

A Descriptive Study to Assess the Awareness Enrolment and Utilization of Rashtriya Swasthya Bima Yojana, in Koyambedu

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ABSTRACT

AIM: The present study aims to assess the awareness enrolment and utilization of Rashtriya swasthya bima yojana, in koyambedu. **METHODS AND MATERIALS:** A quantitative study design is used for the present study. A total sample of 100 were collected using non- probability convenience sampling technique. The demographic variable was assessed by semi- structured questionnaires. **RESULTS:** This study results shows that the demographic variable education ($\chi^2=9.670$, $p=0.008$) had shown statistically significant association with level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population at $p<0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.

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INTRODUCTION

Community health promotion has become a significant challenge to the poor's ability to support themselves, making community health promotion an increasingly wise investment. The impoverished have been forced to shoulder the brunt of escalating medical costs in the context of the developing world, with ill health depriving them of household incomes.

According to reports, 150 million people spend more than 40% of their income on health-related expenses, which may contribute to the poverty-strewn cycle(1). In emerging nations like India, where a significant portion of the population has human rights, Many economists maintain that health is a commodity like any other and that market mechanisms and choice are the most effective ways to supply health services outside of the public sphere, despite many criticisms of markets in health care(2). Recently, several developing countries began providing their disadvantaged residents with health insurance that was

paid for by taxes (Wagstaff et al., 2009; Giedion et al., 2013) The "Rashtriya Swasthya Bima Yojana" (RSBY) was introduced by the Indian Ministry of Labour and Employment (MoL&E) in 2008 to shield underprivileged Indian households from financial hazards associated with spending.

India as a result decided to participate in this project. By September 2016, more than 41 million households (or around 150 million people) out of a planned 65 million families have registered for RSBY (3). In exchange for a predetermined per-family cost, the RSBY programme enables public (government-owned) and private insurance companies to compete for exclusive district-level contracts to provide enrolled families at empaneled private and some public facilities with a defined in-patient benefit package (4). By reducing catastrophic health spending, which yearly pushes 39 million Indians into poverty, the RSBY aims to reduce this burden (BPL)

The RSBY offers insurance protection for hospital-based treatments up to INR 30,000 for a household of five per year (USD 600). The 300 million Indian citizens who are employed in informal jobs must be covered by the RSBY, which won't end until at least 2017. It was initially intended to last through 2013 (5). The appropriate state government selects the insurer based on a competitive bidding RSBY website, and the federal and state governments jointly pay the insurer the insurance premium. The High Level Expert Group (HLEG) of the Planning Commission proposed a strategy for achieving UHC in which everyone would have unrestricted access to free medical care from a combination of public and private facilities (6). Other "smart" features of the scheme include its significant use of technology, its "safe" biometric beneficiary identification, and the use of the card at any India-wide RSBY-empanelled facility (RSBY website). (7). Receiving inpatient care is free under the RSBY system, which is entirely cashless. Households must pay a single minimal fee of INR 30 at the time of enrolling. Hospitalization fees now come with additional costs thanks to the 2008 introduction of RSBY. For the day before and the five days following admission, these charges can include items like hospital-related meal costs and transport expenses (up to INR 1,000) (8). The main objectives of the programme are to: a) protect low-income families' assets from mounting medical bills; b) give beneficiaries access to better healthcare; c) give beneficiaries a choice of providers; and d) make the programme easy for even illiterate individuals to use.

RSBY covers secondary care; primary and tertiary care are not covered. Secondary care is primarily provided through community health centres, district hospitals, and medical colleges. It has a daring strategy to help everyone who is below the poverty line (9). An RSBY "smart card" with their biometric data is given to BPL households by insurance companies, and the card is necessary for all hospital transactions (10). The enrolled families might choose to pay a maximum of Rs 30,000 per year on a floater basis for secondary-level inpatient care. Participants can use the program's network of hospitals to receive inpatient care without paying cash (12).

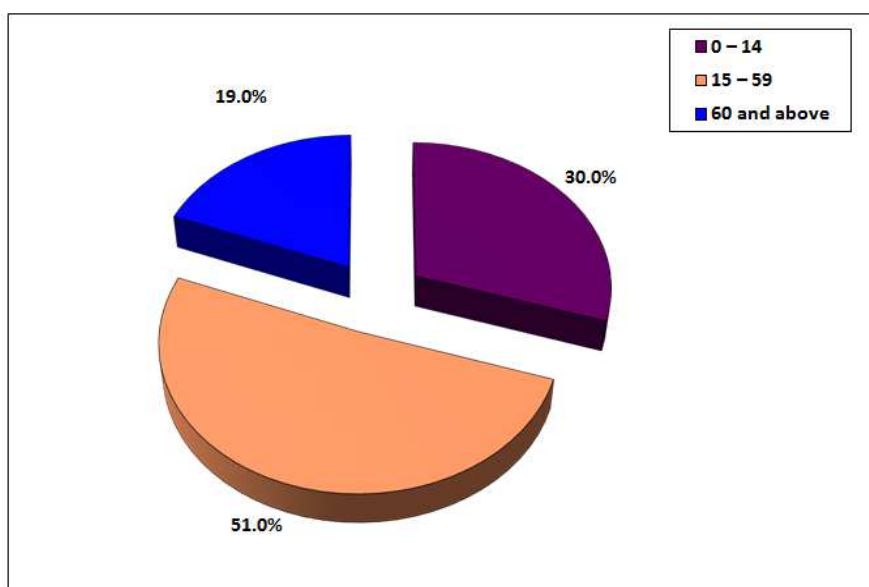
METHODS AND METHODOLOGY

A quantitative research approach was adopted for this study to accomplish the objectives of the study. Before commencing the data collection, authorized setting permission was obtained from the higher authority of selected urban area koyambedu. The sample size comprises of 100 general population at selected setting, koyambedu who met the inclusion criteria were selected as study participants using non-probability convenient sampling technique. The inclusion criteria that include the general population under both gender aged above 20 years and the exclusion general population aged below 20 years. The purpose of the study was explained by the investigator to each of the study participants and a written informed consent was obtained from them. The demographic data was collected by semi structured questionnaire and analysed by using descriptive and inferential statistics.

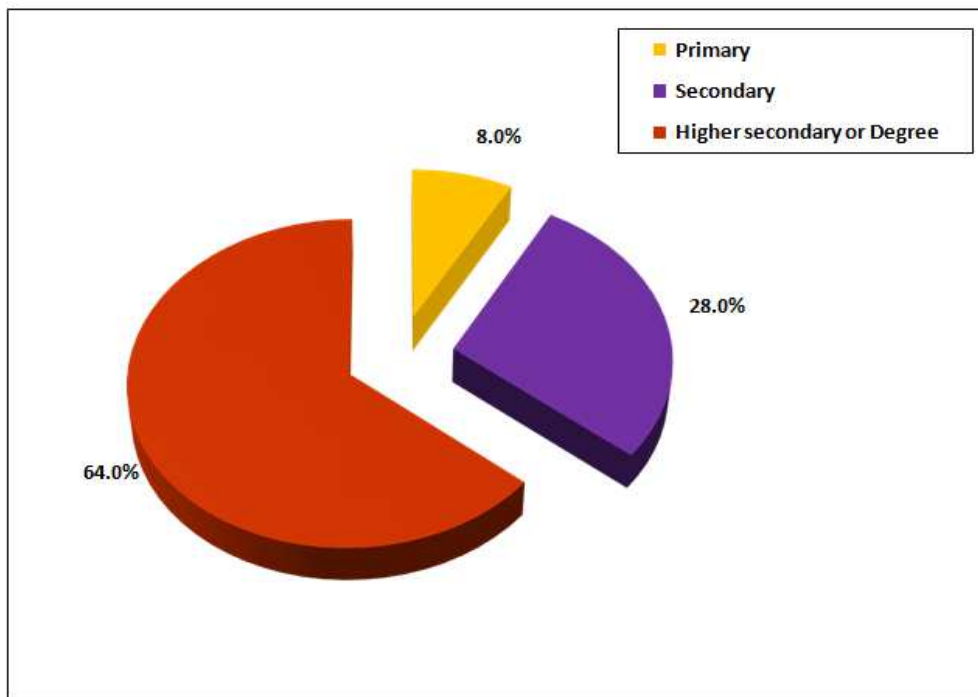
RESULTS AND DISCUSSION

SECTION A: Description of the demographic of general population.

This study shows that most of the general population, 51(51%) were aged between 15 – 59 years, 71(71%) were living in Pucca house, 75(75%) belonged to nuclear family, 64(64) had higher secondary or degree level of education, 69(69%) were residing in urban area and 44(44%) had an income of Rs.15,000 – 19,999.



Percentage distribution of age of the general population



Percentage distribution of education of the general population

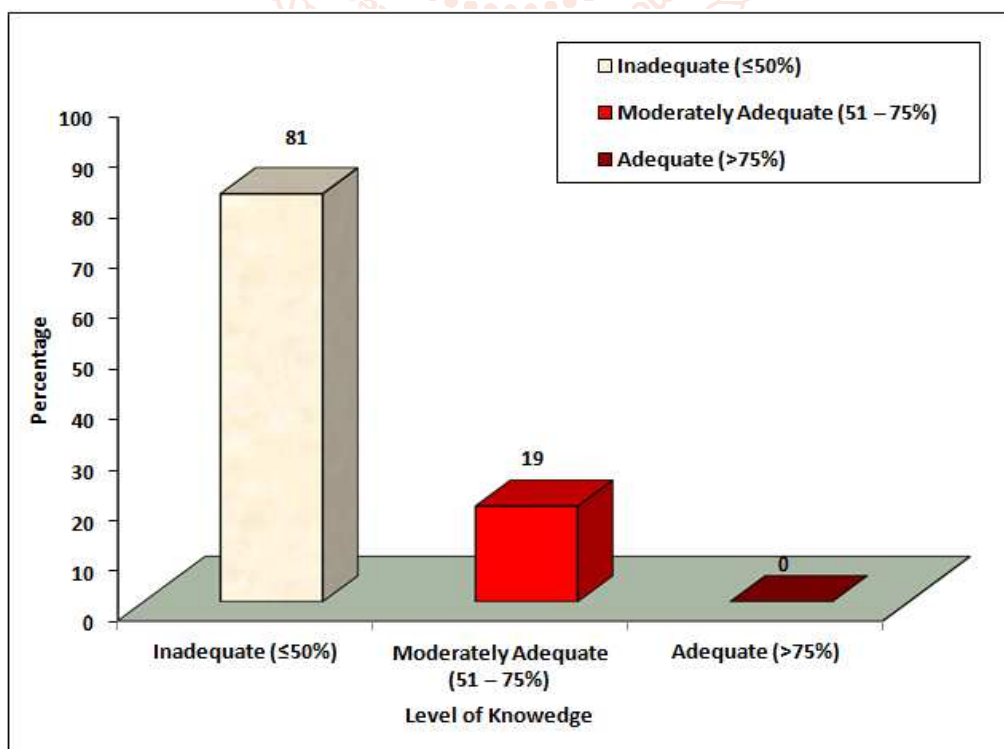
SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE ON ENROLLMENT AND UTILIZATION OF RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) AMONG GENERAL POPULATION.

Table 2: Frequency and percentage distribution of level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.

n = 100

Level of Knowledge	Frequency (F)	Percentage (%)
Inadequate ($\leq 50\%$)	81	81.0
Moderately Adequate (51 – 75%)	19	19.0
Adequate ($>75\%$)	-	-

The above table 2 shows that 81(81%) had inadequate knowledge and 19(19%) had moderate adequate knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.



Percentage distribution of level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population

Table 3: Assessment of knowledge scores on level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.**n = 100**

Knowledge	Score
Minimum score	5.00
Maximum score	18.00
Median	10.00
Mean	10.53
S.D	2.24

The above table 3 shows that the means score of knowledge level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population was 10.53 ± 2.24 . The median score was 10.0 with minimum score of 5.0 and maximum score 18.0.

SECTION C: ASSOCIATION OF LEVEL OF KNOWLEDGE ON ENROLLMENT AND UTILIZATION OF RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) AMONG GENERAL POPULATION WITH SELECTED DEMOGRAPHIC VARIABLES.

Table 4: Association of level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population with selected demographic variables.**n= 100**

Demographic Variables	Frequency	Chi-Square & p-value
Age Group		
0 – 14	30	$\chi^2=0.782$ d.f=2 p=0.676 N.S
15 – 59	51	
60 and above	19	
Type of house		
Kuchcha	9	$\chi^2=0.401$ d.f=2 p=0.818 N.S
Pucca	71	
Semi – pucca	20	
Type of family		
Nuclear family	75	$\chi^2=1.581$ d.f=2 p=0.454 N.S
Joint family	20	
Single or extended	5	
Education status		
Primary	8	$\chi^2=9.670$ d.f=2 p=0.008 S**
Secondary	28	
Higher secondary or Degree	64	
Area of residency		
Rural	-	$\chi^2=0.374$ d.f=1 p=0.541 N.S
Urban	69	
Semi – urban	31	
Demographic Variables	Frequency	Chi-Square & p-value
Income (Rupees)		
Rs.20,000 and above	9	$\chi^2=2.976$ d.f=3 p=0.395 N.S
Rs.15,000 – 19,999	44	
Rs.10,000 – 14,999	42	
Rs.5,000 – 9,999	5	
Less than 5,000	-	

**p<0.01, S – Significant, N.S – Not Significant

The present study shows that the demographic variable education ($\chi^2=9.670$, $p=0.008$) had shown statistically significant association with level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population at $p<0.05$ level and the other demographic variables had not shown statistically significant association with level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.

CONCLUSION

The findings of present study revealed that, there is significant association between demographic education and level of knowledge on enrolment and utilization of RSBY among general population. But the other demographic variables had not shown statistically significant association with level of knowledge on enrollment and utilization of Rashtriya Swasthya Bima Yojana among general population.

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CONFLICTS OF INTEREST

Author`s declare no conflicts of interest.

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None

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