

ORIGINAL ARTICLE - PUBLIC HEALTH

A CROSS-SECTIONAL STUDY ON AWARENESS AND PERCEPTION OF HEALTH INSURANCE AMONG RURAL POPULATION IN NAGAPATTINAM DISTRICT, TAMILNADU

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BACKGROUND : Awareness and recognition of health insurance is still very preliminary. Health insurance is not a new concept and people are getting used to it, but this awareness has not yet reached the level of universal subscription to health insurance products. Insurance has not been widespread in rural areas for important reasons such as high delivery costs and low rural awareness of private and government insurance products. There is a need to provide rural families with financial security for the treatment of serious illnesses requiring hospitalization or surgery. This study is an attempt to raise individual awareness and awareness in the field of health insurance.

METHODOLOGY : A community-based cross-sectional study was conducted with 412 participants in a rural area of Nagapattinam, Tamil Nadu. A predesigned semi-structured questionnaire was used to interview them. Data were entered into Ms Excel and analyzed with SPSS 16.

RESULT : The study population consisted of 227 (55.1%) males and 185 (44.9%) females. Awareness was higher among women (74.6%) than among men (56.8%). 46-55 years (31.8%) was the largest, 36-45 years (26.2%), 56-65 years (24.5%), 26-35 years (12.1%), >66 (5.3%). There was a statistically significant association between education and health insurance perceptions ($p=0.010$). The most important sources were family members (241 (58.5%)), followed by friends (21) (5.1%) and insurance agents (1.9%). 14 (3.4%) knew about the eligibility requirements and 72 (17.5%) knew about the services provided by the health system.

CONCLUSION : In this survey, 267 people (64.8%) surveyed had public awareness of health insurance. About 62.86% of the participants had a Prime Minister's Comprehensive Health Insurance Card (CMCHIS), 1.94% of the survey participants had a private insurance card, while 35.15% of the survey participants had no insurance card. I didn't have it. Only 3.39% of study participants were aware of their health insurance requirements. 17.4% of participants were aware of the various benefits of health insurance. 93.3% of the participants knew how to use their health insurance cards only in public hospitals, but did not know how to use their cards in private hospitals. Only 2.42% of survey participants knew their health insurance coverage. 1.45% ($n=6$) of participants were aware of the age restriction criteria. 1.69% ($n=7$) of participants were familiar with various diagnostic tests paid for by health insurance. Only 1.21% ($n=5$) of survey participants had knowledge of call centers.

KEYWORD : Universal Health Insurance, Health Insurance Recognition and Recognition, CMCHIS.

INTRODUCTION

"Health insurance" is still an unfamiliar word to most people in developing countries, especially in rural areas. It is generally believed that people, except for the upper class, cannot afford such social security. Disease remains a permanent threat to earning capacity for most people in poor developing countries.

India, her second most populous country in the world, is poised to change the socio-political, demographic and morbidity patterns that have received global attention in recent years. Communicable diseases, infectious diseases, waterborne diseases, respiratory infections, pneumonia and genital infections dominate the morbidity patterns, especially in rural areas. However, non-communicable diseases such as cancer, blindness, mental illness, hypertension, diabetes, HIV/AIDS, accidents and injuries are increasing among rural populations facing the same risks as urban populations, leading to death, illness, injury and accidents.¹⁻²

People in rural areas are at such risk due to their social and economic situation. There is a need to provide rural families with financial security for the treatment of serious illnesses requiring hospitalization or surgery. The government has taken many initiatives to fill the shortage of health facilities, especially in rural areas. Health insurance is both a way to remove economic barriers and increase access to quality health care for the poor, as well as an effective social protection mechanism.

India spends less than 5% of her GDP on healthcare, making her one of the countries with the lowest healthcare



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expenditures. According to the World Health Organization's Global Health Expenditure Database 2014, 89% of India's population pays out-of-pocket medical costs. With about 70% of India's population living in rural areas and about 28% of the population living below the poverty line, out-of-pocket health care costs put significant pressure on the budget.³

According to a 2015 national sample survey, 41.9% of the rural population rely on public healthcare over private healthcare due to financial constraints. The Government of India has introduced several Government Sponsored Health Insurance Schemes (GSHIS).⁴ Sponsored private health insurance companies have offered a glimmer of hope in reducing out-of-pocket costs for rural residents and providing affordable tertiary care. According to NFHS-4, only 57% of households had access to various health plans in 2015-2016.⁵

In Nagapattinam District, only 58% of households have multiple health insurance plans. Therefore, there is a need for research on health insurance perceptions and perceptions of rural residents in Nagapattinam district, Tamil Nadu.

METHODOLOGY

A community-based cross-sectional study was conducted in September-November 2021 with the approval of the Institutional Ethics Committee of Madras Medical College, Chennai, among people living in rural areas of Nagapattinam. The sample size was calculated from previous studies showing 42.6% of the Prime Minister's prevalence awareness of health insurance using the formula ($N = Z^2 PQ/d^2$). Out of 42 HUDs, Nagapattinam HUD was selected by simple random sampling, and in this HUD, Kariyapattinam blocks were selected by simple random sampling from 35 villages. random selection. In selected villages, individual lists were obtained from household registers maintained by village public health nurses. Eligible study participants were selected by simple random sampling and included in the study after obtaining written informed consent. A pre-tested, semi-structured questionnaire was used to ask study participants about their health awareness and perceptions. The data were entered into MS Excel. We performed descriptive and inferential analysis using SPSS version 16.

RESULTS

Results of a survey conducted to assess health insurance perceptions and perceptions of his 412 participants in Nagapattinam District, Tamil Nadu.

The study population consisted of 227 (55.1%) males and 185 (44.9%) females. 46-55 years (31.8%) was the largest, 36-45 years (26.2%), 56-65 years (24.5%), 26-35 years (12.1%),

>66 (5.3%).

Of the study participants, 231 (56.1%) had a primary education, 83 (20.1%) had a higher education, 82 (19.9%) had a secondary education, and 16 (3.9%) had a college degree. and was a graduate student. There was a statistically significant association between high school education and health insurance awareness ($p=0.010$). 16% ($n=66$) of study participants belonged to the lower middle socioeconomic class, and there was a statistically significant association between socioeconomic status and insurance ($p=0.001$). 267 (64.8%) belonged to nuclear families. There was no statistically significant relationship between family type and health insurance awareness. 387 (93.9%) were married, and marital status was significantly associated with health insurance awareness (p -value = 0.002).

Awareness of health insurance among study participants was 267 (64.8%). In this study, 62.86% of the participants had a Prime Minister's Comprehensive Health Insurance Card (CMCHIS), 1.94% of the study participants had a private insurance card, and 35.15% of the study participants had no insurance card. did not have (Table 1).

Table1: Awareness of health insurance based on socio – demographic profile

Variables	Category	Frequency (N=412)	Health insurance awareness		Chi square value	P value
			Yes (%)	No (%)		
Gender	Male	227	129	98	14.106	0.001
	Female	185	138	47		
Age group	26-35	50	17	33	27.936	0.001
	36-45	108	71	37		
	46-55	131	91	40		
	56-65	101	76	25		
	> 66	22	12	10		
Education	Primary	231	147	84	11.389	0.010
	Middle	82	16	0		
	High/higher	83	57	26		
	Graduate	16	47	35		
SEC	Upper class	71	46	25	20.612	0.001
	Upper middle	119	61	58		
	Middle	89	62	27		
	Lower middle	81	66	15		
	Lower	52	32	20		
Type of family	Joint	114	87	57	2.334	0.30
	Nuclear	267	179	88		
	3 Generation	1	1	0		
Marital status	Married	387	256	131	12.086	0.002
	Unmarried	16	4	12		
	Widow	9	7	2		

Only 3.39% ($n=14$) of study participants knew about health insurance eligibility requirements. 17.4% ($n=72$) of participants were aware of various health insurance benefits,

and 93.3% (n=387) of participants were only aware of the use of health insurance cards in public hospitals, I didn't have that knowledge. Card use in private hospitals. Only 2.42% (n=10) of survey participants knew their health insurance coverage. 1.45% (n=6) of participants were aware of the age restriction criteria. 1.69% (n=7) of participants were familiar with various diagnostic tests paid for by health insurance. Only 1.21% (n=5) of survey participants knew about call centers and 1.45% (n=6) knew only the admission criteria (Figure 1).

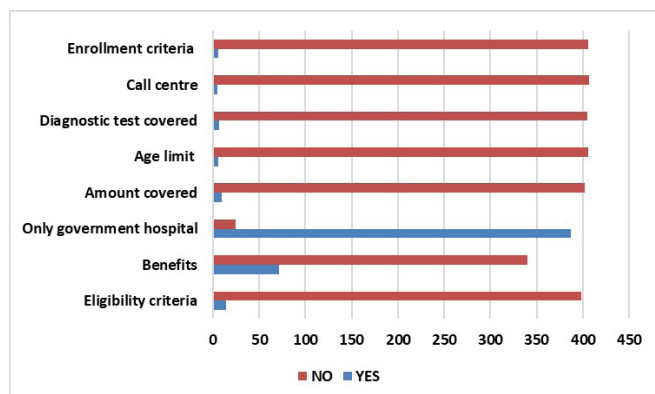


Figure 1: Awareness about health insurance scheme

In this current survey, only 276 people had knowledge of health insurance. Of these, the most important sources were family members 241 (87.31%), followed by friends 21 (7.60%), insurance agents 8 (2.89%), television 5 (1.81%) and newspapers 1 (0.36%) (Figure 2).

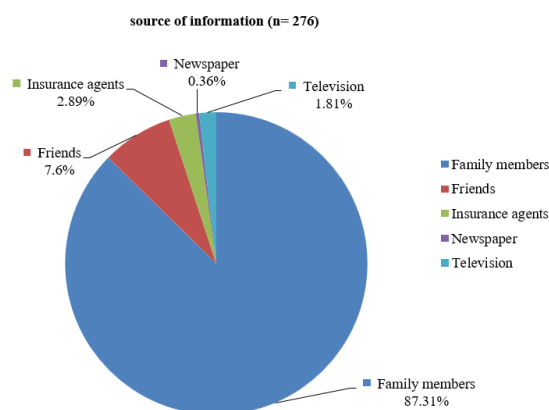


Figure 2: Source of information about health insurance

DISCUSSION

Awareness of health insurance companies:

Health insurance is now seen as an important way to meet people's medical needs and make better use of existing medical facilities. In the past, health insurance was always seen as the wealthy part of society, so governments were responsible for providing health insurance to the poor. In most countries, public health coverage is inadequate. Health insurance is

recognized as an important way to promote health equity in all sectors of society. Health insurance awareness has not yet reached the roots of rural residents⁶. The study populations included 227 (55.1%) males and 185 (44.9%) females. Awareness was higher in women than in men, and this difference was statistically significant ($p=0.001$). Awareness was also higher in men in his study by Madhukumar et al.⁶ in Bangalore. With regard to education and socioeconomic status, study participants had completed tertiary education ($p=0.010$), belonged to the lower middle group ($p=0.001$), and had improved knowledge of health insurance awareness. rice field. This difference was statistically significant, and a similar statistically significant difference was seen in the study by Reshmi et al.⁷ From this, it can be concluded that educational status and socioeconomic status play an important role in health insurance perception. In contrast to our findings on family type, there was no significant association between family type and health insurance. A study conducted by Madhukumar et al.⁶ found a significant association between family type and health insurance awareness.

In this current study, only 3.39% (n = 14) of study participants had knowledge of health insurance eligibility requirements. 17.4% (n=72) of participants were aware of various health insurance benefits, and 93.3% (n=387) of participants were only aware of the use of health insurance cards in public hospitals, I didn't have that knowledge. Card use in private hospitals. Only 2.42% (n=10) of survey participants knew their health insurance coverage. 1.45% (n=6) of participants were aware of the age restriction criteria. 1.69% (n=7) of participants were familiar with various diagnostic tests paid for by health insurance. Only 1.21% (n=5) of survey participants knew about call centers and 1.45% (n=6) knew only the admission criteria. In a study by Madhukumar et al. ⁶, only 35.3% of study participants knew him. It was even lower than in the current survey.

Health Insurance Knowledge Sources :

In this survey, the most important sources of health insurance information were family members 241 (87.31%), followed by friends 21 (7.60%), insurance agents 8 (2.89%), television 5 (1.81%) and newspapers 1 (0.36%). was. %). A study by Madhukumar et al. and Reshmi et al.^{6,7}

Media and television play a major role in spreading awareness of health insurance. A study by Raja Tk et al. Fifty-one percent (159) knew about health insurance, with television (38.3%) and insurance agents (37.2%)⁸ being the most important sources of information⁸. The majority of respondents had a good knowledge of the program's benefits, but relatively little knowledge of how to use the service. More

efforts are needed to spread the message through television, short films, role-plays and social dramas. Public health agencies and staff play a key role in taking every opportunity to educate communities about existing programs.

In a study by Panda et al. An assessment of community health insurance awareness found that interactive, contextual, and cognitive tools can help improve insurance understanding.⁹ In addition to awareness and knowledge penetration with appropriate health communication more cost friendly schemes that will help reduce the premium paid, contributed majorly by the public sector and innovative ways to reducing the existing out of pocket expenditure are the need of the hour. Developing policies that will be available, accessible, acceptable and affordable to all sections of the society is the way to go.¹⁰

CONCLUSION

In this current study, only participants' attitudes to health insurance perceptions are presented. Awareness of health insurance among study participants was 267 (64.8%). 62.86% of the participants had a Prime Minister's Comprehensive Health Insurance Card (CMCHIS), 1.94% of the survey participants had a private insurance card, while 35.15% of the survey participants had no insurance card. Only 3.39% of study participants knew about health insurance eligibility requirements. 17.4% of participants knew about the various benefits of health insurance, and 93.3% of participants knew how to use their health insurance cards only in public hospitals and did not know how to use them in private hospitals. Only 2.42% of survey participants knew their health insurance coverage. 1.45% (n=6) of participants were aware of age restriction criteria. 1.69% (n=7) of participants were familiar with various diagnostic tests paid for by health insurance. Only 1.21% (n=5) of survey participants had knowledge of call centers.

LIMITATION

In the current study, we excluded UHC awareness and perceptions in only one village, so the results could not be extrapolated to other regions. Also, no detailed analyses were performed on the difficulty of applying for insurance cards, the use of these insurance schemes, and the difficulty of claiming health insurance benefits. Barriers faced by those who do not have health insurance have not been considered.

RECOMMENDATION

In the current survey, about 40% were unaware of their health insurance company. Many were unaware of eligibility

criteria, eligible benefits, and financial benefits. To that end, it is necessary to increase awareness of the health insurance system through various channels such as mass media and social media. In addition, beneficiaries will be made aware of various benefits at any time through individual calls/SMS. About 35% of the survey did not have a health insurance card. We've taken steps to raise awareness of these systems and make health insurance easier to access so everyone can avoid devastating medical costs.

CONFLICT OF INTEREST : Nil

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