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Awareness about Mahatma Jyotiba Phule Jan Arogya Yojna among the residential population of an urban community: a cross sectional study

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ABSTRACT

Background: The Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) is a unique health insurance scheme which meets the health expenses of the below poverty line / above poverty line families for identified diseases. Lack of awareness regarding the same hinders the beneficiaries from availing the services. Hence studying this and other factors will play an important role in facilitating the access of these beneficiaries to utilize this scheme.

Methods: 384 participants were included in the study using proportionate sampling. This is a community based cross sectional study done in the urban field practice area of a tertiary care hospital.

Results: 95.57% respondents were having yellow / orange ration card and they were eligible for availing MJPJAY scheme. Awareness about MJPJAY is 51.70% in the age group >55 years. 54.9% of the respondents were aware that the scheme was meant for BPL families while 34.6% respondents did not know about the requirements of the same.

Conclusions: Lack of awareness about MJPJAY is the major factor for non-availability of services under this scheme.

Keywords: MJPJAY, Urban population, Awareness

INTRODUCTION

In India the disease burden shifting to non-communicable diseases in future, the importance of providing affordable adequate secondary and tertiary level care will be a challenge. The poorest of population has to rely on their assets or borrowings for availing health care. The government of India sought to prevent the indebtedness due to cost incurred on health care among poor through health insurances schemes and different central and state government schemes for poorest of population of all age-group. So Government of India's aims for increase in health care expenditure to 2.5% of GDP and Planning Commission's High Level Expert Committee recommends for introducing national health insurance plan through general taxation along the lines of Rashtriya Swasthya Bima Yojana (RSBY).²

In India health is primarily a State responsibility rather than being a National subject. Various other state sponsored schemes have been established over past few years such as Rajiv Arogyashri Community Health Insurance Scheme in Andhra Pradesh and RSBY offered in 30 states and union territories of India.³

The Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) is a unique health insurance scheme which meets the health expenses of the below poverty line / above poverty line families for identified diseases. It was formerly known as Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) and has been renamed from 1st April 2017. It is implemented and administered by the chief executive officer (CEO) of state health assurance society. The CEO is responsible for management, administration and control of the day to day affairs of the MJPJAY in

accordance with the rules, regulations, orders and instructions issued by the governing council of the state health assurance society.⁴

The underlying principle is providing primary care through free screening and consultation. The scheme is implemented through effective use of IT based solution which is unique to the scheme in reaching out to the beneficiary. The scheme has many unique features to its credit to proactively reach beneficiary and guide the beneficiary to avail the services in a cashless manner.³ The eligible beneficiaries of Maharashtra state can avail the health insurance coverage for around 971 medical / surgical procedures / therapies and around 121 follow ups. The 132 government reserved procedures are to be performed only in empanelled government hospital / government medical college subjects to availability of facility and procedures.⁴

Arogya Mitra is a concept unique to MJPJAY. They act as facilitators for the patients. He/she should be graduate with functional knowledge of computers and good communication skills. The Arogya Mitra needs to counsel the patient as a friend or a guide regarding the entire process through which the patient would be treated.

Beneficiary families

Families belonging to any of the 36 districts and farmers from agriculturally distressed districts of Maharashtra and holding the following cards.

- Yellow ration
- Antyodaya anna yojna (AAY),
- Annapurna
- Orange ration

The identification for farmers will be based on white ration card along with 7/12 extract bearing the name of the beneficiary / head of the family or certificate from the concerned Talathi / Patwari stating that the beneficiary is a farmer or a family member of farmer with valid photo ID proof of the beneficiary.

Salient features of MJPJAY

• Sum insured: Rs. 1,50,000/-.

• Period of insurance: 1 year.

- Run off period: 1 month.
- Cashless transaction.
- Online claim settlement: All hospitalization expenses up to Rs: 1,50,000 per family per year (subject to package rates of the empanelled hospital) on cashless basis are covered. This can be availed either individually or collectively (floater basis). The insurance company will settle the claim online within 15 days on receiving complete claim and other necessary documents and will honour the claim for 1month after the expiry of policy period.

Very few studies have been conducted in the past regarding the awareness of the end-users of MJPJAY health insurance scheme, MJPJAY health scheme is sponsored by the Maharashtra State in order to promote their better benefits to poorest population.

Hence this study was conducted with the objectives,

- a. To study the awareness about MJPJAY among the residents of an urban community.
- b. To estimate the number of beneficiaries already availing MJPJAY scheme.
- c. To identify the factors which hinder them from utilization of services of MJPJAY scheme.

METHODS

Study area: Urban field practice area of medical college of a Metropolitan city.

Study population: Families who are beneficiaries of the scheme.

Study design: Cross sectional study.

Total study period: October 2018 to November 2018.

Sample size: 384 beneficiaries of MJPJAY.

Sampling techniques: By using proportionate sampling.

Study tools: Pretested semi structured interview schedule, informed consent.

Study procedure

In present study 384 respondents enrolled who are supposed to be beneficiaries of MJPJAY and given informed consent for participate in the study were enrolled and those not willing to participate in the study were excluded from the study.

The investigators personally visited to house to house in selected residential area of present study. Written informed consent was obtained for participation. The participants had liberty to withdraw anytime during the study period. Primary data was collected using a predesigned and pretested standardized questionnaire. This primary data was collected by interview method using suitable language [Marathi/ Hindi] for participants. The participants were requested to answer all set of questions on the spot. This questionnaire includes 5 questions were regarding demographic characters. The remaining set of questions was specific questions to assess Knowledge and awareness about MJPJAY, services, treatment/investigations available under the scheme, documents required and factors responsible for non-utilization of service. The questions were assessed for ease of comprehension, relevance to the intended topic, effectiveness in providing useful information and the degree to which the questions were understood and interpreted by different individuals. The questionnaire was validated by panel of experts having experience in survey type research.

Statistical analysis

All collected data were entered in MS Excel sheet. Data was analysed using SPSS version 24. The responses were tabulated and graphically represented. Chi-square test was utilized to see association between variables at significance level of 0.05.

RESULTS

In present study a total of 384 respondents of MJPJAY were enrolled. Out of that 192 (50%) were male and 192 (50%) were female. The mean age of respondent was 40.69 ± 13.27 years.

Majority of respondents i.e. 367 (95.6%) were having ration card and 17 (4.4%) respondents were not having ration card. Out of 367, 236 (64.3%) respondents were having orange card, 32 (8.7%) and 99 (26.9%) respondents were having yellow and white colour ration card respectively (Table 1).

Table 1: Ration card information in study respondents.

Particular		No. of respondents	%
Having ration	Yes	367	95.6
card (n=384)	No	17	4.4
Colour of	Orange	236	64.3
ration card	Yellow	32	8.7
(n=367)	White	99	26.9

Table 2: Knowledge about MJPJAY in respondents.

Particular		No. of respondent (n=384)	%
Heard about	Yes	195	50.8
MJPJAY	No	189	49.2
Knowledge	Yes	80	20.8
about name of the scheme before	No	304	79.2

Out of 384, 195 (50.8%) of respondent were having heard/awareness about MJPJAY and 189 (49.2%) respondent were not having heard/awareness about MJPJAY. Only 80 (20.8%) respondent were having knowledge about name of the scheme before (Table 2).

The Figure 1 shows that 54.9% of the respondents were aware that the scheme was meant for BPL families while 34.6% respondents did not know about the requirements of the same.

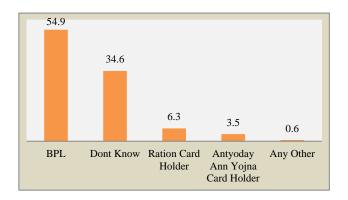


Figure 1: Awareness amongst respondents about essential requirements for availing benefits under MJPJAY scheme.

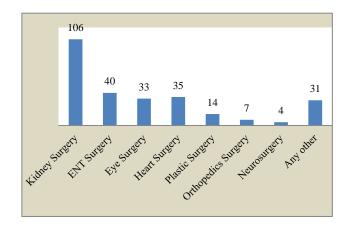


Figure 2: Knowledge amongst the respondents of the surgeries done under MJPJAY scheme.

The Figure 2 shows that 27% of the respondents were aware that surgeries were done under MJPJAY. 64% were not aware of any of the treatment covered under the scheme while only 7% of the respondents were aware about follow up packages.

Table 3: Association between age-group and heard about MJPJAY.

Heard about	Age-group (in years)			Chi-square	P value
MJPJAY	18-35	36-55	>55	value	r value
Yes	80	84	31		0.001
No	96	62	27	4.78	0.091 NS
Total	176	146	58		CNI

Location	Awareness about MJPJAY		Chi-square	Danalus
	Yes	No	value	P value
B.D.D. chawl	73	111		<0.0001 S
Kohinoor and spring mill chawl	15	76		
Police quarters	45	0	146 22	
Bhoiwada & other slums	49	00	146.23	
Other slum like area	13	02		
Total	195	189		

Table 4: Association between and heard about MJPJAY.

There was not statistically significant association between age-group and heard about MJPJAY (p=0.091) (Table 3).

BDD chawl respondents showed the highest level of awareness (34.7%) and least was seen in other slum like area (6.7%). There was statistically significant association between Awareness about MJPJAY and Resident location (p<0.0001) (Table 4).

Majority of respondents i.e. 64% didn't know about services available under the scheme of MJPJAY, 27% respondents were known about surgeries under MJPJAY (Figure 3).

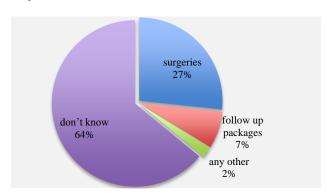


Figure 3: Knowledge amongst the respondents of services available under MJPJAY.

95.57% respondents were having yellow or orange ration card and they were eligible for availing this scheme.

50.78% population were aware of MJPJAY scheme and 4.42% were aware of Arogya Mitra, out of which only 2.56% were already availing this scheme with guidance of Arogya Mitra.

Awareness about MJPJAY is better (51.7%) in the age group of more than 55 years. 95.57% respondents were eligible for availing this scheme. 2.56% of the respondents who were availing this scheme were aware about it. 98.69% of respondents were not availing this scheme irrespective of awareness. About 23.5% respondents had higher level of satisfaction after counselling by Arogya Mitra. The major reason for not availing this scheme is lack of awareness (49.2%) about the scheme.

DISCUSSION

Central Government of India and various states are implemented a variety of health schemes for the poor population. The private sector of health was vast in India; various state governments in India have been exploring the option of involving the private sector and creating partnerships with it in order to meet the growing health-care needs of the population of India. Such schemes offer secondary and tertiary healthcare services through public and private hospitals.

The present study provides awareness on the MJPJAY, a Maharashtra State Government Sponsored Health Insurance Schemes and attempts to highlight some of the key problem areas through a literature review.

MJPJAY comes as a kind of relief to many beneficiaries who are accustomed to pay out of their pockets. Had there been no insurance scheme for the poor, the proportion of households facing financial catastrophe would be much greater and many of them would have forgone treatment altogether.^{5,6}

MJPJAY scheme awareness has to be increased in the community to get more benefits to needy poor population. Also to get quality health services to poor peoples, more hospitals have to be included.

The scheme has increased the accessibility of the healthcare services for the poor. Such findings have been showed by the study conducted by Rao et al that the state of Andhra Pradesh in India established the Rajiv Aarogyasri Community Health Insurance Scheme (RACHIS) in 2007 and found that improving the access and greater benefits to below the poverty line (BPL) families to secondary and tertiary healthcare. It covered a wide range of surgical and medical treatments for serious illnesses requiring specialist healthcare resources not always available at district-level government hospitals.

This study also suggests that the accessibility to the health care services is improved due to the scheme and out of pocket expenditure is reduced. Rao et al also noted similar findings in Rajiv Aarogyasri health insurance scheme of a rage expenditure and large borrowings were

significant and in favour of Maharashtra and Andhra Pradesh for the rural peoples.³

A significant proportion of population may have had to forgo treatment all together due to scarcity of financial resources. Poor patients are thus benefitted due to increase in affordability and accessibility to network group of hospitals covered under the health insurance scheme.⁸

CONCLUSION

The awareness about MJPJAY is low among the respondents. This is the main reason for not availing the benefits for not availing the benefits of the scheme. Since, MJPJAY is an important social security measure greater awareness regarding the same can significantly increase its utilization and benefit the poor.

Recommendations

It is recommended that there is great need for awareness of the MJPJAY scheme in the community. There is also a need to increase the access to the services under the Scheme. This can be done by,

- Sensitization program in the community by the concerned staff.
- IEC material displaying IEC material at identified places in the community.
- Media: TV, Radio, Newspaper.
- General information at hospital venue site.

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Ethical approval: The study was approved by the

Institutional Ethics Committee (EC/OA-99/2018)

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