



Original Research Article

STUDY ON AWARENESS AND UTILIZATION OF “RASHTRIYA SWASTHYA BIMA YOJNA” IN SLUM AREA OF INDORE CITY: A CROSS - SECTIONAL STUDY

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ABSTRACT

Background: The Indian Ministry of Labour and Employment launched a social health protection program called Rashtriya Swasthya Bima Yojana (RSBY) in the year 2008 to provide financial protection from catastrophic health expenses to Below Poverty Line (BPL) households (HHs).^[1,5]

Objectives: 1. To find out the awareness regarding Rashtriya Swasthya Bima Yojna among 100 BPL and unorganized workers in the urban population of Indore. 2. To find out the level of utilization of the scheme among card holders.

Material and Methods: A community-based study using simple random sampling was conducted among 100 Below Poverty Line (BPL) families and unorganized workers residing in a slum area of Indore city. A pre-tested semi-structured questionnaire was used. Data was entered in excel sheet and analyzed using SPSS software 25.0 (trial version). Chi-square test was applied wherever necessary.

Results: Among 100 study participants, 63% were males. Only 35% participants were literate. 79% were married, 20% were widow/widower, and 1% were unmarried. 45% were employed, 30% unemployed and 25% were retired. Majority (52 %) people were between 41-50 years' age. Only 25% were aware about RSBY. 95% felt it is very important and everyone should have it. 20% of the participants were card holders. 50% of the card holders had never utilized the card. When asked about changes desired in enrolment process, 50% people wanted it to be cashless and 35 % wanted it to be less time taking while 15% people wanted it to be paperless. Association between gender, employment status, literacy and awareness was found significant (p-value<0.05).

Conclusion: Awareness and utilization of RSBY in urban slum is low. Therefore, in order to increase awareness about RSBY* more IEC activities should be conducted.

Keywords: RSBY- Rashtriya Swasthya Bima Yojana, BPL- Below Poverty Line, awareness, utilization.

INTRODUCTION

The saying ‘health is wealth’ is very much true in the present fast-paced life and it signifies the importance of a well-developed health care system.^[1] To reduce

out of pocket expenditure for health care and financial burden on the poor, a national health insurance scheme RSBY (Rashtriya Swasthya Bima Yojana) was launched in 2008 for Below Poverty Line (BPL) households. The beneficiaries under

RSBY are entitled to hospitalization (for more than 725 procedures at empaneled hospitals),^[2] coverage up to Rs. 30,000/- per annum on family floater basis. The coverage extends to maximum five members of the family which includes the head of household, spouse and up to three dependents. Additionally, transport expenses of Rs. 100/- per hospitalization will also be paid to the beneficiary subject to a maximum of Rs. 1000/- per year per family. The beneficiaries need to pay only Rs. 30/- as registration fee.^[2,3] A total of 65 million families were the target population of RSBY.^[4]

The present study was conducted to assess the awareness and utilization of RSBY among 100 BPL and unorganized workers in an urban area of Indore city.

MATERIAL AND METHODS

This was a cross sectional, community based observational study to assess awareness and utilization of RSBY amongst 100 BPL families and unorganized workers residing in urban slum (Badi Gwaltoli) in Indore city. Study was conducted from 1st September 2018 to 1st December 2018 by using simple random sampling method. Participants more than 18 years of age; residing in urban slum areas and those who gave consent were included in the study. Interpersonal interview was conducted using a pre-designed semi-structured questionnaire. Data was collected and entered in MS Word & MS Excel sheet and was analyzed using SPSS Software 25.0 (Trial version). The descriptive representation of data was done in the form of frequency and percentages. Chi-square test was applied wherever necessary.

Distribution and calculation of sample size

Sample size was calculated by:

$$N = 4PQ/d^2$$

P = Prevalence (50%),^[5]

Q = 100-P (100-50)

d = allowable error (10)

(In this study, assuming utilization rate of 50% and margin of error 10%)

$$N = 4 \times 50 \times 50 / 10 \times 10 = 100 \text{ beneficiaries}$$

Thus, for this study sample size was 100.

RESULTS

Table 1 depicts the socio-demographic details of the study subjects. Among 100 subjects, majority (63%) were males. 42% i.e. most of the study subjects were between 41-50 years of age and 27% were between 51-60 years of age, while the rest 22% and 9% were aged between 31-40 years and 20-30 years respectively. Literacy rate was found to be low in the study population as only 35% study subjects were literate while 65% were illiterate. 79% of the subjects were married, 20% were widow/widower, and 1% were unmarried. Regarding employment status, it was found that 45% people were employed,

30% unemployed and 25% were retired. It was observed that only 25% were aware about RSBY, as shown in Figure 1. Concerning the attitude of study participants, 95% felt that RSBY is very important and everyone should have it, and none felt that it was useless (Table 2). 20% of the participants were card holders (Figure 2), of which 75% people became aware about RSBY through means like insurance agents, doctors, radio and internet etc. while 25% became aware about this through relatives and friends (Table 3). 50% of the card holders had never utilized the card and 35% had not used it since past 6 months, as seen in Table 4. Out of 20 card holders, 70% hadn't used it because no one had fallen sick so far while 15% people said that the benefits were not satisfactory, while the other 15% said that it was a time taking process (Table 5). When asked about changes desired in enrolment process, as shown in Table 6, 50% people wanted it to be cashless and 35% wanted it to be less time taking while 15% people wanted it to be paperless. Association between awareness and gender of the study subjects was assessed in Table 7, and it was found significant (p-value=0.012) i.e. compared to females, a greater number of males were aware of the scheme. Association between awareness and employment status was also significant (p-value=0.019). with more employed subjects being aware of the scheme (Table 8). A greater number of literate subjects were aware (p-value<0.0001) as compared to illiterate subjects as seen in Table 9.

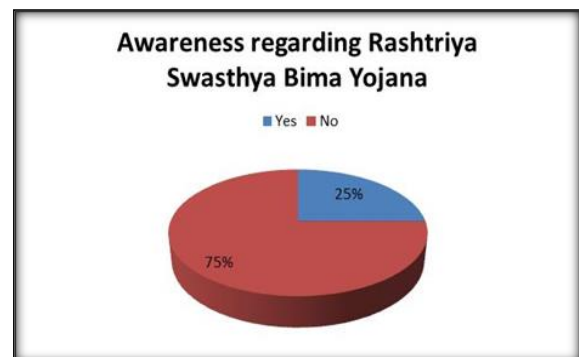


Figure 1: Awareness regarding Rashtriya Swasthya Bima Yojana among study subjects.

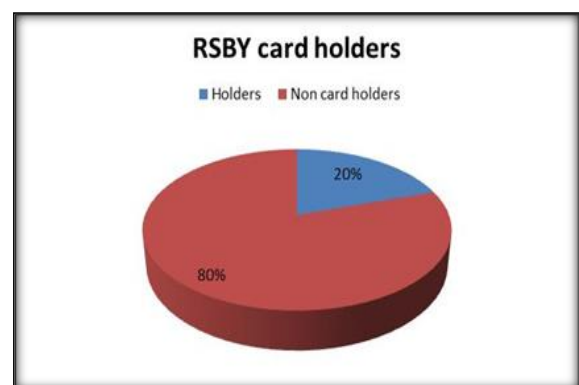


Figure 2: RSBY card holders among study subjects

Table 1: Socio-demographic details of the study subjects

S. No.	Data variable	Characteristics	Percentage (%)
1.	Gender	Male	63
		Female	37
2.	Age	20-30	9
		31-40	22
		41-50	42
		51-60	27
3.	Literacy	Literate	35
		Illiterate	65
4.	Marital status	Married	79
		Unmarried	01
		Widow/Widower	20
5.	Employment status	Employed	45
		Unemployed	30
		Retired	25

Table 2: Attitude towards health insurance among study subjects

Particulars	Frequency	Percentage (%)
Very important	95	95
Does not make any difference	5	5
No, it's useless	0	0
Total	100	100

Table 3: Source of information regarding RSBY among card holders

Source	Frequency	Percentage (%)
Television	0	0
Newspaper	0	0
Relatives and friends	5	25
Others	15	75
Total	20	100

Table 4: Utilization of RSBY card among card holders

Particulars	Frequency	Percentage (%)
<1 month	3	15
1-3 months	0	0
4-6 months	0	0
>6 months	7	35
Not yet used	10	50
Total	20	100

Table 5: Reasons behind no utilization till date among card holders

Particulars	Frequency	Percentage (%)
Forget to use	0	0
Time taking process	3	15
Benefits are not satisfactory	3	15
No one has fallen sick so far	14	70
Total	20	100

Table 6: Desired changes in enrollment process as said by card holders

Changes	Frequency	Percentage (%)
Time management	7	35
Cashless	10	50
Paperless	3	15
Total	20	100

Table 7: Association between awareness and gender of the study subjects

Awareness regarding Rashtriya Swasthya Bima Yojana	Gender		Total	Chi-square test p-value
	Male	Female		
Yes	21 (33.3%)	04 (10.8%)	25 (25.0%)	0.012 (Sig)
No	42 (66.7%)	33 (89.2%)	75 (75.0%)	
Total	63 (100.0%)	37 (100.0%)	100 (100.0%)	

Table 8: Association between awareness and employment status of the study subjects

Awareness regarding Rashtriya Swasthya Bima Yojana	Employment			Total	Chi-square test p-value
	Employed	Unemployed	Retired		
Yes	14 (31.1%)	2 (6.7%)	9 (36.0%)	25 (25.0%)	0.019 (Sig)

No	31 (68.9%)	28 (93.3%)	16 (64.0%)	75 (75.0%)	
Total	45 (100.0%)	30 (100.0%)	25 (100.0%)	100 (100.0%)	

Table 9: Association between awareness and literacy of the study subjects

Awareness regarding Rashtriya Swasthya Bima Yojana	Literacy		Total	Chi-square test p-value
	Literate	Illiterate		
Yes	23 (65.7%)	2 (3.1%)	25 (25.0%)	<0.0001 (Sig)
No	12 (34.3%)	63 (96.9%)	75 (75.0%)	
Total	35 (100.0%)	65 (100.0%)	100 (100.0%)	

DISCUSSION

The present study was conducted to evaluate awareness and utilization of “Rashtriya Swasthya Bima Yojna” in urban slum area of Indore city. It was observed in the present study that out of 100 study subjects, majority i.e. 63% were males and 65% of the study subjects were illiterate. Similar findings were observed by Patel MR et al, where majority 83.3% were male respondents, and 34.5% were illiterate.^[5] Kamath R et al, in their study observed male predominance (69.6%), while only 22.5% were illiterate.^[6] In the present study 69% of the subjects were above the age of 40 years. Kamath R et al also observed majority (56.7%) to be above 40 years of age,^[6] while Patel MR et al observed that 33.2% were above the age of 40 years.^[5] 45% subjects in the present study were employed, 30% unemployed and 25% were retired. Similar findings were observed by Rathi P. et al. where 30.7% beneficiaries were unemployed while 50.7% were engaged in agricultural activities, 15.7% in non-agricultural activities and 2.9% were not working due to disability.^[7] Only 25% were aware about RSBY in the present study. Similar finding was observed by Thakur H et al,^[1] with 29.7% awareness among the study population. On the contrary, Patel MR et al and Kamath R et al observed that 88% and 54.4% were aware about RSBY respectively.^[5,6] In the present study, 50% of the card holders had never utilized the card. Thakur H et al,^[1] found the utilization to be only 0.3% and Patel MR et al observed that only 18% of the study population had utilized the card.^[5] In another study by Shirisha P in Chhattisgarh, it was discussed that only one-fourth of the respondents knew about the use of card and only one-third families were able to use the card.^[8] Similar finding was observed by Karan A et al where the overall inpatient care utilization rate was low under RSBY.^[2] In the present study, on enquiring about the changes desired, it was found that 50% people wanted it to be cashless. Shirisha P, discussed that 58% and 17% of the study population had to bear out-of-pocket expenditure in private sector and public sector respectively, even though RSBY was supposed to be a cashless scheme.^[8]

CONCLUSION

Recommendations: The awareness regarding RSBY should be improved by advertising about it in

social media, mass media and by pasting pamphlets about the beneficiaries in hospitals and by integrating it up to primary health care level by involving grass-root level workers.

The camps which are organized should be more frequent. The coverage should be increased and the process of application should be easier and faster. The scheme should be paperless, cashless and should benefit families irrespective of the number of members. Further studies are required.

Limitations

1. The findings are based entirely upon the study conducted in a single urban slum of Indore city.
2. Time duration of study was limited.
3. The sample size taken in study was small.
4. The results are entirely based on answers given to the questionnaire, so there is possibility that some questions may be misinterpreted or intentionally wrongly answered.

Ethical Consideration

The study started after obtaining the ethical approval from Institutional Ethics Committee, MGM Medical College and MY Hospital, Indore.

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Conflicts of Interest

There are no conflicts of interest.

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