



## KNOWLEDGE AND AWARENESS LEVEL OF YESHASVINI SCHEME IN KARNATAKA– A STUDY

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### ABSTRACT

In India, various Government sponsored health insurance schemes has been introduced by the Central and State government for the poor. Most of the schemes are not reached the poor people but some of the schemes are reached some segment of population and opted by the workers. In this context, Yeshasvini scheme is one of the prioritize community based state government sponsored health insurance scheme, which has reached major segment of the population in Karnataka State. The present study is an attempt to understand the knowledge and awareness level of Yeshasvini scheme among its beneficiaries in Karnataka. The study has great relevance as majority of beneficiaries are illiterates, has critical challenges in awareness about utilization of various benefits, diseases covered, empanelled hospital list and renewal process etc. The Friedman test result highlights that, majority of existing beneficiaries' knowledge and awareness level is very low about benefits, diseases covered and also information about empanelled hospitals.

### KEYWORDS

Yeshasvini scheme, Knowledge and Awareness, Health insurance schemes

### INTRODUCTION

Health systems in many low-and middle-income countries (LMICs) are funded primarily through out-of-pocket (OOP) payments. OOP payments are one of the most inequitable forms of health financing, they act as a barrier to access, contribute towards household poverty, generate little revenue (usually less than 5% of total health care budget), and promote perverse incentives, bureaucracy and corruption. About 1.3 billion people worldwide do not have access to adequate health care or they are forced to depend on substandard care because of weak health care financing systems. WHO done an analysis of 116 household expenditure surveys in 89 countries established that 13% (approximately 44 million) households faced financially catastrophic health care costs in any given year and 6% (approximately 25 million) are pushed below the poverty line only because of high health care spending. NHA 2004 reported that public health spending in India has varied a small between 2000 and 2010, about 1% and out of pocket spending is about 70%, one of the highest in the world.

When people have to pay fee for health care, and the out of pocket payments are so high in relation to their income that it results in "financial catastrophe" for the individual or the household. Such high expenditure for health care can mean that people have to cut down on necessities such as food and clothing, or are unable to pay or withdraw their children from schools or putting them in to government schools etc. Moreover, the impact of these out-of-pocket payments for health care goes beyond catastrophic spending alone. Many people may decide not to use health services, because they cannot afford either the direct costs, such as for consultations, medicines and laboratory tests, or the indirect costs, such as for transport and special food. Studies have shown that Poor households are likely to affect with more diseases and sink even further into poverty because of the adverse effects of illness on their earnings and general welfare. Consequently, the poor either do not reach the health system or receive sub-standard care. Even small payments for health care can push poor in to debt or deepen their poverty.

### CONCEPT OF YESHASVINI SCHEME

The concept of "rural health care scheme or Yeshasvini scheme" was initiated on 2002 by Dr. Devi Prasad Shetty of Narayana Hrudayalaya, Bangalore, and with suitable modifications by Sri A

Ramaswamy, principal Secretary to Government of Karnataka, Co-operation Department and band of officers of Co-operation Department with the financial assistance of Government of Karnataka. Yeshasvini Health Care Scheme was implemented through network hospitals to provide cost effective quality healthcare facilities to the Co-operative farmers spread across the state of Karnataka.

### Unique Features of Yeshasvini Scheme

- Yeshasvini is one of the largest Self Funded Healthcare Scheme in the country.
- Offering a low priced product for a wide range of surgical cover, nearly 823 defined surgical procedures to the farmer cooperators and his family members.
- It is a contributory scheme wherein the beneficiaries contribute a small amount of money every year to avail any possible surgery during the period.
- The beneficiaries are offered cashless treatment subject to conditions of the scheme at the Network Hospitals spread across the State of Karnataka.
- To avail the benefit of Yeshasvini Scheme, a person should be a member of Rural Co-operative Society of the State.
- All family members of the main member are eligible to avail the benefit of the scheme though they are not members of a rural co-operative society.
- Each beneficiary is required to pay prescribed rate of annual contribution every year. Presently [2016-17] member contribution is Rs.300/-.
- The period of each enrollment commences from July and closes by October every year.
- The scheme is open to all rural co-operative society members, members of self help group/Sthree Shakti Group having financial transaction with the Cooperative Society/Banks, members of Weavers, Beedi Workers and Fisherman Cooperative Societies.
- The higher age limit fixed is 75 years for availing benefit under the scheme.
- The Scheme Commences from 1st of August and ends 31st of July every year.
- The Scheme covers entire state of Karnataka particularly Rural Areas excluding Corporation and Urban cities.

### REVIEW OF LITERATURE

There are various studies carried out by researchers to examine the knowledge and awareness of Yeshasvini scheme in Karnataka, India and overseas. And most of the studies has been done related to the awareness level, enrollment status, designing of the schemes, utilization, satisfactions level among beneficiaries and claims settlement mechanism of the different health insurance schemes for the poor. Some of the important article shows that Out pocket expenditure on health is very high among poor (Devadasan 2013, Bawa 2011, Thersia 2011), awareness level is better if compare to other schemes in Karnataka (kuruvali 2005), enrollment rate and utilization of benefits of health insurance scheme also very low ( Acharya 2005, Aradhana 2010). And some of them suggest that government should take initiative to reach the poor and reduced the out of pocket expenditure on health and help them to understand the concept of health insurance schemes (Devadasan 2011, Ranson 2003, Ekman 2004).

STATEMENT OF THE PROBLEM

Health insurance is one which recognizes the health and well-being of individuals as an asset in the society. While ill-health is a liability whose adverse effects reach beyond the individual into the society at large. To ensure good health to all the people of the country is the responsibility of government irrespective of their income level. The high and medium income group people are capable of availing healthcare services on their own capacities whereas poor people are incapable of availing the health care services as well as healthcare facilities in the form of health insurances. Hence, it is the responsibility of the government to provide health care services directly to the needy people at affordable prices or protecting the health risk in the form of creating insurance base to cover even the poor people also. As a matter of fact, the government of India has introduced Yeshasvini scheme to protect the health risks of poor people. But Yeshasvini scheme had been failed to cover large chunk population because of lack of awareness, failure in networking, inappropriate fund management, lack of accountability, transparency in system, lack of standardization, poor accreditation norms in health care sector, shrinking budgetary support for health care services, inadequate health care infrastructure, lower awareness among people about the relevance of health insurance etc., As a result, more than 80% of health care expenditure has been borne by out of pocket and pushing more families to unbearable burden. Hence, the present study is needed to reach the unreached segment, and understand the how the beneficiaries capable of accessing the Yeshasvini scheme benefits.

OBJECTIVE OF THE STUDY

The main objective of the study is to find out the level of Knowledge and Awareness of beneficiaries towards concept of Yeshasvini scheme in Karnataka.

Hypothesis of the Study

H<sub>1</sub>: “The Knowledge and Awareness level about concept of Yeshasvini scheme among its beneficiaries is very high”

RESEARCH METHODOLOGY

The study was confined to the state of Karnataka. It is designed as a descriptive and analytical one. Its attempt to capture the perceptions of beneficiaries towards level of knowledge and awareness of Yeshasvini scheme in Karnataka. The present research will be carried out with the help of both primary and secondary sources of data. Simple random sampling method has been applied for the selection of the sample. A total sample of 160 respondents has been taken for the study. The statistical analyses that have been used include Friedman test, Chi-square, Mean and Standard deviation.

DATA ANALYSES

The data has analyzed with the different factors of knowledge and Awareness level of beneficiaries towards Yeshasvini scheme.

Knowledge and Awareness

H<sub>2</sub>: “The Knowledge and Awareness level about concept of Yeshasvini scheme among its beneficiaries is very high”

H<sub>0</sub>: “The Knowledge and Awareness level about concept of Yeshasvini scheme among its beneficiaries is very low”

To test the above hypothesis following factors have been studied and analyzed with Friedman test

Sl. No	Attributes	N	Mean	Std.de viation	Mean Rank
01	Public & private hospitals empanelled under scheme	160	2.22	0.98	5.72
02	Diseases covered under scheme	160	2.46	0.94	5.98
03	Renewal premium amount	160	3.01	0.88	8.02
04	Amount covered for each disease	160	2.01	0.81	3.61
05	Total number of family members covered under scheme	160	3.22	1.04	8.53
06	I know how to utilize scheme	160	1.98	1.03	3.46
07	Renewal process	160	3.01	0.91	5.51
08	Help center contact details	160	1.88	0.90	3.29

Source: Survey Data

Table No – Test statistics –Awareness Level

N	160
Chi – Square	212.082
Df	7
Asymp. Sig.	0.07

Source: SPSS Output

**Interpretation:** The above table shows about knowledge and awareness among beneficiaries of Yeshasvini scheme. As a result mean rank of ten variables tested with the Friedman test in that highest rank found about awareness about total number of family members covered under scheme (8.53), followed by renewal premium amount (8.02), empanelled hospitals (5.72) and lowest mean ranks are help center contact details (3.29), know about utilization (3.46) and amount covered (3.61). Hence, the result found awareness is very low about help center contact details, how to utilize and awareness is very high about a total number of family members covered.

Friedman test was used to test knowledge and awareness level about concept of Yeshasvini scheme among beneficiaries. At 5 percent level of significance for the degree of freedom 9, the calculated value of Chi-Square = 212.082. As the significance value p>0.05, therefore null hypothesis is accepted and the alternative hypothesis is rejected. Hence, it can be stated that “**Knowledge and Awareness level about concept of Yeshasvini scheme among beneficiaries is very low**”.

FINDINGS

1. The results found that majority of the beneficiaries have better knowledge and awareness about renewal premium amount and family members covered under the scheme.
2. The result shows that majority of the beneficiary's knowledge and awareness is very low about empanelled hospitals, diseases covered, amount limit for each disease, utilization of the scheme and help center contact details.

SUGGESTIONS

1. The government or insurance provider should take initiative to educate the beneficiaries about concept of Yeshasvini scheme.
2. Pre-enrollment awareness activities will be conducted involving community stakeholders such as Co-operative members, Panchayat members, Anganwadi workers, ASHA workers, SHGs and local nongovernmental organizations and conduct awareness

programs about how to utilize the scheme benefits in villages as well as in urban places.

3. The scheme provider should call and ask every three months to the beneficiaries about the health status and utilization of scheme benefits and if needed provide necessary information.

4. Spread information through mass media, peer-to-peer and house to house visit of the volunteers in required places.

## CONCLUSION

Health insurance plays a vital role in a society. The high and medium income group people are capable of availing healthcare services on their own capacities whereas poor people are incapable of availing the health care services as well as healthcare facilities in the form of health insurances. Hence, Central government introduced Yeshasvini scheme for the poor households. The scheme aims to provide health insurance coverage to the cooperative members and their family members shall be beneficiaries under this scheme. It provides for cashless insurance for hospitalization in public as well as private hospitals. But since enrolled members of this scheme facing various problems including Knowledge, Awareness, and Utilization etc, From the present study, it was found that knowledge and awareness of Yeshasvini scheme concept among those included in the present study were found to be low. The study suggests that government should take initiative to educate knowledge and awareness among beneficiaries through, pre-enrollment awareness activities through stakeholders, spread information through mass media, peer-to-peer and house to house to visit etc.,

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