



COMMUNITY HEALTH INSURANCE SCHEMES AWARENESS AND PRACTICES AMONG POST GRADUATE STUDENTS OF DAVAGERE DISTRICT

RUDRESHA B T
RESEARCH SCHOLAR
DEPARTMENT OF
STUDIES IN ECONOMICS
DAVANAGERE
UNIVERSITY

Prof. B P
VEERABHADRAPPA
Vice Chancellor
Kuvempu university
Jnanasahyadri Shankarghatta

Abstract:

Today, the health problems are matter of great concerns. The very survival of man depends on the solution of these problems. Education can play a vital role in this direction. Awareness and practices are essentials for action. It is education, which makes man aware, conscious of and knowledge about health and health problems. The present study was intended to investigate the Community based health insurance schemes in Slum area households of Davanagere district.

Key Words: Community based health insurance schemes, Awareness and practices

1. Introduction:

The students, on whom the present study is conducted, might have been exposed to a variety of Community health insurance related concepts, besides their exposure to mass media. Therefore, they might have acquired some level of Community health insurance knowledge during their student hood. The present study therefore makes an attempt to estimate the level of awareness and practices.

2. Community Health Insurance (CHI):

Community health insurance is “any not-for-profit insurance scheme aimed primarily at the informal sector and formed on the basis of a collective pooling of health risks and in which the members participate in its management.” The important point to note is that in CHI, the local community takes the initiative in establishing a health insurance scheme, usually to improve access to healthcare as well as protect against high medical expenses. The solidarity element is strongest in CHIs as most of the members know each other. CHI as a movement is quite active in sub-Saharan Africa. Even in Asia, we have examples from India, the Philippines, Indonesia, Cambodia, Bangladesh, etc.

3. Characteristics of community-based health insurance (CBHI) schemes

Small voluntary CBHI schemes are generally characterized by the following institutional design features:

- A scheme is a prepayment mechanism with pooling of health risks and of funds taking place at the level of the community or a group of people who share common characteristics (such as geographical or occupational).
- Membership premiums are often a flat rate (community-rating) and are independent of individual health risks.
- Entitlement to benefits is linked to making a contribution in most cases.
- Affiliation is voluntary.
- It operates on a non-profit basis

For most people living in developing countries and especially in India “health insurance” is still an unknown word. It is generally assumed that people cannot afford such type of social protection (except the upper class). For most people living in poor developing countries illness still represents a permanent threat to their income earning capacity. Beside the direct costs for treatment and drugs, indirect costs for the missing labour force of the ill and the occupying person have to be shouldered by the household. Objective of this study is to find the awareness regarding health insurance and its source of information and to know the reasons for opting health insurance as well as to assess determinant of awareness of health insurance.

In recent years, community health insurance (CHI) has emerged as a possible means of: (1) improving access to health care among the poor; and (2) protecting the poor from indebtedness and impoverishment resulting from medical expenditures. The World Health Report 2000, for example, noted that prepayment schemes represent the most

effective way to protect people from the costs of health care, and called for investigation into mechanisms to bring the poor into such schemes (World Health Organisation 2000).

4. Statement of the Problem:

The problem for the present study is entitled, "COMMUNITY HEALTH INSURANCE SCHEMES AWARENESS AND PRACTICES AMONG POST GRADUATE STUDENTS OF DAVAGERE DISTRICTS".

5. Objectives of the Study:

1. To study the level of community health insurance schemes awareness of post graduate students.
2. To study the level of community health insurance schemes practices of post graduate students.
3. To study the significance of the difference in respect of post graduate students' community health insurance schemes awareness if any between the subsamples with regard to
 - a. Gender
 - b. Location of the school
 - c. Subject group
 - d. Type of management
4. To study the significance of the difference in respect of post graduate students' community health insurance schemes practices if any between the subsamples with regard to
 - a. Gender
 - b. Location of the school
 - c. Subject group
 - d. Type of management
5. To study the significant relationship if any between community health insurance schemes awareness and community health insurance schemes practices of post graduate students.

6. Hypotheses of the Study:

1. The level of community health insurance schemes awareness of post graduate students is low.
2. The level of community health insurance schemes practices of post graduate students is low.
3. There is no significant difference in the community health insurance schemes awareness of post graduate students between the following subsamples
 - a. Gender
 - b. Location of the school
 - c. Subject group
 - d. Type of management
4. There is no significant difference in the involvement __ Community health insurance movements of secondary students between the following subsamples
 - a. Gender
 - b. Location of the school
 - c. Subject group
 - d. Type of management
5. There is no significant relationship between community health insurance schemes awareness and community health insurance schemes practices of post graduate students.

7. Methodology:

Normative Survey Method has been used in the study.

7.1. Tools used:

1. Community health insurance schemes practice test for post graduate students was constructed and validated by the investigator.
2. Community health insurance schemes awareness Scale constructed and validated by the investigator.

7.2. Sample:

Using random selection, 500 post graduate students from Davanagere District were selected for the present study.

7.3. Statistical Technique Used:

Descriptive analysis, Differential analysis and Correlation analysis were used in the present study to test the hypotheses and interpret the data.

8. Statistical Analysis and Interpretation of Data:

8.1. Descriptive Analysis:

Comparison of Community health insurance schemes awareness and Community health insurance schemes practices:

Table-1

Mean and Standard Deviation of Community health insurance schemes awareness and Community health insurance schemes practices Scores of the Entire Sample

Variables	N	Mean	SD
Community health insurance schemes awareness	500	63.51	6.31
Community health insurance schemes practices	500	65.61	5.91

It could be observed from Table-1, that Mean and standard deviation values of post graduate students community health insurance schemes awareness of the entire sample is found to be 63.51 and 6.31 respectively. The Mean value of the entire sample is higher than the mid value 48. Therefore, it is found that the post graduate students have high community health insurance schemes awareness. The hypothesis no.1 is rejected. The calculated Mean and standard deviation values of post graduate students community health insurance schemes practices of the entire sample is found to be 65.61 and 5.91 respectively. The Mean value of the entire sample is higher than the mid value 50.11. Therefore, it is found that the post graduate students have higher level of community health insurance schemes practices. The hypothesis no. 2 is rejected.

8.2. Differential Analysis :

8.2.1. Significance Difference in the Sub-samples (Gender and Location) of Post graduate students' Community health insurance schemes awareness and Community health insurance schemes practices:

Table-8.2

Significance Difference in the Sub-samples of Post graduate students' Community health insurance schemes awareness and Involvement in Community health insurance schemes practices -Gender and Location of the school

Variables		N	Community health insurance schemes awareness				Community health insurance schemes practices			
			Mean	SD	t-value	Sig*	Mean	SD	t-value	Sig*
Gender	Male	980	65.91	6.21	14.2*	NS	67.15	6.91	8.29	S (0.01 level)
	Female	1420	62.36	6.1		(0.05 level)				
Location of the school	Urban	925	63.51	6.31	5.70*	S	65.61	5.91	4.00	NS (0.05 level)
	Rural	1475	62.14	6.21		(0.05 level)				

*Significant, NS - Not significant, S - Significant

A. Community health insurance schemes awareness:

In order to check the null hypothesis with respect to gender (Table 5.4.2.1.), the t- test was employed. The Mean of male post graduate students (N= 980) is found to be 65.91 with an SD of 6.21. The Mean of female post graduate students (N=1420) is found to be 62.37 with an SD of 6.10. The computed t value is 14.2 which is significant at 0.05 level. Since the calculated t-value is greater than the tabulated t- value, the hypothesis no.3 (a) is rejected and alternate hypothesis accepted.

In order to check the null hypothesis with respect to location of the school, the t- test was employed. The Mean of urban school post graduate students (N=925) is found to be 65.51 with an SD of 6.31. The Mean of rural school post graduate students (N=1475) is found to be 62.14 with an SD of 6.21. The computed t value is 5.70 which is significant at 0.05 level. Since the calculated t- value is greater than the tabulated t- value, the hypothesis 3(b) is rejected.

B. Community health insurance schemes practices:

In order to check the null hypothesis with respect to gender, the t- test was employed. The Mean of male post graduate students (N=980) is found to be 67.15 with an SD of 6.91. The Mean of female post graduate students (N=1420) is found to be 65.16 with an SD of 6.34. The computed t value is 8.29 which is significant at 0.01 level. Since the calculated t- value is higher than the tabulated t- value, the hypothesis 4(a) is rejected.

In order to check the null hypothesis with respect to location of the school, the t- test was employed. The Mean of urban school post graduate students (N=925) is found to be 65.61 with an SD of 5.91. The Mean of rural school post graduate students (N=1475) is found to be 64.91 with an SD of 5.60. The computed t value is 4.00 which is significant at 0.05 level. Since the calculated t- value is greater than the tabulated t- value, the hypothesis 4(b) is accepted.

8.2.2. Significance Difference in the Sub-samples (Subject group and Type of management) of Post graduate students' Community health insurance schemes awareness:

Table-8.2.2

Significance Difference in the Sub-samples of Post graduate students' Community health insurance schemes awareness -Subject group and Type of management.

Variables	Sources of Variation	Sum of Squares	df	Mean Square	F - Value	Level of Significance
Subject group	Between groups	420.30	2	210.15	9.15	Significant at 0.01 level
	Within groups	22888.8	997	22.96		
	Total	23316.34	999			
Type of Management	Between groups	142.68	2	71.34	3.07	Significant at 0.05 level
	Within groups	23190.59	997	23.260		
	Total	233316.34	999			

As seen from Table- 8.2.2, to check the null hypothesis with respect to subject group, the F test was made. The F value is found to be 9.15 which is significant at 0.01 level for (2, 997) dfs. It denotes that there is significant difference among the post graduate students who belong to different subject groups with respect to their community health insurance schemes awareness. The null hypothesis 3(c) is rejected.

In order to check the null hypothesis with respect to the type of management, the F test was made. The F value is found to be 3.07 which is significant at 0.05 level for (2, 997) dfs. It

denotes that there is no significant difference among the post graduate students who belong to different types of management with respect to their community health insurance schemes awareness. The null hypothesis 3(d) is rejected.

8.2.3. Significance Difference in the Sub-samples (Subject group and Type of management) of Post graduate students' Community health insurance schemes practices:

Table- 8.2.3.

Significance Difference in the Sub-samples of Post graduate students' Community health insurance schemes practices - Subject group and Type of management

Variables	Sources of Variation	Sum of Squares	df	Mean Square	F - Value	Level of Significance
Subject group	Between groups	219.18	2	109.59	5.03	Significant at 0.01 level
	Within groups	21717.58	997	21.78		
	Total	21936.76	999			
Type of Management	Between groups	353.51	2	176.75	8.17	Significant at 0.05 level
	Within groups	21583.25	997	21.65		
	Total	21936.76	999			

As seen from Table 5.4.2.3., to check the null hypothesis with respect to subject group, the F test was made. The F value is found to be 5.03 which is significant at 0.01 level for (2, 997) df's. It denotes that there is significant difference among the post graduate students who belong to different subject groups with respect to their community health insurance schemes practices. The null hypothesis 4(c) is rejected.

In order to check the null hypothesis with respect to the types of management, the F test was made. The F value is found to be 8.17 which is significant at 0.01 level for (2,997) dfs. It denotes that there is significant difference among the post graduate students who belong to different types of management with respect to their community health insurance schemes practices. The null hypothesis 4(d) is rejected.

8.2.4. Correlation Analysis:

Table-8.2.4

Correlation of Co – efficient between Community health insurance schemes awareness and Community health insurance schemes practices of Post graduate students

Variables	N	'r' Value	SD
Community health insurance schemes awareness	2000	0.378	Significant 0.01 level
Community health insurance schemes practices			

As seen from Table 8.2.4, the correlation co-efficient (r) between community health insurance schemes awareness and community health insurance schemes practices is found to be 0.378 for the sample of 2000 of post graduate students. It is higher than the table value of 0.081 at 0.01 level. It is concluded that there is significant relationship between community health insurance schemes awareness and community health insurance schemes practices of post graduate students. Hence the null hypothesis 5 is rejected.

9. Major Findings of the Study:

1. The post graduate students have high community health insurance schemes awareness.
2. The post graduate students have higher level of community health insurance schemes practices.
3. The male and female post graduate students do differ significantly with respect to their community health insurance schemes awareness.
4. The urban and rural school post graduate students differ significantly in their community health insurance schemes awareness.
5. There is significant difference among the post graduate students who belong to different subject groups with respect to their community health insurance schemes awareness.
6. There is no significant difference among the post graduate students who belong to different types of school management with respect to their community health insurance schemes awareness.
7. The male and female post graduate students differ significantly in their community health insurance schemes practices.
8. The urban and rural school post graduate students do not differ significantly in their community health insurance schemes practices.

9. There is significant difference among the post graduate students who belong to different subject groups with respect to their community health insurance schemes practices.

10. There is significant difference among the post graduate students who belong to different types of school management with respect to their community health insurance schemes practices.

11. There is significant relationship between community health insurance schemes awareness and community health insurance schemes practices of post graduate students.

References:

1. Mahal, A, J Singh et al (2000): Who Benefits from Public Health Spending in India?, The World Bank, New Delhi.
2. Naylor, C D, P Jha et al (1999): A Fine Balance: Some Options for Private and Public Health Care in Urban India, The World Bank (Human Development Network), Washington, DC.
3. Ogawa, S, T Hasegawa, G Carrin and Kei Kawabata (2003): 'Scaling Up Community Health Insurance: Japan's Experience with the 19th Century Jyorei scheme', Health Policy and Planning, 18 (3), pp 270-78.
4. Peters, D, A Yazbeck et al (2001): 'Raising the Sights: Better Health Systems for India's Poor', The World Bank (Health, Nutrition, Population Sector Unit):173.
5. Peters, D H, A S Yazbeck et al (2002): Better Health Systems for India's Poor: Findings, Analysis, and Options, The World Bank, Washington, DC. Preker,
6. A, G Carrin et al (2001): A Synthesis Report on the Role of Communities in Resource Mobilisation and Risk Sharing, Geneva, WG3, CMH, World Health Organisation, p 41.