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"A STUDY ON AWARENESS AND UTILIZATION OF RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) IN CHERTHALA"

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Abstract

The Rashtriya Swasthya BimaYojana (RSBY) is a health insurance scheme by Ministry of Labour and Employment, Government of India introduced in 2008. This scheme can be categorised as a family floater insurance scheme where the policyholder and family is protected against the risk of health spending which leads to poverty. This research paper analyses awareness and utilisation of RSBY among urban and rural people residing in

Cherthala, Alappuzha District. Simple random sampling method was used for the selection of respondents. The study reveals that respondents are aware about few services provided under the scheme and urban people are more aware about RSBY than rural people. The major challenges for the non-utilisation of RSBY is lack of knowledge, fear about the non-attention of doctors and limited coverage of the scheme.

Keyword: *Rashtriya Swasthya BimaYojana, awareness, Utilisation*

INTRODUCTION

Illness is a major threat to low- income people and insurance was never considered an option for low-income people in the past. They were supposed to be unable to save and pay premiums due to their poverty. As a result, the government acquired responsibility for fulfilling the health-care demands of poor people by introducing health insurance schemes for people who are below poverty line.

RSBY in India

RSBY is a centrally sponsored scheme that was implemented by the Ministry of Labour and Employment since 2008 under the Unorganised Workers' Social Security Act 2008 to provide health insurance coverage to Below Poverty Line families and 11 other categories of unorganised workers like construction workers, domestic workers, sanitation workers, mine workers, licenced Railway porters, street vendors, Beedi workers, Rickshaw pullers etc.

The funding pattern of RSBY is that state governments are responsible for 25% of the yearly premium, as well as any extra premiums, administrative charges, and other expenses. The central government would pay 75% of the expected annual premium of Rs.750, up to a maximum of Rs.575 per family each year, plus the cost of the smart card. With effect from April 1, 2015, the Scheme was handed to Ministry of Health and Family Welfare on a "as is, where is" basis. Each family registered in the plan was eligible for up to Rs 30,000 in annual hospitalisation benefits in empanelled institutions, as well as 1516 treatment packages covered under RSBY till 2020-21.

The recipient of this plan will be entitled for in-patient healthcare insurance benefits as determined by the individual state governments depending on the needs of the population and

geographic area. Under this scheme the unorganised sector worker and his family (unit of five) will be covered, with a total sum insured of Rs. 30,000 per family per year on a family floater basis, cashless attendance to all covered deceases, hospitalisation expenses, and taking care of most common illnesses. There should be as few exclusions as possible, and all pre-existing conditions should be covered, as well as transportation charges (up to Rs. 100 each visit) subject to maximum of Rs.1000.

RSBY in Alappuzha

The public system is becoming unable to fulfil demand for health care, this has encouraged the expansion of private medical care in the state, and the reliance on private health care is significant even among the lowest income groups and in urban and rural regions. The uncontrolled private sector drives up household health-care costs, turning health into a commodity bought on the basis of 'capacity to pay.'

In this context, the Kerala government adopted the Government of India's Rashtriya Swasthya Bima Yojana system. The goal of RSBY is to prevent households living below the poverty line (BPL) from significant health shocks that need hospitalisation. The insurance provides for all 14 districts and there are 140 government hospitals has empanelled in this scheme. In Alappuzha District where the Cherthala Municipality belongs to have around 17 hospitals empanelled under RSBY scheme

Objectives

1. To study the awareness of RSBY among urban and rural people of Cherthala.
2. To assess the challenges that reduces the utilisation of RSBY.

Materials and Methods

The current study was a cross-sectional study that took place in urban and rural areas of Cherthala. The study was conducted between October 2021 and November 2021.

Sample size

Simple random sampling was used to select 198 respondents from the rural and urban population. Using systemic random sampling, households from each specified rural and

urban ward were chosen from a list of enrolled BPL families available on PDS.A family member was interviewed using a structured questionnaire.

The general demographic profile of enrolled family members, their use of the RSBY system and knowledge of the various RSBY components, were collected.

A house-to-house visit was made to the selected beneficiaries. Before beginning the interview, the goal of the study was described and verbal consent was obtained.

Statistical analysis

The data entry, analysis of simple percentage and Chi-square test is done using Microsoft Office Excel.

RESULTS

Table-1: Socio demographic profile of respondents

Characteristics	Population (N=198)	Frequency (%)
Gender		
Male	**72**	36
Female	**126**	64
Age		
40-50	**80**	40
50-60	**72**	36
Above 60	**46**	24
Place of residence		
Rural	**144**	**73**
Urban	54	27
Household size		
Less than 5	**108**	**55**
More than 5	**90**	**45**
Occupation		
Casual workers	**9**	**5**
Daily wage	**90**	**45**

labourer		
Small business	18	9
Temporary job	27	14
Unskilled labour	54	27
Household monthly income		
Below 5000	36	18
5000-10000	108	55
10000-15000	36	18
15000-20000	18	9

Table 1 show that there were 36% male beneficiaries and 64% female beneficiaries. There were 40% of beneficiaries belonging the age group of 40-50 and 36% belong to the age group of 50-60. 24% of the population fall above the age of 60 years.73% of the beneficiaries belongs to rural area and 27% of the people belong to urban area. 55% of the beneficiaries have less than 5 members in the family and 45% have more than 5 members in the family. Among the beneficiaries 5% casual workers, 45% daily wage labourer, 9% are doing small business, 14% are doing temporary job and rest of the 27% are unskilled labours.18% of the respondent's income is less than Rs.5000, 55% of the respondent's income fall between Rs.5000- Rs. 10,000, 18% fall between Rs.10, 000- Rs.15, 000 and 9% in the income level of Rs.15, 000-Rs.20, 000.

Table.2 Main reason to become part of RSBY

Particulars	Population (N=162)	Frequency (%)
Community members compelled	54	33
Other members in the community joined. So I did	72	44
Members of the	27	17

Kudumbasree compelled me to join		
Other personal reasons	9	6

Table.2 shows that 33% of the respondents joined RSBY because of the compulsion of community members. 44% of the population joined simply because of other members in their community joined. 27% of the respondents joined because of kudumbasree and other 9% have their own reasons for joining the schemes.

Table 3. Awareness of RSBY

Characteristics	Population (N=198)	Frequency (%)
Don't Know	54	28
Free hospital treatment	90	45
Health insurance scheme	36	18
Identity Card	18	9

Table.3 shows that 28% of the people are not aware about RSBY scheme.45% consider it as a free hospital treatment.18% know that is health insurance scheme and 9% consider it is an identity card.

Table 4. Comparison of awareness among rural and urban beneficiaries about RSBY scheme.

Place of residence	Aware	Not aware	*p-value*
Rural	27	117	1.926
Urban	27	27	

The chi-square test was used to compare aware and not aware respondents among rural and urban.

χ^2 (1, N=198) = 1.926; $p > 0.05$. The result suggests that the awareness is not independent of the place of residence. It shows that the rural people are not much aware about RSBY as compared to urban people.

Conclusions

The findings show that wide differences in awareness have resulted in low and unequal enrolment and use among the target households. There was insufficient information exchange between the enrolment agencies and target households. The study also reveals that certain challenges for the utilization of RSBY. The main challenges are lack of transportation reimbursement, attitude of doctors, no adequate provision for canteen facilities and poor care at hospital for the beneficiaries. More over the government temporarily stopped new enrollment during the period of Covid 19 pandemic.

The government must actively support the potential of Health Insurance Schemes for making people passive beneficiaries to active beneficiaries in their own health (Michielsen, Criel et al. 2011).

Lack of knowledge, inadequate programme design, and enrollment scheduling are the main reason for low enrolment of government health schemes. (Rathi, Mukherji et al. 2012).

In any of the focused interventions in health access to correct information is a cornerstone, and Health insurance programmes initiated by the government should communicate correct information to the beneficiaries as information is the corner stone of any government health insurance programme (Jacobs, Ir et al. 2012

REFERENCES

1. Thakur, H. (2016) Study of Awareness, Enrolment, and Utilization of Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme) in Maharashtra, India. Front. Public Health 3, 282. doi: 10.3389/fpubh.2015.00282.
2. Palacios R. A new approach to providing health insurance to the poor in India. In: Palacios R, Das J, Sun C, editors. The Early Experiences of Rashtriya Swasthya Bima Yojana. India's Health Insurance Scheme for the Poor. New Delhi: Centre for Policy Research (2011). pp. 1–37.
3. Shikha gupta Awareness and utilization of Rashtriya Swasthaya Bima Yojana and its implications for access to health care by the poor in slum areas of Delhi (2017)
4. Government of India. Rashtriya Swasthya Bima Yojana (RSBY). Retrieved from www.rsby.gov.in, accessed on December 15th 2021
5. Kerala Government, Arogya keralam Retrieved from www.arogya keralam.gov.in, accessed on December 15th 2021.