

Research Article

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Awareness about health insurance in rural population of South India

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ABSTRACT

Background: In India, despite improvements in access to health care, social inequalities are gross in both rural and urban areas. Many middle and lower socio economic class families are crushed under debts at the time of hospitalization due to lack of health insurance. Health financing is an important part of broader efforts to ensure social protection in health. However “health insurance” is still an unknown word for most rural people. So this study was undertaken with the objective to assess the awareness about Health Insurance in rural areas and to describe the sociodemographic characteristic of respondents.

Methods: A cross sectional community based study was done with sample size of 290 households estimated by using 25% national coverage according to Public Health Foundation of India. The study was conducted between July 2014 to August 2014. 290 families were covered from two Primary Health Centres which come under field practice area of our medical college. A pretested semi structured questionnaire was used to collect data. Data was entered in excel sheet and analysed using SPSS version 17 software.

Results: Among 290 respondents 72.5% were in age group of 26-45 years, 69.4% were female, 82.1% belonged to below poverty line, 72.4% were from nuclear family and about 81% of respondents were aware of Health Insurance.

Conclusions: Awareness about Health Insurance among rural population was satisfactory. Attention for implementation of health insurance policies has to be paid more importance than only awareness.

Keywords: Rural, Health insurance

INTRODUCTION

Health insurance is a method to finance healthcare. The ILO defines health insurance as “the reduction or elimination of the uncertain risk of loss for the individual or household by combining a larger number of similarly exposed individuals or households who are included in a common fund that makes good the loss caused to any one member”.¹

Health financing is an important part of broader efforts to ensure social protection in health.² Since independence, the health care system in India has been expanded and modernized considerably.²

There is growing evidence that the level of health care spending in India is 6 per cent of its total GDP which is considerably higher than that in many other developing countries. Even though the economic input is increasing, the poor people of rural area are not reaping the benefits of it due to failure at various levels.³

The rural population faces the same risks as the urban population such as illness, injury, accident and death. The rural population is more vulnerable to such risks because of their social and economic situation. There is a felt need to provide financial protection to rural families for the treatment of major ailments, requiring hospitalization and surgery. Health insurance could be a way of removing the

financial barriers and improving accessibility to quality medical care by the poor and also an effective social security mechanism. The insurance sector for low-income families in the rural population remains at a very nascent stage in India.⁴

With this kind of situation prevailing, there has not been much progress in the coverage of our rural population within the health insurance system. Whether this is due to lack of awareness on part of the public is to be determined. So this study was undertaken with the objectives of to examine the socio- economic and demographic characteristics of the selected sample and to assess the awareness about Health Insurance in rural area.

METHODS

Study design: Cross-sectional descriptive study.

Study setting: Villages coming under field practice area of two primary health centre.

Participants: Household heads or their spouses and in their absence, another senior household member.

Study period: 2 months.

Sample size: Calculated to be 288 by taking average National health care coverage as 25% according to Public Health Foundation of India.

$n=(1.96)^2 PQ/L^2$ & taking allowable error as 20% of 25%.

P: Prevalence

Q: 1-P

L: Allowable error

Sampling method

Total no. of villages: 80

Total population: 39404

No. of PHC's: 2

List of all the villages were prepared according to their population in ascending order and 15 villages were selected by Probability Proportionate to Size and from each village by Simple random sampling method, we selected 20 households.

Data collection: Prior informed written consent in the local language was taken from all the households included in the study. For those who were illiterates, the consent was read out and explained to them in their own language and consent was obtained by taking their thumb impression in the presence of a witness. Data was collected by visiting the selected households and carrying out face to face interview by using pretested semi structured proforma which included socio-demographic details and awareness regarding Health Insurance.

Statistical analysis: The data collected was entered in Microsoft excel worksheet and was analysed using SPSS software. Descriptive statistics like mean and percentage was calculated.

Inclusion criteria

- Household heads or their spouse and in their absence another senior household member aged between 15-45 years in rural area who was willing to participate in our study.
- In case where both husband and wife were present at the time of survey, preference was given to the working household head.

Exclusion criteria

- Household members who were not willing to be part of study.
- Seriously ill people at the time of survey.

Ethical consideration: Informed consent was taken from the persons before collecting information and an ethical committee approval was obtained taken from institutional ethical committee

RESULTS

Table 1 suggests that most of the respondents were in the age group of 26 - 45 years that is 72.5%. Male constituted 30.6% of respondents whereas female respondents were 69.4%. 82.1% of the respondents had below poverty line (BPL) card. Majority of respondents were from nuclear family 72.4%.

Table 1: Socio-demographic characteristic of respondents.

Characteristics of respondents	Number	Percentage
Age (years)		
15-25	80	27.5
26-35	100	34.5
36-45	110	38.0
Gender		
Male	89	30.6
Female	201	69.4
BPL card		
Yes	238	82.1
No	52	17.9
Type of family		
Nuclear	210	72.4
Joint	80	27.6

In Table 2 we can see that 81% of the respondents were aware about the health insurance.

Table 2: Distribution of respondents according to awareness about health insurance.

Awareness	No.	Percentage
Yes	235	81.0
No	55	19.0
Total	290	100.0

Table 3 shows that majority that is 89.8% of male respondents were aware about the health in comparison to 77.1% of female respondents.

Table 3: Awareness according to gender of the respondents.

Gender	Awareness		Total
	Yes	No	
Male	80 (89.8%)	09 (10.2%)	89 (100%)
Female	155 (77.1%)	46 (22.9%)	201 (100%)
Total	235	55	290

Note: Figures in the percentiles are percentage

DISCUSSION

Majority of the respondents in the study were female 69.4% this was mainly because of the timing of the interview which was day time when most of the men had gone out for work.

The study conducted by Reshma et al. showed that the awareness about health insurance was 64% but in our study we found that the awareness was much higher 81%. This increase in awareness may be due to time lapse between the two studies.⁵ Awareness regarding health insurance was not anymore preliminary as observed in the present study. In the present study 81% percent of respondents had awareness about it. In the other study by Jangati et al. 66.5% people don't know about health insurance.⁶ But Mathiyazhagan et al. concluded in their respective studies that their study population had reasonable knowledge about health insurance.⁷

Although in our study majority of the respondents were female but the awareness about health insurance was much higher in the males 89.8%, which was in contrast to the study conducted by Jangati et al. in 2012.⁶ This may be due to the difference in the education status and economic empowerment of females in two regions.

CONCLUSION

In our study we found that awareness about health insurance was high among the respondents but still looking at the expenditure pattern for health is mainly out of pocket. This shows that although the respondents are aware of health insurance but they are not utilizing the same. In order to bridge this gap it is important to educate

them in order to bring about behavior change among the respondents. There should be implementation of health insurance policies which can benefit rural India.

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Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

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