



AWARENESS AND UTILIZATION OF HEALTH BENEFIT SCHEMES BY FAMILIES

Nursing

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ABSTRACT

The present study was aimed to assess awareness and utilization of health benefit schemes by families in Ettumanoor Municipality. The objectives of the study were to assess awareness of health benefit schemes by families, determine utilization of health benefit schemes by families, identify reasons for non utilization of health benefit schemes by families, find out association between awareness of health benefit schemes by families and selected variables and to prepare an information booklet regarding the health benefit schemes for families. A quantitative non experimental research design was used for the study. The study was theoretically supported by Nola J Pender's revised health promotion model. Five hundred families were selected through systematic random sampling from selected wards of Ettumanoor Municipality. The tools used for data collection were socio demographic data sheet, structured questionnaire to assess the awareness, semistructured interview schedule to determine the utilization and semistructured interview schedule to identify reasons for non utilization of health benefit by families. The study revealed that among the families 57.4% were having poor awareness. Majority (74.2%) were not utilizing any one of the schemes. Lack of awareness regarding various health benefit schemes (41.9%) and no hospitalization during last 2 years (12.12%) were the main reasons for non utilization. RSBY/ CHIS, JSY, JSSK, Vayomithram and Karunya were the most utilized health benefit schemes by families. Awareness regarding the health benefit schemes by families was significantly associated with their age, occupation, income category and source of information. An information booklet was prepared and given to families who participated in the study.

KEYWORDS

Awareness, Utilization, Families, Health Benefit Scheme

1. INTRODUCTION

Worldwide, millions of people are pushed into poverty every year as a result of health care expenses. Poverty is a relative phenomenon and multifaceted wretched state of deprivation of basic minimum needs, facilities and services. In 2014, 58% Indians in rural areas and 68% in urban areas said that they use private facilities for inpatient care, according to the 71st National Sample Survey. Various studies have shown the rising out of pocket expenditures on healthcare is pushing around 32-39 million Indians below the poverty line annually.¹ About 23% of the sick can't afford healthcare because of these payments.² Health insurance could be a way of removing the financial barriers and also improving accessibility to quality medical care by the poor.³ According to 2018 NSSO report, 10 million Indian households do not benefit from any health coverage. 2014 survey revealed that more than 80% of the Indian are not covered under any Health Insurance plan and only 18% of urban and 14% rural populations are covered under health insurance.⁴

2. OBJECTIVES

- To assess awareness of health benefit schemes for families
- To determine utilization of health benefit schemes by families
- To identify reason for non utilization of health benefit schemes by families
- To find out association between awareness of health benefit schemes by families and selected variables.
- To prepare an information booklet regarding the health benefit schemes for families

3. MATERIALS AND METHODS

The present study was conducted to assess awareness and utilization of health benefit schemes by families in Ettumanoor Municipality from selected wards of Ettumanoor Municipality. Five hundred families were selected through systematic random sampling and quantitative non experimental research design was used for the study. Data collected from adult male or female member of family between the age group of 25-50 years. Initially socio personal data sheet administered to participant to collect the basic information, followed by structured questionnaire administered for assessing the awareness of families regarding the health benefit schemes. Then the investigator interviewed the family members to determine utilization of health benefit schemes by families and to identify reason for non utilization. After that the information booklet prepared by the investigator regarding various health benefit schemes was provided to the families.

Frequency distribution and percentage was used to analyze socio demographic data, awareness, utilization and reasons for non utilization of health benefit schemes by families. Association between

awareness of health benefit schemes by families with selected variables analysed by using Chi square. The data were analysed using the licensed SPSS21.0 version software.

4. RESULTS

4.1 Findings related to sample characteristics

A total of 500 families 37.9 percent were in the age group of 45-50 years. Study findings also revealed that 39.4% had education up to primary. Majority (54.4%) of the participants were house wives. 50.8 percent of the families belonged to nuclear family. Majority of families (56.4%) were Hindus and remaining 32.4 percent and 11.2 percent were Christians and Muslims respectively. 52.8 percent were included under BPL category. Among the families majority (63.6%) of had annual income of Rs. ≤100000 and 20.8 percent with Rs. 100001-200000. The highest percentage (48.2%) had received information from health workers.

4.2 Findings related to Awareness of health benefit schemes for families

The study revealed that 57.4 percent families had poor awareness, 28.6 percent had average and remaining 14 percent of had good awareness regarding health benefits schemes.

4.2.2 Domain wise awareness regarding health benefit schemes.

The section deals with domain wise awareness of families which includes health insurance (Rashtriya Swasthya Bima Yojana (RSBY), Comprehensive Health Insurance Scheme (CHIS), CHIS Plus and SCHIS), Maternity benefit schemes (Janani Sureksha Yojana (JSY) and Janani Sisu Sureksha Karyakram (JSSK)), health benefit schemes for children (Thalolam, Cancer sureksha, Arogyakiranam, Rashtriya Bal Sureksha Karyakram (RBSK) and Sruthitharangam), health benefit schemes for senior citizens (Vayomithram) and other health benefit schemes for poor families (Karunya benevolent fund, Asvasakiranam and Samasvasam

(n=500)

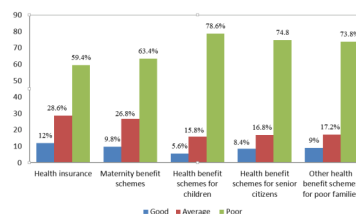


Figure 1:- Bar diagram showing the percentage distribution of domain wise awareness of family members regarding Health benefit schemes.

Figure 3 depicts that majority of the family members have poor awareness regarding health insurance (59.4%), maternity benefit schemes (63.4%), health benefit schemes for children (78.6%), health benefit schemes for senior citizens (74.8%) and other health benefit schemes for poor families (73.8%).

4.3 Findings related to utilization of Health benefit schemes by families

It revealed that only 25.8% of families utilized services of health benefit schemes. RSBY/ CHIS(18.2%), JSY(66.1%), JSSK(9.7%), Vayomithram(11%) and Karunya(17.5%) were the most utilized health benefit schemes by families.

Table 1 Frequency distribution and percentage of Beneficiaries of various health benefit schemes

(n=500)		
Beneficiaries of various health benefit schemes	f	%
Health insurance		
Families with illness	378	75.6
Maternity benefit schemes		
Antenatal mothers	8	1.6
Postnatal mothers with newborns	17	3.4
Mothers delivered within last 2 years (exempting the post natal with newborns)	37	7.4
Health benefit schemes for children		
Children (1year-18years) with illness	16	3.2
Health benefit schemes for senior citizens		
Senior citizens (≥65years)	209	41.8
Other health benefit schemes for poor families		
Poor families with chronic illness (annual income ≤ 300000)	103	20.6

n= total number of families

Table 1 shows beneficiaries of various health benefit schemes included under the study

4.4 Findings related to reasons for nonutilization of Health benefit schemes by families

Table 2 Frequency distribution and percentage of families based on reasons for non utilization of Health schemes by families

(n = 371)		
Reason for non utilization	f	%
Lack of awareness about various health benefit schemes	153	41.23
Lack of health problems among families members	39	10.51
No hospitalization during last 2 years	45	12.12
Lack of interest to receive Govt health benefit schemes	20	5.4
Delay in processing from concerned authority	22	5.92
No commensurate benefit schemes	23	6.1
Lack of enough family support	12	3.23
No financial constraints	21	5.7
Lack of submission of essential documents as per criteria	12	3.23
Lack of timely renewal of schemes	11	2.96
Other reasons	13	3.6

Table 2 shows that Out of 500 families 371 families were not utilized any services from health benefit schemes for families. Major reason for non utilization of health benefit scheme is lack of awareness regarding various health benefit schemes (41.9%).

4.5 Findings related to Association between awareness of health benefit schemes and selected variables

A statistically significant association was found between awareness of health benefit schemes with age, occupation, income category and Source of information about health benefit schemes

5. DISCUSSION

In the present study, 39.4 percent of participants were with primary education and it was also found that 37.4 percent were in the age group of 45-50 years, 50.8 percent of the families were nuclear families, 56.4 percent were Hindus and more than half (52.8%) were under BPL category. The main source of information regarding health benefit

schemes were obtained through health workers (48.2%). A study conducted to assess awareness of government maternal benefit schemes among women attending antenatal clinic revealed that majority (93.8%) of the respondents were Hindus and 44.6 percent completed high school education and majority (70%) of families belonged to BPL.⁵

The first objective of the study was to assess the awareness of health benefit schemes by families and present study showed that 57.4 percent were with poor awareness. A study conducted in East Delhi showed that majority (86.3%) were with poor awareness regarding health insurance.⁶

The present study showed that only 25.8 percent of families utilized services of health benefit schemes. RSBY/CHIS (18.2%), JSY (66.1%), JSSK (9.7%), Vayomithram(11%) and Karunya(7.5%) were most utilized health benefit schemes by families. Major reason for non utilization of health benefit scheme is lack of awareness regarding various health benefit schemes (41.9%). The present study findings are supported by a cross sectional descriptive study conducted in Sikkim revealed that 25.1% of the population utilized health insurance schemes and 49.9% of the population not utilized the health insurance schemes due to lack of awareness about schemes.⁷

The present study revealed that a statistically significant association was found between awareness of health benefit schemes with age, occupation, income category and Source of information about health benefit schemes.

The findings of the present study generate some implications to the health care delivery system. Health benefit schemes are the measures to protect the families from the out of pocket expenditure and also health promotion. Creating awareness through community participation is important to enhance the utilization of services from health benefit schemes among public.

6. CONCLUSION

Study findings highlight the need for enhancing the awareness of health benefit schemes for families. An information booklet was prepared on Health benefit schemes for families. The improved awareness of health benefit schemes will help better utilization of services

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