

AWARENESS AND ENROLLMENT OF THE HEALTH INSURANCE SCHEME OF CARDIOVASCULAR PATIENTS IN COIMBATORE GOVERNMENT HOSPITAL

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Abstract

Health is viewed holistically as an interacting system with mental, emotional and components. The World Health Organization (WHO 1998) has defined as "Health is a state of physical, mental and social well-being and not merely the absence of disease or infirmity". (World Health Organization, 1998) Health is the most important Socio-economic aspects of every individual life, its importance is evident in old saying, "Health is Wealth" Health is not only basic to lead a happy life for an individual, but also necessary for all productive activities in the society. Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in "good health" or "healthy").

Keywords: *World Health Organization, good health, well-being, Cardiovascular diseases, Chronic Heart Disease, Financial Burden*

Health Definition

The World Health Organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Cardiovascular Disease in India

Cardiovascular diseases have been gaining importance in India recently because of increased incidence of the disease. It is the first among top 5 causes of deaths in Indian population (rural vs. urban, economically backward vs. developed states, men vs. women and at all stages vs. middle age). In 2000, there were an estimated 29.8 million people with Chronic Heart Disease (CHD) in India out of a total estimated population of 1.03 billion, or a nearly 3% overall prevalence. According to World Bank estimates, Cardiovascular Disease (CVD) had a 31% share in the total burden of disease in 2001. In 2003, the prevalence was estimated to be 3-4% in rural areas and 8-10% in urban areas according to population based cross sectional surveys (www.tnhealth.org).

Financial Burden of Cardiovascular Disease

In order to gain a better understanding of the direct financial impact of cardiovascular disease to healthcare systems, alongside the indirect costs from lost productivity due to premature mortality.

This requires a continued, coordinated focus across industry, academia, healthcare systems and governments, there are many poor people's are affected from the CVD due to financial burden, it is essential to reduce the financial problem by government introducing the insurance scheme for reducing the burden of CVD patients.

Health Insurance

Health insurance is a type of insurance coverage that covers the cost of an insured individual's medical and surgical expenses. Depending on the type of health insurance coverage, either the insured pays costs out-of-pocket and is then reimbursed, or the insurer makes payments directly to the provider. With financial worries most of the families in these days, health insurance may be low on the list of financial priorities, if the person not insured already. However, that could be a dangerous and costly decision in the long run. The importance of health insurance cannot be stressed enough, because if the person caught sick or in an accident without it, it could lead to even more financial stress, and even bankruptcy.

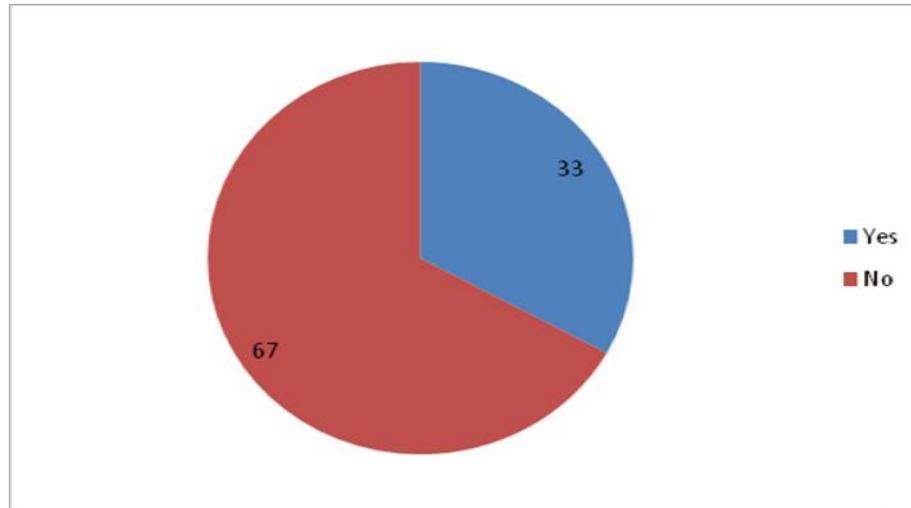
Health Insurance Awareness

The health insurance is a vital method of financing the spiraling costs of medical care. The high cost of hospital services, coupled with the unpredictability of health needs and the inadequacy of personal savings is the primary reason for the growing importance of insurance as a means of financing health services. In spite of the growing importance of health insurance schemes, the number of people covered by health insurance is very less in India. It has been found that one of the major reasons for low health insurance coverage in India is the lack of awareness of the health schemes by the people. Currently in India, only 2 million people (0.2 per cent of the total population of 1 billion) are covered under mediclaim, the most popular health insurance scheme in India, whereas in developed nations like U.S., about 75 per cent of the total population are covered under one or the other insurance scheme (Johnson-Lans, 2006). In this background, an attempt has been made to know whether the workers in the study area are aware of health insurance schemes. Awareness of health insurance schemes is elicited and the results are presented in table

Table 1
Awareness about Health Insurance Scheme

| Awareness | Frequency | Percentage |
|--------------|------------|--------------|
| Yes | 33 | 33.0 |
| No | 67 | 67.0 |
| Total | 100 | 100.0 |

Source: Primary Data



Awareness of Health Insurance

From the above table, explains that awareness about health insurance schemes of the sample respondents, out of the 100 sample respondents 33 of them are aware about the health insurance schemes and 67 of them are totally unaware about the health insurance schemes. Since the past two decades, there has been a phenomenal surge in acceleration of healthcare costs. This has compelled individuals to have a re-look on their actual monthly expenditures, spending patterns and simultaneously allocate a proportion of their income towards personal healthcare. This has resulted in individuals availing healthcare insurance coverage not only for themselves but also for their family members including their dependants. In short, healthcare insurance provides a cushion against medical emergencies.

Data Source and Methodology

The data has been collected on a temporal basis on expenditures done by these patients, in order to have a comprehensive understanding about the economic burden of cardiovascular at its initial phase of cardiovascular diagnosis and therapy. To the best of the researcher's knowledge and literature search, this study is the first of its kind reporting the expenditure incurred by the poor cardiovascular patients in government hospitals of Coimbatore city. It is based on the stratified random sampling, the primary data was collected by using in the review scheduled. 100 cardiovascular patients were selected for the present study out of total of the 100 samples, 60 respondents were male and 40 were female patients. In order to select representative Cardiovascular patients receiving

treatment in Coimbatore Government Hospital. However, due to time and resource constraints the area of coverage had been restricted to Coimbatore city as it had all the necessary characteristics for conducting a study of this kind. The sample cardiovascular patients will be drawn from government hospitals, in Coimbatore city in Tamil Nadu State. The surveyed data will manually edit, coded and then, entered into SPSS spreadsheets. After verification, the preliminary analysis of data would be carried out on the basis of frequency distributions and cross-tabulations., and the statistics such as the percentage, and Probit Techniques will be used.

Objectives of the Study

The main purpose of the present study is to examine treatment and prevalence, awareness and enrolment of the health Insurance Schemes of Cardiovascular Patients in Coimbatore city Keeping this in view, the following specific objective have been set for the study

- To analyze the awareness and enrollment of the Health Insurance schemes among the sample respondents.

Relationship between Socio-Economic Characteristics and Enrolment of Health Insurance among Cardiovascular Patients Crossable Probit or Normit Regression Analysis

In the study Probit Regression model is chosen for analysis. The dependent variable (y) is taken as enrollment of health insurance scheme of the 100 sample respondents.

Y= 0; not enrolled Y= 1; enrolled

The variable that are chosen to have influence on determining the enrollment of the health insurance scheme

- Sex of the respondents
- Age
- Education status
- Occupation
- Size of family
- Monthly Income

Table 2 Results of Probit regression model

| Explanatory variable | B | Z | Level of Significance |
|----------------------|--------|--------|-----------------------|
| Sex | 0.496 | 1.275 | 0.202 |
| Age | 0.496 | 0.732 | 0.464 |
| Education | -0.358 | -2.552 | 0.085 |
| Occupation | -0.381 | -1.237 | 0.216 |
| Size of the family | 0.237 | 0.630 | 0.529 |
| Monthly Income | -0.227 | -0.817 | 0.092 |
| Intercept | -2.865 | -2.009 | 0.045 |

To analyzing the probit model, among the six variables, Education and Monthly income had positively, influence the enrollment of health insurance scheme.

Education

$$\beta = -0.358$$

$$Z = -2.552$$

$$\text{Level of Significance} = 0.085$$

From the result education was 0.085 level of significance, with the β value of -0.358

Education is negatively influencing the not enrollment in the health insurance scheme, As the result the education level is increased, it also automatically increase the enrollment in the health insurance scheme, ultimately leads to decrease in not enrollment So the education is play an important role in the enrollment of health insurance scheme.

Monthly Income

$$\beta = -0.227$$

$$Z = -0.817$$

$$\text{Level of Significance} = 0.092$$

From the result monthly income is significant at 0.092 level of significance, with the β value of -0.227

As consider the monthly income is negatively influence the not enrollment of the health insurance scheme. As while positively influence the enrollment of health insurance scheme. If monthly income is increased, the capacity of premium payment by the people is increased to attain the enrollment of health insurance scheme positively.

In the study among the six variables only two variables, like Education and Monthly income had positive effect in the enrollment of health insurance scheme. Remaining the other four variables like sex, age, occupation, size of family in the study do not have net or direct effect in the enrollment of health insurance scheme, it had registered a insignificant level. Finally, the intercepts ie, other than these six variables positively influence the enrollment of health insurance scheme. Other than variables in the study registered the significant level.

In the analysis of Probit Regression model interpreted that educated and high income group peoples are have awareness about the schemes and highly enrolled in the health insurance scheme. In commonly educated peoples have good jobs and they earn more, so they have knowledge and there is no problem in the payment of premium amount. In the study consider only six (6) variables, among this two (2) variables are registered significant level remaining four (4) variables are registered in the insignificant level. For the analysis of the model, other than the six (6) variables, that is intercept terms had registered a positive effect in the enrollment of health insurance scheme. In the study

consider only six variables and give result about this variables, but other than the six (6) Variables also influence the enrollment of health insurance scheme of the sample respondents.

Conclusion

Cardiovascular disease (CVD) is the major cause of death and disability globally and affects approximately half of all individuals over their lifetimes. The Cardiovascular Disease burden has decreased in developing countries the major risk factors for cardiovascular disease are known. Cardiovascular diseases (CVD) are the leading cause of death and disability in both developed and developing countries, where many countries are shifting over to health insurance as a mechanism of financing their healthcare programme. In India, we need to shift from the current predominance of out-of-pocket payments to a health insurance programme. The reasons are very clear: Direct out-of-pocket payments are a financial barrier to accessing health services. On the other hand, an insured patient can walk into a health facility without the fear of financial burden; Direct out-of-pocket payments can push families into indebtedness or poverty. Health insurance protects the patient from the burden of raising funds at the time of illness; Direct out-of-pocket payments are inequitable as they place the burden on the vulnerable. Insurance through its risk pooling mechanism is more equitable; and Direct out-of-pocket payments do not permit patient's participation in his/her treatment. On the other hand, by its collective nature, a health insurance programme can negotiate for better quality care. Most of the respondents were of the opinion that government should come out with a clear cut policy, where the public can be made to contribute compulsorily to a health insurance scheme to ensure unnecessary out-of-pocket expenditures and also better utilization of their health care facilities.

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