

“A STUDY ON AWARENESS OF AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA, THE HEALTH INSURANCE SCHEME OF GOVERNMENT OF INDIA AMONG PEOPLE IN KDMC REGION”

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ABSTRACT

The primary costs that an individual incurs today is the outgoings that one incurs on maintenance of health and proper lifestyle, in a country like India where majority of population i.e. 402 million is working there is a real need of social security with other needs. The government of India realized this need and had launched very ambitious schemes to cover India's working population under medical insurance with the Ayushman Bharat Yojana, these schemes focus on covering 10 crore poor and vulnerable families who have very little or no access to quality medical care services. The scheme offers coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization. Ayushman Bharat yojana will incorporate the on-going centrally supported schemes - Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS). The researchers aims to study the awareness of self-employed personnel's like auto drivers, cab drivers, skilled artisans towards these government sponsored scheme in KDMC area.

Keyword: AB-PMJAY, Rashtriya Swasthya Bima Yojana, Health insurance, KDMC

I. Introduction

The major challenge today before a person today is the rising cost of medical expenditure. Majority of Indians today are victims of lifestyle disease, not to mention the wave of epidemics and pandemics sweeping the country and world alike. Medical emergency can literally attack anyone anytime and cripple their emotional and financial wellbeing; therefore it is imperative that every person must opt for a health insurance cover to fend off such serious ramifications

arising out of such unanticipated disruptions in life. Health insurance not only helps the person to be financially stable but helps him to lead a healthy lifestyle, periodic checkups and counseling's helps in this aspect.

Successive government in India have focused on Universal health coverage for its citizens, however the Indian scenario has not improved with limitations of infrastructure, manpower and health services. The government of India gave its nod to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana,(AB-PMJAY) in March 2018, and declared it as a stepping stone to Universal Health care (UHC), this health care scheme has a tremendous potential to institutionalize the healthcare and provide quality and affordable medical assistance to its billion plus population. It is common to note that majority of population make out of pocket payments for medical expenses and as a result are pushed into abyss of poverty.As per the report of IRDA, insurance in India has not penetrated as desired but awareness about life insurance is satisfactory and people understand the need for life cover. However, health insurance awareness is less in many rural areas. Around 57 percent of people who do not have health insurance are not aware about it. It is important to define awareness. Awareness is a subjective term. General awareness is knowing the policy name or having information of existence of policy, whereas policy specific awareness is where the person has complete information of coverage, working and claim procedure of the policy. In depth information like coverage, claim procedure etc helps in better analysis of policy. Policy documents and claim procedure are framed in technical wordings which many a time is difficult to understand.

AB-PMJAY has the potential of becoming game changer in India's health sector. It is important to make people aware about the policy and its implementation. Present study explores the awareness about AB-PMJAY among people residing in KDMC region.

II.Review of literature:

Review of literature helps in understanding the research gap and lays the foundation of further research in the area.

CRISIL (2018)in the report on Ayushman Bharathas suggested that for the success of the policy, it is necessary to have standards for monitoring. Government has big task of retaining experts

and skilled human resource. It is important to market the policy on far foot in order to reach to the people for whom it is designed.

Angell BJ, Prinja S, Gupta A, Jha V, Jan S (2019) in their research paper on AB-PMJAY, authors have suggested for making the policy successful government has to remove the limitations in the health care system of the country. Quality control, health system, awareness are some of the key areas which needs to be sorted in making this universal health scheme successful.

Annual report by National Health Authority (2019) on Ayushman Bharat, Report suggests that there is a need to spread awareness of the scheme. There is a need to undertake education, information and communication to impart awareness. Efforts are being made to reach out to the people and make them aware about the policy but large population, lack of awareness; low literacy is hurdle in the same. It is also important to aware the people who have enrolled under this scheme about the benefits and other operational details of the policy.

Jain V and Singh V.D., Khusboo (2019), in their study based on Moradabad in Uttar Pradesh, suggested that demographic factors have an impact on AB- PMJAY awareness. Educational level, socio-economic status of people plays an important role in affecting the awareness level. There is a need to create awareness among the people, while doing so level of education and socio-economic background of the people should be considered.

Netra G and BA Varadaraja Rao (2019) in their study on awareness of health insurance scheme among rural area in central Karnataka found that majority of the population had opted for government health insurance scheme and awareness coverage was associated with educational level, occupation of head of family and their socio-economic status.

Manuja, Viswanatha &, Kanchana Nagendra (2019) in their study on awareness of health insurance among rural areas of Karnataka discovered that major factors which affects health insurance enrolments were gender, occupation, socio economic status and hospitalization etc.

From the above literature review it is clear that AB-PMJAY scheme has all potential to become the game changer in universal health scheme in India. Demographic characteristics of India

along with large number of population who do not have access to health insurance can derive benefit from this scheme. Government has challenges on its side like lack of health infrastructure, poor knowledge about schemes among masses etc. along with a task of creating confidence among the people about the benefits of the scheme. Present study tries to find awareness among the residents in KDMC area in Thane district about the AB-PMJAY.

III. Research design:

Research design work as a ready reference for execution of the research study. Following research design was prepared-

a. Need and scope of the study

Majority of India's population is reliant on their own financial resources to tackle any medical crisis that they may encounter in their life time; cost of private medical insurance is not within the reach of average Indian, so it is necessary to study the people inclination towards a health scheme that is specially targeted at average working class Indian. The study aims to find awareness level of people living in KDMC region towards this government health scheme and sample survey of 100 respondents was done to understand the people's inclination towards this scheme.

b. Objectives of the study

1. To study the awareness of Government health insurance Scheme (AB-PMJAY) in KDMC area.
2. To study relationship between purchase of Government health insurance scheme and awareness amongst people in KDMC area.
3. To suggest measures to popularize government health insurance scheme amongst masses.

c. Hypothesis of the study

H₀: There is no association between awareness of (AB-PMJAY) government sponsored health insurance schemes and gender of the respondents.

H₁: There is association between awareness of (AB-PMJAY) government sponsored health insurance schemes and gender of the respondents

H₀: There is no association between enrolment in government sponsored health insurance schemes and basic literacy level of the people.

H₂: There is strong association between enrolment in government sponsored health insurance schemes and basic literacy level of the people.

d. Sample size: Study being indicative, sample size of 100 was selected in the KDMC region. Sampling was done on simple random sampling method. Male and female respondents were selected for the study.

e. Collection of data & Analysis: Primary and secondary source of data was used in the study. Secondary data formed the base of study. Research paper, journals, reports were the part of secondary data.

Primary data was collected by designing structured questionnaire. Questionnaire was divided in to two parts- part A was for collecting the general information about the respondents and Part B was research study specific enquiries. The data collected was analyzed using the Chi-square test

f. Limitations of the study: The study has the following confines-

- a. Study is indicative in nature and there is a need to undertake in-depth study on the topic.
- b. Sample size is limited (100) due to time and cost constraints.
- c. Study is restricted to the geographical boundary of KDMC region in Thane district.

IV Finding of the study:

Questionnaire was prepared and the same was distributed among the 100 sample respondents in the KDMC region. Analysis of data revealed-

- a. 45 male respondents out of total 60 male respondents had basic literacy level
- b. 28 female respondents out of total 40 female respondents had basic literacy level.

- c. 58 respondents out of which 39 male and 19 female literate respondents had knowledge of the AB-PMJAY schemes.
- d. Respondents were aware about the policy name from various sources such as newspapers, agents of political parties, peers etc. 79 percent of the literate respondents came to know about the policy from newspapers, agents of political parties, peers.
- e. Most of the illiterate respondents came to know about the scheme through the representative of political parties who approached them to get them registered for the scheme.
- f. 17 percent of the respondents were aware of eligibility criteria of the policy, claim amount, diseases covered and claim procedure. Respondents were helped by the local political parties in registering them in to the scheme.
- g. 33 percent of respondents are of the opinion that they have enrolled for the policy but they are not aware about use of policy.

Objective 1: Respondents have general awareness of Government health insurance Scheme (AB-PMJAY) in KDMC area. But there is lack of detail information about the implementation, coverage area and claim procedure.

Respondents having good standard of living, literacy, exposure to information pertaining to insurance were inclined towards private insurance companies as the products are better marketed, customized product and good services are offered. Respondents from lower income bracket are not exposed more about health insurance. They are aware of life insurance and its importance but they pay little attention towards health insurance. AB-PMJAY has created a hope for them in getting better health facilities. 78 percent of low income group respondents preferred this policy. Lack of nodal office, documents required, lack of awareness, paper work etc are some of the reasons which respondents listed for not subscribing the government health insurance scheme.

Objective 2: The relationship between purchase of Government health insurance scheme and awareness amongst people in KDMC area.

Respondents in their responses agreed of having heard of the policy and also camps were held where people were getting registered in the policy. However, respondents are not aware about

the working of policy. They are unaware about the diseases covered& not covered, extent of coverage, hospitals where the scheme can be exercised, cashless facilities, claim procedure, documents required for claim etc.

Hypothesis 1:

Table No1.1 Observed frequency of gender awareness

OBSERVED FREQUENCY			
	Aware	Unaware	Grand Total
Male	39	21	60
Female	19	21	40
Grand total	58	42	100

Table No1.2 Expected frequency of gender awareness

EXPECTED FREQUENCY			
	Aware	Unaware	Grand Total
Male	34.8	25.2	60
Female	23.2	16.8	40
Grand total	58	42	100

Since the calculated Chi-square value 2.51 is less than critical Chi-square value of 3.84, there is strong evidence to accept the Null Hypothesis(H_0) and therefore it is inferred that there is no association between gender of the respondents and awareness of AB-PMJAY health insurance scheme.

Hypothesis 2:

Table No1.3 Observed Frequency of literacy and enrolments

OBSERVED FREQUENCY			
	Enrolled	Not Enrolled	Grand Total
Literate	32	41	73
Not literate	21	6	27
Grand total	53	47	100

Table No1.4 Expected Frequency of literacy and enrolments

EXPECTED FREQUENCY			
	Enrolled	Not Enrolled	Grand Total
Literate	38.69	34.31	73
Not literate	14.31	12.69	27
Grand total	53	47	100

Since the calculated Chi-square value 9.12 is more than critical Chi-square value of 3.84, there is solid evidence to reject the Null Hypothesis(H_0) and therefore it is concluded that there is strong association between enrolment in government sponsored health insurance schemes and basic literacy level of the people.

V Conclusions and Recommendations:

General awareness about existence of policy among the respondents is present. Respondents are not aware about the implementation of policy, claim procedure, documentation etc. Universal health scheme is new in India. Its success and acceptance depends on its marketing, easy accessibility, better service, customized product, technology operated system for subscribing and other facilities.

Data analysis, interpretation and finding from the study have ensued in the following recommendations:-

- a. In today's world, branding and visibility plays an important role in the success of product. Effort should be made to make the policy visible to the public through marketing, awareness. People should be explained in regional language about the policy through new papers, television. Co-operation from NGOs will be highly solicited.
- b. Students under their National Social Service scheme (NSS) can be roped in marketing the product and explain the policy specifically to the people in slum areas and urban villages.
- c. Mobile app should be launched which will make it easy for the people to apply for the policy and keep themselves updated. App should also indicate the hospitals under scheme, coverage of policy etc.

- d. Government should tie up with general insurance companies, post office, banks for issuing the policy which will make application procedure for the policy more convenient.
- e. Documentation, services and insurance product offerings should be updated to provide more benefits to the people.
- f. Government should rope in brand ambassadors for marketing the policy.
- g. Effort should be made to make people get treated in any hospital in emergency irrespective of its nature- government or private hospitals; this can be ensured through directives issued to all hospitals on regular basis and having formal agreement with them.
- h. Claim procedure and documentation should be made simpler so that general public can understand it.
- i. In rural areas people are more inclined to opt for Government Health insurance as they involve minimum cost and government schemes visibility is extensive in rural area. Urban people are not much aware of the benefits of government schemes, this has to be highlighted, and then they may have willingness to opt for such government sponsored health insurance schemes

Success of any brand or product depends on product, marketing and its service. There is a need to work on these three aspects so that the game changer scheme- AB-PMJAY becomes successful in India where exposure to the health insurance is low and this universal health scheme can bring health facilities to people who cannot afford paying heavy medical bill of various ailments.

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