Total 2946 households of 3 villages were interviewed by administering a pretested questionnaire after obtaining informed consent. The respondents included the head of the family or a member of family identified by the head of the family. Results: Majority (65%) of the respondents were from low socio-economic status holding BPL cards. 1326 (45%) were not aware of any form of Health Insurance. 1620 (55%) respondents were aware of Health Insurance and the main source of information was health worker (59.2%). Out of the respondents who were aware of Health awareness, 1124(38.2%) respondents had subscribed for Health Insurance and it was mainly institution /NGO based (98.3%) as against public financed (1.7%). 496 (16.8%) respondents had not subscribed to any form of Health Insurance despite being aware and the main reason for not subscribing was attributed to the complicated process (44.6%) involved in the health insurance process they were aware of. Conclusion: Awareness of Health Insurance is variable among the rural population. Health worker (59.2%) being a main source of awareness can play a key role. There is a need to develop a viable Health Insurance scheme especially for Rural population by linking to BPL card holders, collaborate with Institution and NGOs to offer subsidized health care facility and promote the same through trained Health worker.

KEYWORDS : Health Insurance, Rural Population, House- Hold, Awareness.

Introduction:

The Health Insurance scheme available for 70% of the Indian population who lives in rural areas is far less as compared to urban population as revealed in some of the studies 1,2 conducted. The awareness about the Health Insurance among rural population is low compared to urban population due to their low socio economic status. Studies3,4 have concluded that the determinants of awareness of Health Insurance were religion , type of family, education, occupation and annual Income. The higher education and Higher Income has positive relation to the awareness.

The source of Information plays a major role for awareness and various studies 1,2,3,4 have concluded that the variables are Media, relatives/friends, Insurance agent etc.

The type of Health Insurance subscribed by the people depends on the socio economic status of the individual. The preference is mainly for public financed/ Government over private among the population from low socio economic status. Publicly financed Health Insurance schemes are becoming ineffective in reaching rural population and in providing financial risk protection. Tertiary Health care facilities and NGO's as a part of their social initiative are coming forward with various Health Insurance schemes having subsidized health care facilities especially for population from low socio- economic status 3,8 .

Despite awareness, there are number of factors which act as barriers in the subscription. The key variables are, Lack of funds, Lack of Reliability and comprehensive coverage, narrow policy options, lack of intermediaries, Outreach capabilities, availability and accessibility of service and other modes to invest 6.

Assessment of awareness level and the study of key determinants and barriers of awareness among the rural population shall serve as a tool to plan education about health and importance of health insurance among the population with an ultimate aim to improve coverage.

Objectives of the study:

- to study the socio economic characteristics of the selected rural population
- to study the awareness regarding health Insurance and its source of information
- to identify the type of subscriptions and the reasons for not subscribing among the population even when they are aware about Health Insurance.

Materials and Methods

A Descriptive study was conducted in the 3 out of 10 Villages attached to the Yenepoya University through the Rural Community Health Services. The Villages were selected by cluster sampling technique by lottery method. Villages thus selected include Boliyar, Harekala, and Kinya. All the households in the three randomly selected villages were included in the survey and the details of the Households were obtained from the Panchayath Office records for collection of data.

During the survey, the purpose of the study was explained and informed consent was obtained from the respondents (head of the family or the member of the family identified by the head of the family. Data regarding the socio economic status was documented. The respondents were interviewed to know the awareness and the type of health insurance they were subscribing. The respondents who are aware but had not subscribed to any insurance scheme were also interviewed to study the reasons and barriers for not subscribing. The data obtained data was tabulated and analyzed.

Results:
A total 2946 Households having almost equal representation from three selected villages Boliyar (1003), Harekala (998) , and Kinya (945) were surveyed

Table-1
Socio – Demographic Profile of the respondents

Characteristics of the Respondent	Number	Percentage
Age		
20 & below	18	0.6
21 – 30	272	9.2
31 – 40	564	19.1
41 – 50	713	24.2
51 – 60	705	23.9
Above 60	674	22.9
Gender		
Male	1918	65.1
Female	1028	34.9
Type of Family		
Nuclear	1233	41.9
Extended	799	27.1
Joint	914	31.0
Education		
Illiterate	1111	37.7
Primary 1- 4	907	30.8
Primary 5 – 7	559	19.0
PUC	323	11.0
Graduation	22	.7
Post- Graduation	24	.8
Occupation		
Unemployed	697	23.7
Daily wage	1973	67.0
Salaried	83	2.8
Self employed	193	6.6
Income (Ration Card)		
BPL	1844	62.6
APL	796	27.0
No Card	175	5.9

The above table shows the socio demographic characteristics of the respondents most of the respondents were above the age of 31 (90%). They were distributed as 31-40 age group (19.1%) , 41-50 age group (24.2%), 51-60 age group (23.9%), and > 60 were (22.9%) . Only 9.2 % were between 21-30 years. Males constituted 65.1% of the respondents and females 34.9%. The constitution of family type was nuclear 41.9 %, extended 27.1 % and Joint family 31%. Education level distribution depicts 37.7% were illiterate, 30.8 % were lower primary and 19 % with Higher primary , 11% with Pre university and only 0.7% were Graduates followed by 0.8 % Postgraduates. Occupation wise distribution shows 23.7% were unemployed, salaried 2.8%, self employed 6.6% and majority i.e. 67% were daily wage workers. Based on the ration card majority (62.6%) of the respondents were Below Poverty Line , Above Poverty line were 27% and 5.9% of the respondents were not having ration card.

Table – 2
Awareness about Health Insurance among the Respondents

Awareness	Frequency	Percentage	
Aware and subscribed Health Insurance	1124	38.2	55.0
Aware but not subscribed health Insurance	496	16.8	
Not Aware	1326	45.0	
Total	2946	100.0	

The above table shows that 55% of the total respondents were aware about the Health Insurance but out of which 16.8% even being aware had not subscribed any Health Insurance. 45% of the respondents had no awareness about Health Insurance.

Table – 3
Source of Information about Health Insurance

Source	Frequency	Percentage
Through Print media	7	0.6
Through AV Media	4	0.4
Health worker	665	59.2
Friends and family	341	30.3
Other	2	0.2
Media and health worker	14	1.2
All the above	91	8.1
Total	1124	100.0

The source of information about health insurance among the respondents who have subscribed for health Insurance which is depicted in the above table clearly indicates, the main source of information is Health worker (59.2%) followed by friends and family (30.3%) .Awareness through Print (0.6%) and A V Media (0.4%) is negligible.

Table -4
Type of Subscription

Type	Frequency	Percentage
Health care Institutional Based	480	42.7
Non - Government Organisation (NGO)	620	55.2
Public Financed	17	1.5
Private	7	0.6
Total	1124	100

The above table 4 shows that out of the 1124 subscriptions 55.2 are NGO sponsored HelathInsurance , followed by Health Care institutional based 42.7 % , public financed only1.5 % and private insurance only 0.6%.

Table 5.
Reasons for non-subscription of Health Insurance

Reasons	Frequency	Percentage
High premium	24	4.8
Process is complicated	221	44.6
Not interested as I can afford The cost of treatment	191	38.5
Most of the Health Insurance provide partial coverage	3	0.6
It is not cashless	1	0.2
Others	56	11.3
Total	496	100.0

The reason for non–subscription of health Insurance by 496 respondents even being aware, is depicted in the above table. 44.6 % of the respondents felt the procedure is complicated followed by 38.5 % who felt that they can afford the health expenditure, only 4.8 % were of the opinion the premium is high .

Discussion:
The present study is an effort in the area of Health Insurance to study the rural house- Holds awareness level and the socio economic status. Majority of similar studies previously carried out are in the urban areas. This study is larger in scale, involving 2946 House-Holds in comparison with other few rural studies conducted previously.

In this study respondents were distributed almost equally between the age group 31-40 (19.1%) 41-50 (24.2%), 51-60 (23.9%), and > 60 (22.9%). Only less than 10 % were between 21-30 years. Previous studies in the rural areas observed majority respondents were from the age group 31-40 years and less respondents from age > 60 years. Males constituted 65% and female 35% in this study similar male predominance as financial decision makers observed both in rural and urban areas.

Majority of the respondents were illiterate (37.7%) or were with low

education status (lower primary 30.8%, and higher primary 19%). Similarly Majority of the respondents were unemployed (23.7%) or daily wage workers (67%). Majority of the respondents belonged to low Income Group having BPL card (62.6%). As compared to other studies both in Urban and Rural areas negligible percentage of respondents were from higher education status, salaried /Self-employed and with higher annual Income. This may be the reason for 45 % (1326 out of 2946) the respondents not being aware about health Insurance as observed in other studies.

Overall awareness of Health Insurance was 55% (1620 out of 2946) in the present study. This is relatively high as compared to few other studies carried out in the rural areas. This might be due to the fact that this study was carried out in rural population closely attached to Tertiary care hospital facilities as compared to general rural population in other studies. Awareness in this study is low compared to the studies conducted in the urban areas.

1124 out of 1620 (%) of the respondents who were aware of the health Insurance had subscribed to various health insurance i.e. 620 (55.2%) were NGO based, 480 (42.7%) Institutional based and only 17 (1.5%) were public financed. This highlights the lack of awareness of public financed insurance as observed in other studies. The main reason for subscribing institution/ NGO based Health Insurance in Rural area may be due to the close association and active involvement of the Institutions and NGO workers.

496 out of 1620 (%) who were aware of Health Insurance had not subscribed the main reasons being "process is complicated (44.6%)" and "Can afford the cost of treatment (38.5%). The above related variables under it, which are acting as barrier for subscription of Health Insurance among the rural population, are quite different from key variables like high premium, partial coverage etc., as observed in other studies. This can be attributed to low socio- economic status and non- exposure to Health expenditure so far respectively. It is observed that health worker can simplify the process of subscription and by effective health education, explaining out of pocket expenditure and its impact to overcome the above barriers.

The main source of awareness of Health Insurance as per the study was Health Care Worker (59.2%) followed by relatives and friends. The key role of the Health Care Worker in the rural areas is highlighted in this study as compared to other studies conducted in urban areas where the source of information is mainly media.

Conclusion :

- 45% of the study population was not aware of Health Insurance as this rural population is from low Socio-Economic status in terms of occupation, education, annual income and majority belonging to BPL category.
- Adoption of villages by a tertiary care Health Institution may have resulted in improved awareness (55%) in this study
- Health workers and 'relatives / Friends' are the main source of information for awareness of Health Insurance
- The subscription of Health Insurance by rural population is mainly institution / NGO based and subscription towards Public financed is negligible
- The main barriers for not subscribing despite of awareness were 'complicated process' and ' can afford the treatment cost'

Recommendations:

There is a need to develop a viable Health Insurance scheme that is accessible, available , affordable, and acceptable to rural population, who are from Low Socio- Economic status. Linking such Health Insurance scheme with BPL cardholders to contribute compulsorily is a good initiative as majority of rural population are BPL cardholders.

The Government and Insurance companies need to develop a policy (PPP model) with Institutions / NGO's with social initiatives offering subsidized healthcare facilities. This may result in improved awareness, increased subscription and better marketing of Public Financed Health Insurance Scheme among the rural population.

Health workers plays a key role among rural population and calls for effective information, education and communication activities through them to achieve better coverage of Health Insurance to prevent out of Pocket expenditure and better utilization of Health care facilities by rural population .

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