YESHASVINI CO-OPERATIVE FARMER'S HEALTH CARE SCHEME: AN ANALYTICAL STUDY OF BIDAR DISTRICT

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1. INTRODUCTION:

Health is an important aspect of human resource development. Good health care facilities and services are essential for creating healthy citizens and society that can effectively contribute to social and economic development. Over the last three and half decades, health economics has been considered as an independent scientific discipline and is increased urbanization, industrialization, changing environment and the changing nature of health aspects, the health-related issues and problems are emphasized and have become a great concern for contemporary world.

Over the years, though the researchers, academicians and governments have tried to find to ways and means to this, many issues and aspects of health, viz. provision of quality services and an effective delivery system, managing health expenditure and its financing, and adequate expansion of service network to rural and tribal areas to achieve equity in access to health care yet to be completely resolved. Again, little attention has been given to the micro aspects of Health economics by the researchers, government, policy makers and development planners.

2. NEED FOR THE STUDY:

Health programmes in rural areas and also to assess the awareness and perceived usefulness about programmer of community people based on the awareness usefulness and benefit of the beneficiaries it would be possible to illustrate the fundamental problems at grass root level and to suggest for effective implementation of programmer and suitable remedial measures to improve the farmers health in the study area.

3. REVIEW OF LITERATURE:

United Nations, (1994), reported that, international Conference on Population and Development (ICPD) of 1994 focused on reproductive health, with the objective of enabling female population go to safely

through pregnancy and childbirth and providing couples with the best chance of having a healthy infant. The ICPD policy document says that both mother and child have right to good quality health care services.

World Bank, (2001) reported that, A World study bases on the National Sample Survey 52nd round calculates that the poor-risk ratio is 2.5 for National Sample Survey 52nd round calculates that the poor-rich Ratio is 2.5 for infant mortality, 2.8 for under- five mortality, 1.7 for Childhood underweight and 2 for total fertility rate. The study also Indicates that aingeased percentage of poor do not seek health care when Ill: about 24 percent of the poorest quintile does not seek care, compared to 9 percent of richest quintile.

4. OBJECTIVE OF THE STUDY:

1) To study Yeshasvini Co-operative Farmers Health Care Scheme.
2) To know the farmers awareness and usefulness of Yeshasvini Co-operative Farmers health care Scheme.
3) To understand Direct and Indirect benefits derived through Yeshasvini co-operative Farmers Health care Scheme by the farmers in study area.
4) To identify the constraints and obtain suggestion for better implementation of Yeshasvini Co-operative Farmers Health care Scheme in the Study area.

5. METHODOLOGY:

The present study was concentrated on Bidar district. Bidar district has 5 talks namely Aurad, Bidar, Basavakalyan, Bhalki and Humanabad, Among these only 2 taluks were selected for the study. Namely, Bhalki and Humanabad .Simple random sampling design is used for the purpose of study in Bidar district in each taluks 120 farmers were selected for purpose of study was selected for the data collection . Data has collected through the interview schedule. Collected data was tabulated and analyzed by using the simple statistical tools such as percentage, ratio- proportion and appropriation tool like- chi square test has been used for the data analysis.

6. SOCIO-ECONOMIC PROFILE OF RESPONDENT:

Total 240 number of respondent's socio-economic profile of farmers are as bellow data shows in the table-01 the age group of respondents according to Yeshasvini co-operative farmers it is observed from the table that majority of respondent under study (N= 95, 33.58 %) have belong to the age group of 20 to 30 years followed by those in the young age group 10-20 years (N= 33, 13.75 %) beneficiaries, respectively. When chi-Square test is conducted the difference is found to statistically significant (**chi-square** = 2.0472**, p=** 0.8431). as p value is more then **0.05.**

Table- 01

Age wise classification of respondents

Sl. No.	Age	Number of Respondents	Percentage
1	10 to 20	33	13.75
2	20 to 30	95	39.58.
3	30 to 40	45	18.75
4	40 above	67	27.92
	Total	**240**	**100**
Chi-square= 1.9918 P = 0.5731			

Source: Filed survey *p<0.05

The age-wise classification of respondents is divided into four groups, such as a 10-20, 20-30, 30-40, 40 and above years. Which is given in the following table 01 Table indicates the range of respondents according to this we can see the beneficiaries from the Yeshasvini Co-Operate Farmers Health Care Scheme of various/ different age between 10 to 20 are N=33, 13.75% % beneficiaries, 20 to 30 are N=95, 39.58% beneficiaries, 30 to 40 are N, 45, 18.75% and 40 above are N=27.92% beneficiaries respectively. Because there are higher chances of hospitalization for those patients who are in higher age group of any form of ailments. The difference is found to statistically significant **(chi- square** = 1.9918 **p**=0.5731). as **p** value more than 0.05.

Table-02

Education Status of the Respondents

Sl. No.	Qualification	Number of Respondents	Percentage (%)
1	Primary Education	74	30.83
2	High School Education	96	40.00
3	P.U.C Level Education	24	10.00
4	Degree	9	3.75
5	None	34	14.17
	Total	**240**	**100**
Chi- square = 2.0472 p= 0.8431			

Source: **Filed survey** *p<0.05

The education of the respondents is divided into six's types, such as, Primary Education, High School Education, P.U.C. Education, Degree, and post graduate None.

The education level of respondents shows that in the above table is N=74, 30.83% were having primary education followed by N=96, 40.00% per cent who had high School Education, N= 24, 10.00% had P.U.C Level Education and without education, respectively. Whereas N= 9, 3.75% of them had degree level N=34, 14.17% none level.

This situation might have risen due to low financial position of the beneficiaries and non-realization of importance of education. However, few beneficiaries had education up to high school. The difference is found to statistically significant (**chi- square** = 2.0472 p= 0.8431 p=). as **p** value more than **0.05**

Table-03

Occupation of Respondents

Sl. No.	Occupation	Number of Respondents	Percentage
1	Wage	15	6.25
2	Private Job	94	39.17
3	Farmer	131	54.58
	Total	**240**	**100.00**
Chi-square= 2.8897 P = 0.2363			

Source: Field Survey, *p<0.05

The above table presents the type occupation carried out among yeshsvini co-operative farmers . it is observed that, out of 240 respondents nearly about N=131, 54.17% of respondents were from farmers, Further N= 94, 39.17% of the respondents were from private job, and N= 15, 6.25% of the respondents were from belong to wage respectively. The difference is found to statistically significant (**chi- square** = 2.8897 **p**= 0.2363). As p value more than **0.05**

Table-04

Annual Income of Respondents

Sl. No.	Annual Income	Number of Respondents	Percentage
1	Low income	144	60.00
2	Semi income	77	32.08
3	Medium income	12	5.00

4	High income	7	2.92
	Total	**240**	**100.00**
Chi-square=22.3132 P = 0.0001*			

Source: Field Survey *p<0.05

The total income of the family from all the sources was considered as family income. It was measured by considering the total income of the family from all the sources such as agriculture, allied enterprises and others. The classification used was as followed by Ministry of Rural Development, GOI Low income Up to Rs. 17,000 Semi medium income Rs. 17,001 to 34,000 Medium income Rs. 34,001 to 51,000 High income above Rs. 51,000

It is observed that N= 144, 60.00% respondents belonged to low income category, N= 77, 32.08% were semi income, N= 12, 5.00% respondents, N= 7, 2.92 respondents belonged to high income categories.

During survey it was came to know that most of the respondents were depend upon single income source so the percentage of low income respondents were 70 people engage in more than one income source and getting high income were 40 percentage.

Table-05

Health Awareness among the respondents

Sl. No.	Health Awareness	Number of Respondents	Percentage
1	Yes	240	100.00
2	No	0	0.00
	Total	**240**	**100.00**
Chi-square with Yates's correction = 0.0001 P = 1.0000			

Source: Filed survey *p<0.05

The above table indicates the awareness of health among the respondents according to yeshsvini co-operative farmers, it is observed from the table that majority of the respondents under study (N= 240, 100%) have belong having the awareness of the health followed by (N= 00.00%) those are not having the awareness of the health as it constitute major portion of the study population the difference is found statistically significant (**chi- square**= 0.0001 **p**= 1.0000) as **p** value is more than **0.05**

Table-6

Percentage of Respondents Possessing Yeshasvini card in distinct

Sl. No.	Yeshasvini Card	Number of Respondents	Percentage
1	Yes	240	100.00
2	No	0	0.00
	Total	**240**	**100.00**
Chi-square=0.0000 p=1.0000			

Source: Filed survey *p<0.05

The Yeshasvini scheme was introduced by the state government to the co operative farmers of Karnataka it is one of the largest self fended health care scheme in the country. It offers a low priced product for a wide range of surgical Coeur, nearly 805 defined surgical produces to the farmer co operators' and his family members. It is a contributory scheme wherein the beneficiaries contribute a small amend of money every year to avail any possible surgery during the period

The above table presents the percentage of respondent possessing Yeshasvini card in distinct talks. It is notable that Yeshasvini co-operative farmers, majority (N= 240, 100%) of the respondents possess yeshsvini card in their family and in contrast (N= 0.00,00%) of the respondents did not possess the Yeshsvini card. However majority 85% respondents of Bhalki and Humanabad taluk possess the Yeshasvini card compared to other taluk respondents. The difference is found to statistically significant (**chi- square**= 0.0000 **p**= 1.0000) as **p** valve is more than **0.05**.

Table-07

Sources for Awareness about Yashasvini Health Scheme

Sl. No.	Sources	Number of Respondents	Percentage
1	Co- operative society	108	45.00
2	Doctors	9	3.75

3	Ex –beneficiaries	46	19.17
4	Relative	36	15.00
5	Gram panchayat	29	12.08
6	Bank official	3	1.25
7	Mass media	9	3.75
	Total	**240**	**100.00**
Chi-square= 2.4792 P = 0.8711			

Source: Field Survey *p<0.05

It could be conducted from Table revealed that the irrespective of the schemes, society, gram panchayat, ex-beneficiaries, doctors, relatives, bank officials, were the major sources through which beneficiaries become aware and got detailed information about the programme. Sixty eight per cent of beneficiaries came to know about the scheme through co-operative society This might be due to the fact that farmers were in frequent and regular contact with co-operative society. Moreover, the task of identification of beneficiaries is entrusted to co-operative society personnel.

Co-operative society (N=108, 45.00%) emerged on the major source which played role in creating awareness about the scheme. Doctors also played role to some extent on(N=9, 3.75%) respondents were aware about the scheme through them. Remaining sources listed for the study, relatives (N=46, 19.17 %), Ex-beneficiaries (N= 36, 15.00%), Relative (N= 29, 12.08 Gram Panchayat (N= 3, 1.25%) Bank Official. However Mass Media of the scheme (N= 9, 3.75%), through limited extent, but helped to create awareness [table 0.7].the difference is found to statistically significant (**chi- square**= 2.4792, P= 0.8711) as **p** value is more than **0.05**

Table- 08

Farmers of Awareness about Yashasvini Health Scheme

Sl. No.	Statements	Number of Respondents	Percentage (%)
1	Awareness of the documents required for availing benefits	36	15.00
2	Commencement of scheme every year for 1st June to 31st May	36	15.00

3	Scheme is meant exclusively for the health benefits of the poor people	83	34.58
4	Enrolment period for the scheme commence in January and closes by June every year	22	9.17
5	It's a self funded health care scheme of Karnataka and the Government is only the regulatory body	18	7.50
6	Members from other co-operative societies are also eligible to avail benefits	21	8.75
7	A person should be a member of rural Co-operative society since 6 months at least to avail the benefits	18	7.50
8	The scheme apart from free consultation covers diagnostics at discounted rates and all of operations	6	2.50
9	The premium of healthy members of the state finances the treatment of sick persons	0	0.00
10	No need to pay for the surgery if its total cost is less than 1 lakh rupees for single and below 2 lakh rupees for multiple surgeries.	0	0.00
11	Upper age limit fixed is 75 years for availing benefits	0	0.00
	Total	**240**	**100.00**
Chi-square= 1.5313 P = 0.9816			

Source: Survey *p<0.05

It is evident from Table that maximum number of respondent had high awareness about the documents required for availing benefits under the scheme (95.42%) of respondents aware about the documents required for availing benefits under "Yashasvini scheme''. The reason for this might be the popularization of the scheme in various mass media and various benefits of the scheme offers for the health improvement.

Further commencement of scheme (N= 36, 15.00%),. This may be due to the reason they frequently visit the society and the secretary of the society make the awareness and information about the commencement of the scheme. Target group (N= 36, 15.00%), enrolment period(N= 83,34.58%) funding of the scheme (N= 22, 9.17%), eligibility of other types of co-operative society members (N= 18, 7.50%), minimum period required to avail the benefits (N= 21, 8.75%),coverage and discount rate of the scheme (N= 18, 7.50%), payment of premium for the scheme (N= 6, 2.50%), financial support extended for operation N= 0,(00.00%) and upper age limit for scheme (N=0,00.00%), respectively. The differences is found to statistically significant (chi-square= 1.5313 p= 0.9816) as p value more than 0.05

Table-9

Attitude of the Farmers

Sl. No.	Statements	Number of Respondents	Percentage (%)
1	It is mandatory for farmers to pay annual contribution, which is difficult one	97	40.42
2	We are not happy with cumbersome procedure of the scheme	60	25.00
3	The technical facilities of scheme are sufficient to meet our needs	15	6.25
4	Scheme addresses the major he lath concern of the rural people	44	18.33
5	There are good number of health schemes for safe guarding the interests of farmers	12	5.00
6	The scheme benefits selected beneficiaries in the village	12	5.00
	Total	**240**	**100.00**
Chi-square= 3.5172 P = 0.6211			

Source: Field Survey *p<0.05

Attitude is the set of beliefs that the object is either good or bad. The opinion expressed by the respondents regarding Yeshasvini scheme was operational zed into the attitude of the scheme.

From Table 09 it could be noted that (N=97, 40.42%), It is mandatory for farmer to pay annual contribution, which is difficult one, (N=60, 25.00%) we are not happy with cumbersome procedure of the scheme, further, (N=15, 6.25%),the technical facilities of scheme are sufficient to meet our needs, (N=44, 18.33%), scheme addresses the major health concern of the rural people, and (N=12, 50.00%),there are good number of health schemes for safe guarding the interests of farmers, (N=12, 500%) of respondents had more favorable attitude that it is mandatory for farmers to pay prescribed annual contribution, not happy with procedures, technical facilities of scheme are sufficient, scheme addresses the major health concerns, there are good number of health scheme and the scheme benefits selected beneficiaries in the village, respectively.

It could be noted that 96.25per cent of respondents had more favorable attitude that it is mandatory for farmers to pay prescribed annual contribution, the possible reason for this might be that due to assurance of surgical procedures, hospital expenses and also cover all the cost associated with that procedures *i.e.* to make Yashasvini health card and approval procedures followed by 88.00 per cent of respondents had more favorable

attitude that not happy with procedures, the possible reason for this might be that due to long waiting period until pre-authorization is given, some clients travel long distances and cannot afford to go back before the surgery and most importantly is that the scheme is only for selected hospitals so some of the clients live in more remote areas and have to travel long distance to reach the network of hospitals. The difference is found to statistically significant (**chi-square=**3.5172 **p**= 0.6211) as p value is more than **0.05**

Table-10

Number of Direct beneficiaries' opinion

Sl. No.	Directly benefited	Number of Respondents	Percentage (%)
1	Benefited	240	100.00
2	Non-Benefited	0	0.00
	Total	**240**	**100.00**
Chi-square= 0.0818 P = 0.7767			

Source: Field Survey *p<0.05

To measure the perceived direct benefits of Yashasvini Health scheme beneficiaries were asked to express their opinion/impression regarding direct benefits of the scheme which they have expressed. The responses were recorded and presented in terms of frequency and percentage

Cent percentage of the respondents directly benefited from the Yashasvini health scheme (Table-10).The difference is found to statistically significant (**chi-square**=0.0818 **p**= 0.7767) as p value is more than **0.05**

Table-11

Direct and indirect benefits derived by the farmers from the Yashasvini Health scheme

Sl. No.	Direct Benefits	Number of Respondents	Percentage (%)
1	Eye operation	74	30.83
2	General operations (Stomach Ulcers, Gall Bladder, Bone Fracture, Kidney Stone etc.)	38	15.83
3	Others (Hernia, Appendix, Nero, ENT, Heammoroidectomy etc)	62	25.83

4	Caesarean/Normal delivery and uterus operation	6	2.50
5	OPD (Out Patient Department)	30	12.50
6	Open Heart Surgery Indirect Benefits	18	7.50
	Able to spend saved money for other purposes	6	2.50
	No worry for expenditure over health aspects	6	2.50
	Experiencing mental security	74	3.83
	Total	**240**	**100.00**
Chi-square= 2.7602 P = 0.9481			

Source: Field Survey *p<0.05

Direct benefits received under the scheme by the beneficiaries are listed in Table-11 (N=74, 30.83% respondents received the benefit of getting their eye operation done under the scheme. None of the respondents benefitted by getting surgeries done for different ailments related to stomach, gall bladder, bone and kidney. Specific and more specialized operations like hernia, appendix, neuro, ENT, hemmeroidectomy etc. Gynecological treatments like normal delivery, caesarean sector and uterus operation were the benefits received by(N=6, 2.50%)of the respondents. (N=30, 12.50%) respondents availed outpatient Department (OPD) benefit. However nearly (N=18, 7.50) of respondents have availed the benefits of most advanced and expensive open heart surgery under the scheme. (N=6, 2.50) of respondents have able to spend saved money for other purposes, (N=6, 2.50%) of respondent no worry for expenditure over health aspects, and (N=6, 2.50%) of respondents' experiencing mental security, (N=68, 28.33%) respondents enhanced feeling of ownership of the health program me under the scheme.

The possible reasons might be that poor and disadvantaged sections that is daily wage workers, agricultural laborers, construction workers and domestic workers, farmers, tribal population *etc*.. especially women, children's, elders in the family of these population groups are suffer from far higher levels of ill health, mortality and malnutrition then do the better off. They are more susceptible to ill health and are particularly vulnerable in regard to health status and health care. They live and work in unhygienic conditions and poor nutrition levels all of which make them susceptible to both infectious and chronic diseases like above

mentioned for this matter people are under take the above treatments. The difference is found to statistically significant (**Chi-square=** 2.7602 **P** = 0.9481) as **p** value more than **0.05**

7. MAJOR FINDINGS:

On the bases of analysis of the present article some of the important findings have been mentioned as below.

- (39.58%) per cent of beneficiaries belonged to age group of 20 to 30 followed by 18.75%) per cent beneficiaries belonged to age group 30 to 40.
- The education level of respondent's shows that is (40.00%) per cent were having primary education whereas (3.75%) per cent of them had degree level of education**.**
- High percentage of (54.58%) of respondents has occupation.
- Majority (60.00%) per cent of respondents belonged to low income category (Up to Rs. 17,000), whereas, (2.92%) per cent respondents belonged to high income categories (Rs above 51,000).
- High percentage of (100.00%) of respondents having health awareness the respondents.
- It is noticed that majority of the respondents are possessing yeshsvini card (100.00%) distinct.
- Majority (45.00%) of respondents are having sources for awareness about yeshvini health scheme.
- Majority of the beneficiaries were in agreement with perceived usefulness statements.
- (40.42%) of the beneficiriaries have more favorable attitude followed less favorable attitude towards scheme (5.00%).
- Majority of beneficiaries were utilize all benefits of the scheme.
- It could be observed that considerable per cent of respondents (30.83%) were utilized the eye related benefits, followed by (2.50%).

8. Suggestions:

- More number of hospital should be included
- Validity of card period shall be increased.
- Spreading knowledge about the scheme.
- Ramous of outpatient treatment.
- Sign boards about facility of scheme may be displayed in the hospital premises.
- Scheme popularization.

9. Conclusion :

Yashasvini co-operative farmer's health care scheme is very much helpful for the farming and co-operative society people. Most of the people living in rural area do not classify the usefulness of the Yashasvini co-operative farmers health care scheme there is a urgent need of advertising the about the scheme by various central and state government departments. The number of hospital under Yashasvini co-operative farmer's health care scheme should be increased. Overall this is a very good scheme initiated by the government.

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