Dissertation Training

at

International Institute of Health Management Research New Delhi

A cross sectional study on Awareness, Access, Knowledge, and Utilization of Health Insurance in Urban Slum areas of Jamshedpur, Jharkhand.

By

Dr Kumari Sristi

PG/22/047

Under the guidance of

Anuradha Bhardwaj

PGDM (Hospital & Health Management)

2022-2024

International Institute of Health Management Research
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New Delhi

The certificate is awarded to

Dr Kumari Sristi

in recognition of having successfully completed her Dissertation at

IIHMR Delhi

and has successfully completed his/her Project on

A cross sectional study on awareness, access, knowledge, and utilization of Health Insurance in urban slum areas of Jamshedpur, Jharkhand

Date: 01 March 2024 to 31 May 2024

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

Anuradha 22.07.2024

Training & Development

Anuradha 22.07.2024

Zonal Head-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr Kumari Sristi** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **IIHMR Delhi** from 01/03/2024 to 31/05/2024. The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific, and analytical. The Internship is in fulfillment of the course requirements. I wish him all success in all his/her future endeavors.

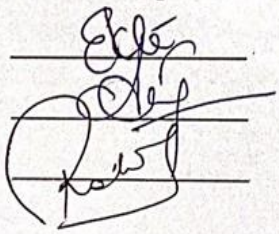
Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR New Delhi

Anuradha Bhardwaj
Mentor
IIHMR Delhi

Certificate of Approval

The following dissertation titled **"A cross sectional study on Awareness, Access, Knowledge, and Utilization of Health Insurance in Urban Slum areas of Jamshedpur, Jharkhand"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Ekta Saroha	
Dr. Asif Yousuf	
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Certificate from Dissertation Advisory Committee

This is to certify that **Dr Kumari Sristi** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled **"A cross sectional study on Awareness, Access, Knowledge, and Utilization of Health Insurance in Urban Slum areas of Jamshedpur, Jharkhand."** in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report, or book.

Anuradha Bhardwaj

IIHMR Delhi

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A cross sectional study on Awareness, Access, Knowledge, and Utilization of Health Insurance in Urban Slum areas of Jamshedpur, Jharkhand."** and submitted by **Dr Kumari Sristi** Enrollment No- PG/22/047 under the supervision of **Anuradha Bhardwaj** for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from to 2022- 2024 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Kumari Sristi

Dr Kumari Sristi

FEEDBACK FORM

Name of the Student: KUMARI SRISTI

Name of the Organization in Which Dissertation Has Been Completed:

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Area of Dissertation: A cross-sectional study on Awareness, Access, Knowledge and utilization of Health Insurance in urban slum areas of Jamshedpur, Jharkhand.

Attendance: 100%

Objectives achieved: Yes

Deliverables: Primary Research

Strengths: Sincere, Detail oriented, Motivated, Attention span

Suggestions for Improvement: Communication skills

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Anuradha

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

Date: 22/07/2024

Place: New Delhi

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CERTIFICATE ON PLAGIARISM CHECK

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Title of the Dissertation/Summer Assignment	A Cross sectional Study on Access, Awareness, Knowledge and Utilization of Health Insurance in Urban slum Areas of Jamshedpur, Jharkhand.		
Plagiarism detect software used	"TURNITIN"		
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ACKNOWLEDGEMENT

I would like to express my sincere gratitude to IIHMR Delhi (International Institute of Health Management & Research) for providing me with the opportunity to work on **"A cross sectional study on awareness, access, knowledge, and utilization of Health Insurance in urban slum areas of Jamshedpur, Jharkhand".** This project has been an invaluable experience in enhancing my knowledge and skills in the field of healthcare management.

I am immensely grateful to Anuradha Bhardwaj and Dr Himanshu Tolani, my mentors and guided thoroughly. Their expertise, guidance, and unwavering support have been instrumental in shaping my understanding of the healthcare landscape and project management. Their invaluable insights, constructive feedback, and continuous encouragement have greatly enriched my learning experience.

Next, I would like to extend my heartfelt appreciation to my parents, whose unwavering support and sacrifices have made my educational journey possible. Their constant encouragement, love, and belief in my abilities have been a constant source of strength for me. Their unwavering faith in my potential has been a driving force behind my achievements, and I am forever grateful for their unwavering support.

I am truly grateful to all my beloved friends and the organization, as their contributions have been indispensable in my professional growth and development.

Dr Kumari Sristi

Date- July 2024

ABSTRACT

Introduction: Access to health insurance is a cornerstone of equitable healthcare, providing financial protection and enabling access to necessary medical services. However, in urban slum areas, where residents often face significant socio-economic challenges, awareness, and utilization of health insurance remain critically low.

Methodology: A quantitative study was conducted using a structured questionnaire distributed via Google Forms. A sample of 240 households from various slum areas in Jamshedpur was selected through convenient multistage sampling. Data were collected and analyzed to identify patterns and correlations between demographic variables and health insurance awareness, knowledge, and utilization.

Results: Awareness: Only 23% of respondents had heard of "health insurance," with higher awareness among those with better education and income.

Knowledge: Detailed knowledge of health insurance benefits and processes was limited, with many confused about its workings.

Utilization: Just 12% of households had health insurance, with even fewer utilizing it due to lack of awareness, perceived complexity, and mistrust.

Barriers: Key barriers included low education levels, limited income, inadequate outreach, negative past experiences, and cultural factors.

Conclusion: This study highlights significant gaps in health insurance awareness, knowledge, and utilization among urban slum residents in Jamshedpur, Jharkhand. With only 23% aware of health insurance and even fewer utilizing it, barriers such as low education, limited income, inadequate outreach, and mistrust are evident.

To address these issues, targeted educational campaigns and policy interventions are needed to improve understanding, simplify enrollment, and enhance outreach. These measures can significantly increase health insurance coverage and utilization, ensuring vulnerable populations have access to essential healthcare services and reducing financial burdens.

Improving health insurance awareness and utilization in urban slums will lead to better health outcomes and economic stability for these communities.

Table of Contents

Acronyms/Abbreviation-

SDG: Sustainable Development Goals

UHC: Universal Health Coverage

NHA: National Health Accounts

OOPE: Out-Of-Pocket Expenditure

NSSO: National Sample Survey Office.

GDP: Gross Domestic Product

AB PMJAY: Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

SHI: Social Health Insurance

ESIS: Employees' State Insurance Scheme

ESIC: Employees' State Insurance Corporation

PVHI: Private voluntary health insurance

BPL: Below Poverty Line

ABOUT THE ORGANIZATION

The International Institute of Health Management Research (IIHMR), New Delhi is allied to the 'Society for Indian Institute of Health Management Research' which was established in October 1984 under the Societies Registration Act-1958.

IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia Pacific region.

IIHMR Delhi are a leading institute of higher learning that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. There is multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies.

There four core activities are:

- Academic courses at masters and doctoral level in health and hospital management to meet

the growing need of skilled healthcare professionals.

- Research that has high relevance to health policies and programs at national and global level.
- Continued education through management development programs and executive programs for working professionals to help them upgrade their knowledge and skills in response to the emerging needs of the industry.
- Technical consultation to the national and state-level flagship programs to address the gaps in planning as well as implementation.

Mission

IIHMR Delhi is an institution dedicated to the improvement in standards of health through bettermanagement of health care and related programs. It seeks to accomplish this through management research, training, consultation, and institutional networking in a national and global perspective.

Vision

IIHMR is a premier institute in health management education, training, research, program management and consulting in the health care sector globally. The Institute is known as a learning organization with its core values as quality, accountability, trust, transparency, sharing knowledge and information. The Institute aims to contribute to social equity and development through its commitment to support programs aiming at poor and the deprived population.

Commitment to Inclusive Excellence

As an institute, IIHMR-Delhi is committed to creating an environment of higher learning that can serve as the model for the kind of society it strives to build – one of equity, social justice, and mutual support. We have also made a concerted effort to promote the ethos

and philosophies amongst today's students and nurture them into growing as effective managers, to think both critically and ethically, to learn to cope with ethical dilemmas and apply systems-thinking approaches to serious and complex societal problems. Our internationally renowned faculty lead multidisciplinary health research in multifarious areas such as public health, health services, health economics, hospital management, social determinants of health, mental Health, and other topics of global and national interest.

The IIHMR is invited by various governmental and civil society organizations to provide technical support for capacity building and policy research needs that culminates in developing innovative and equitable health care strategies and provide advocacy support for health policy and planning. The institute also responds to the global health threats, natural disasters, conflict, and related humanitarian crisis. In addition to the Masters and doctoral level programs, IIHMR-D also offers several highly specialized and popular Management Development Programs (MDP) to wide range of health professional in the country and overseas which largely addresses educational needs amongst in-service aspirants.

INTRODUCTION

Health insurance is a contract between an individual and an insurance provider, where the insurer agrees to cover some or all the individual's healthcare costs in exchange for a premium. It plays a crucial role in ensuring access to healthcare services and protecting individuals from high medical expenses.

Insurance companies compensate medical expenses in two ways:(1)

1. **Cashless Treatment:** In this method, the policyholder doesn't need to pay anything to the network hospital. The insurance company pays the hospital directly.
2. **Reimbursement:** In this method, the policyholder initially pays for their medical expenses and then seeks reimbursement from the insurance company.

Universal Health Coverage (UHC) is a global objective outlined in Sustainable Development Goal (SDG) target 3.8, which aims to ensure that all individuals and communities receive the health services they need without suffering financial hardship by 2030.(2) UHC encompasses three key dimensions: access to quality essential health services, access to safe, effective, and affordable essential medicines and vaccines, and

financial risk protection to prevent individuals from incurring out-of-pocket expenditures on healthcare.(3)

In India, the National Health Accounts (NHA) report for 2019-20 indicates that out-of-pocket expenditure (OOPE) on health is 47.1%. (4) This high level of OOPE can be a significant barrier to accessing healthcare, as it can lead to financial strain and even impoverishment for many families. (5)

Health insurance plays a crucial role in improving access to healthcare services and providing financial protection against substantial medical expenses. The fundamental concept of health insurance revolves around the principle of risk pooling. (6) By pooling resources and risks, health insurance creates a system where the financial impact of healthcare costs is distributed across a larger community. This risk-sharing mechanism provides individuals with a more stable and predictable way to manage and fund their healthcare needs. In a risk pooling system, members pay premiums into a collective fund, which is then used to cover the medical expenses of those who need care. This approach ensures that the financial burden of illness and injury is shared, reducing the likelihood that individuals will face catastrophic health expenditures. In a risk pooling system, members pay premiums into a collective fund, which is then used to cover the medical expenses of those who need care. This approach ensures that the financial burden of illness and injury is shared, reducing the likelihood that individuals will face catastrophic health expenditures. Additionally, health insurance can encourage the timely use of healthcare services, as insured individuals are more likely to seek care when needed, without the fear of incurring prohibitive costs. (7)

By expanding health insurance coverage and strengthening financial risk protection, countries can make significant strides towards achieving UHC and ensuring that everyone has access to the healthcare services they need without financial hardship. (8)

Expanding health insurance coverage is a crucial step in India's efforts to achieve Universal Health Coverage (UHC). (9) The rising costs of quality healthcare, combined with increasing demand driven by higher incomes, longer life expectancy, and a shift toward non-communicable diseases, have made health coverage essential. Health insurance acts as a vital safeguard for individuals against unexpected and catastrophic medical expenses (10) that could lead households into poverty. Additionally, it can enhance the efficiency and quality of healthcare services. Insurers, by pooling funds from a large group of people, have greater bargaining power and access to information, allowing them to negotiate better terms with healthcare providers compared to individual consumers.

Expanding health insurance coverage is a crucial step in India's efforts to achieve Universal Health Coverage (UHC). (11) The rising costs of quality healthcare, combined with increasing demand driven by higher incomes, longer life expectancy, and a shift toward non-communicable diseases, have made health coverage essential. (12) Health insurance acts as a vital safeguard for individuals against unexpected and catastrophic medical expenses that could lead households into poverty. (13) Additionally, it can enhance the efficiency and quality of healthcare services. Insurers, by pooling funds from a large group of people, have greater bargaining power and access to information, allowing them to negotiate better terms with healthcare providers compared to individual consumers.

India's health sector faces challenges including minimal government expenditure on health, substantial out-of-pocket expenditure (OOPE), (14) and limited financial protection against health emergencies. Government spending on health, at 1.5% of GDP, ranks among the lowest globally. (15) This persistent underinvestment has constrained the capacity and quality of public healthcare services. Overwhelmed public hospitals often redirect patients to more expensive private facilities. According to the NSSO's 75th Round survey on Social Consumption of Health (2017-18), nearly 60% of hospitalizations and 70% of outpatient services are provided by the private sector. (16) Health insurance serves as a mechanism to pool the significant out-of-pocket

expenditure (OOPE) in India, offering enhanced financial protection against health-related shocks and improving the efficiency of healthcare organization and delivery, ultimately leading to better health outcomes.(17) Expanding health insurance coverage can help mitigate catastrophic and impoverishing health expenses by establishing a limit on the maximum healthcare costs that an individual or household may face. The current health insurance schemes in India have the potential to cover approximately 70% of the population, which is about 950 million individuals, although the actual coverage is lower. (18) This potential encompasses government-subsidized schemes, social health insurance programs, and private voluntary plans, collectively targeting around 70% of India's population.

India offers various types of health insurance schemes, (19) which can be broadly categorized into three groups based on their financing sources.

1. **Government-subsidized health insurance** schemes offer fully or partially subsidized coverage to specific segments of the population, primarily focusing on the poor and those in the informal sector. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY), launched in September 2018, is the largest of these health insurance initiatives.
2. **Social Health Insurance (SHI)** schemes are compulsory, contributory health insurance programs designed for employees in the organized sector. Both employees and employers (whether government or private) contribute premiums toward this government-mandated coverage. The Employee State Insurance Scheme (ESIS), managed by the Employee State Insurance Corporation (ESIC), is the largest of these schemes, with approximately 136 million members as of 2019.
3. **Private voluntary health insurance (PVHI)** schemes are contributory and optional insurance plans. These retail products cover approximately 115 million individuals. PVHI can be categorized into two main types: individual/family plans and group

business plans (excluding government schemes). At least 30% of the population, or around 400 million individuals, lack any form of health insurance coverage. These individuals are not eligible for government-subsidized health insurance schemes (such as PMJAY and state extensions), are not covered by social health insurance programs (like ESIS) and have not purchased private voluntary health insurance. This group is often referred to as **'The Missing Middle.'** (20) The 'missing middle' is a broad category that lacks health insurance and is situated between the economically disadvantaged and the relatively affluent organized sector. (21) It refers to non-poor segments of the population who are at risk of catastrophic and potentially impoverishing health expenditures, despite having the financial means to afford contributory health insurance.

Access to health insurance in India is hindered by several interrelated challenges regarding awareness and knowledge. A significant portion of the population remains unaware of the various health insurance options available, leading to low enrollment rates and insufficient utilization of existing schemes. This lack of awareness extends to critical aspects such as benefits, coverage specifics, and eligibility criteria, creating barriers to informed decision-making. The complexity of health insurance policies further complicates matters, as many individuals struggle to navigate the intricacies of coverage options. Financial constraints are a major obstacle, with high premiums and out-of-pocket expenses disproportionately affecting low-income households, making health insurance seem unaffordable. Additionally, cultural perceptions and a reliance on traditional or informal healthcare systems can discourage individuals from seeking formal insurance options. Geographical disparities also play a role; rural populations often face greater challenges in accessing information about health insurance compared to their urban counterparts, exacerbating inequities in health access. Trust in insurance providers is another critical issue, as skepticism regarding claims processing and policy

fulfillment can lead to reluctance in purchasing insurance. The presence of multiple health insurance schemes, often with overlapping benefits, can create confusion and hinder individuals from identifying the most suitable options for their needs. Furthermore, limited access to digital technology restricts opportunities for effective information dissemination and comparison of insurance products. Policy limitations, such as exclusions for pre-existing conditions and insufficient coverage, may further deter potential buyers. The varying levels of health literacy and education impact individuals' ability to understand and navigate health insurance concepts, leading to significant gaps in coverage. Health insurance plays a pivotal role in achieving SDG 3.8 by providing crucial financial protection, ensuring equitable access to healthcare, and fostering efficient delivery of medical services. By alleviating the burden of out-of-pocket expenses, health insurance enables individuals and families to seek necessary medical care without fear of financial catastrophe, thus promoting better health outcomes. Moreover, it promotes fairness in healthcare access by extending coverage to diverse socioeconomic groups, reducing disparities in health service utilization. The pooling of resources through health insurance enhances the efficiency of healthcare systems, allowing for better negotiation of costs and improvements in service quality from healthcare providers. This, in turn, contributes to a more resilient health system capable of responding effectively to public health challenges and emergencies. Overall, health insurance is not just a means of financial protection but also a cornerstone in building sustainable healthcare systems that support the overarching goal of achieving universal health coverage and improving health outcomes for all.

RATIONALE

This study is undertaken to explore the awareness, knowledge, attitudes, and utilization of health insurance, which are crucial for developing a more inclusive, equitable, and effective healthcare system. The overarching goal is to enhance public health outcomes while ensuring financial protection for individuals and communities. It begins by assessing the level of awareness regarding various health insurance options, including government-subsidized schemes, social health insurance, and private plans. Low awareness can lead to missed opportunities for coverage, especially among vulnerable populations. Beyond basic awareness, the research examines the depth of knowledge individuals possess about health insurance, focusing on key concepts such as premiums, deductibles, coverage limits, exclusions, and the claims process. Well-informed individuals are more likely to make choices that align with their healthcare needs, resulting in better health management. Additionally, the study delves into public attitudes toward health insurance, including perceptions of its importance, trust in providers, and concerns about affordability and accessibility, which can significantly influence enrollment and consistent use. Furthermore, the research assesses the actual utilization of health insurance services, evaluating how frequently individuals access care and identifying barriers that may hinder utilization, such as high out-of-pocket

costs or complex procedures. By examining these elements, the study seeks to illuminate the current dynamics surrounding health insurance coverage, guiding educational initiatives and policy reforms that enhance accessibility and effectiveness. Ultimately, this research serves as a vital tool for understanding and addressing the complexities of health insurance, with the potential to significantly impact public health and financial well-being across communities.

OBJECTIVE

GENERAL OBJECTIVE

- To assess awareness, access, knowledge, and utilization of Health insurance in urban slum areas of Jamshedpur, Jharkhand.

SPECIFIC OBJECTIVE

- To study the level of awareness regarding health insurance among residents of urban slum areas of Jamshedpur, Jharkhand.
- To assess the accessibility of health insurance services within the urban slum areas of Jamshedpur, Jharkhand.
- To measure the knowledge levels of individuals regarding health insurance options and coverage benefits.
- To determine the extent to which the health insurance is utilized in the urban slum areas of Jamshedpur, Jharkhand.
- To identify and analyze barriers to accessing and utilizing health insurance.

METHODOLOGY

Sample size estimation

Assuming an α error of 0.05, β error of 0.2 and absolute precision of 5%, using the sample size.

Calculation formula for binomial proportions.

$n=[p(1-p)\ N]/[\{N(d2)\}/\ \{Z\ 2\} + p(1-p)]$

Where,

n = desired sample size,

d= absolute precision=5%=0.05,

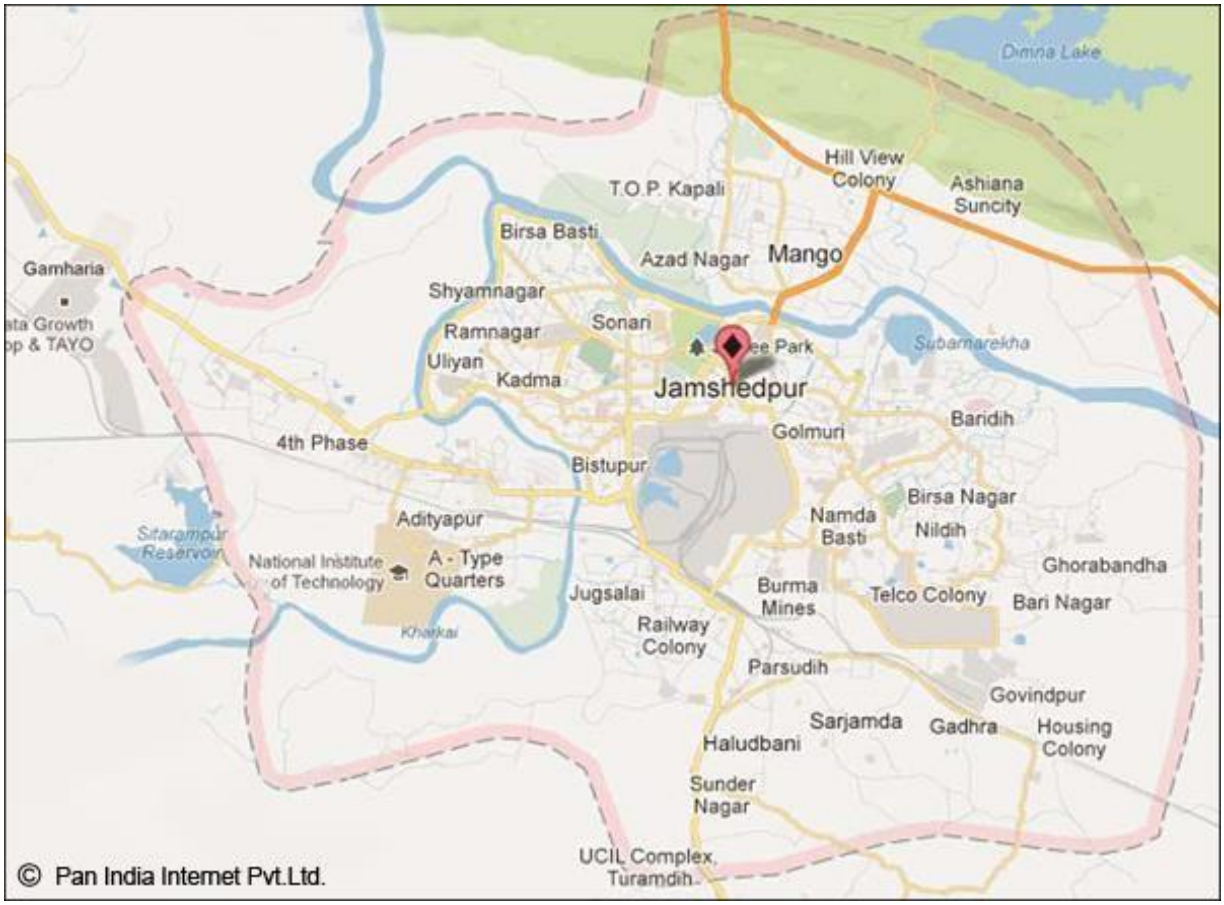
P=Expected proportion=50%=0.5

N=Total number of eligible subjects/age group,

$Z(1-\alpha/2)$ = Z score corresponding to 95% confidence level=1.96

to ensure maximum sampling efficiency required for robust estimates, the sample size was determined to be 400 beneficiaries including 4% non-response (Keeping logistic aspects and ground reality into consideration)

- **Study Design:** A cross-sectional study design will be followed to explore the awareness, access, knowledge, and utilization of Health Insurance in urban slum areas of Jamshedpur, Jharkhand.
- **Study Period:** The study will be conducted from 01/03/2024 to 31/05/2024.
- **Study Area:** The data would be collected in urban slum areas of Jamshedpur, Jharkhand.
- **Sampling Technique:** Convenient and Multistage sampling technique will be carried out for the study based on feasibility and accessibility to collect maximum participant information.
- **Sample Size:** For the study, a total of 200 – 250 participants would be surveyed through a Google form.



- **Inclusion Criteria:** Participants of 18-60 years age group were selected for study.

  Study was conducted only in slum areas of Jamshedpur.

- **Exclusion Criteria:** Not all the slum areas of Jamshedpur were selected for the study.

  Participants who were not in age group of 18-60 years were excluded.

- **Ethical Considerations:** This study was submitted for ethical review to the IIHMR student research review board. The tool and study protocol were cleared through SRB committee.

- **Data Analysis:** MS Excel, SPSS

  (Data cleaning & preparation, Descriptive statistics, Bivariate analysis, Multivariate analysis)

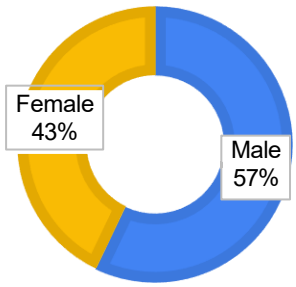
  MS Excel – Data Cleaning & preparation.

RESULTS

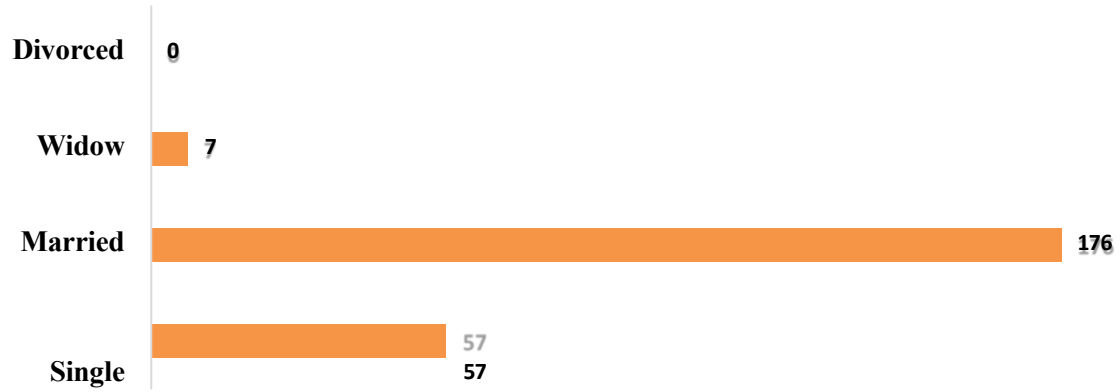
DEMOGRAPHIC PROFILE OF THE COMMUNITY

Among the respondents 57% were Male and 43% were Female. 24% of the Respondents were single and 74% were married.

SEX OF THE RESPONDENTS

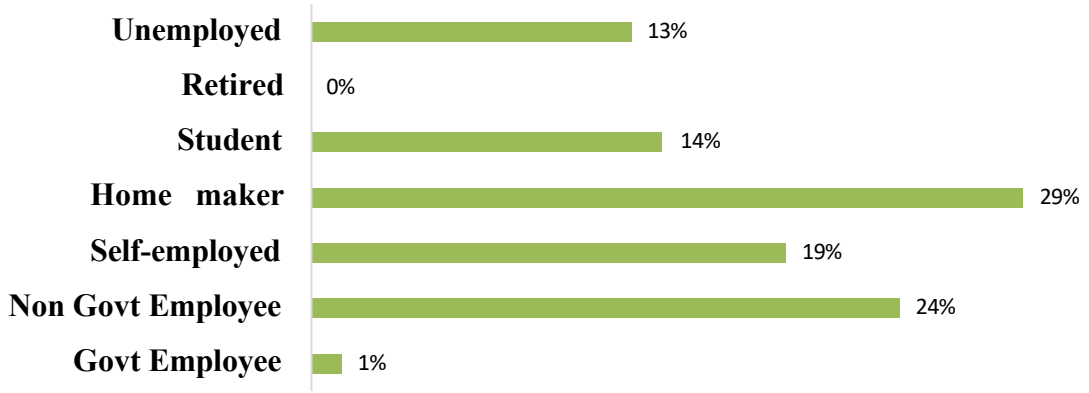


MARITAL STATUS

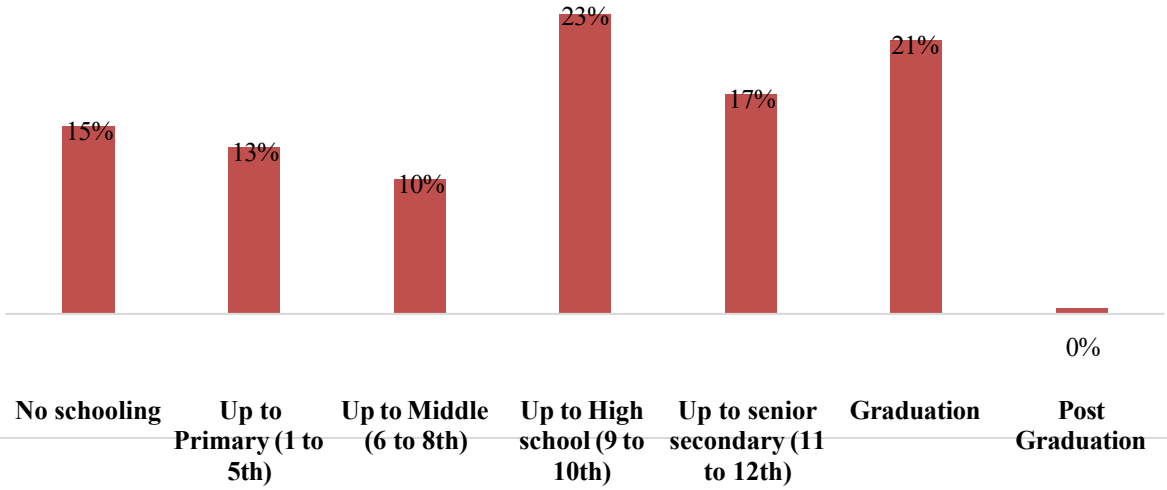


Among the respondents 13% are unemployed, 14% are student, 29% are Homemaker, 19% are self-employed, 24% non-government employee and 1% Government employee.

OCCUPATION OF THE RESPONDENTS

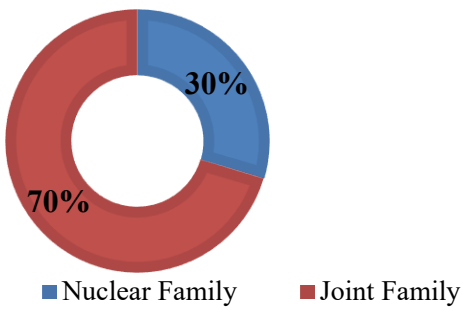


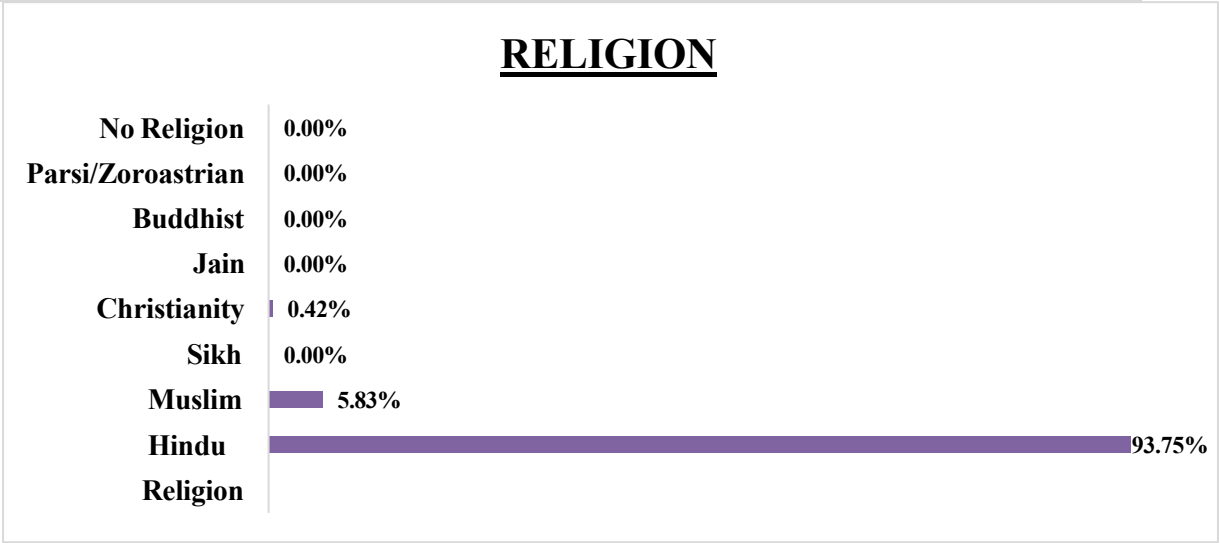
EDUCATION QUALIFICATION



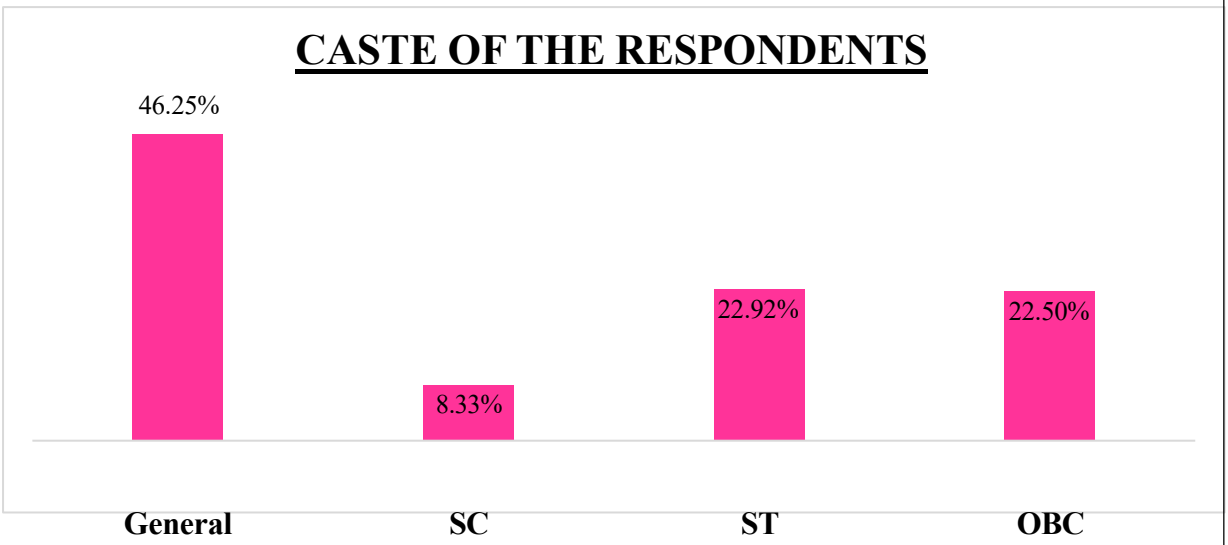
Among the respondents 15% have not attended any school, 13% up to Primary, 10% up to Middle, 23% up to High School, 17% up to senior secondary and 21% are Graduates.

FAMILY TYPE

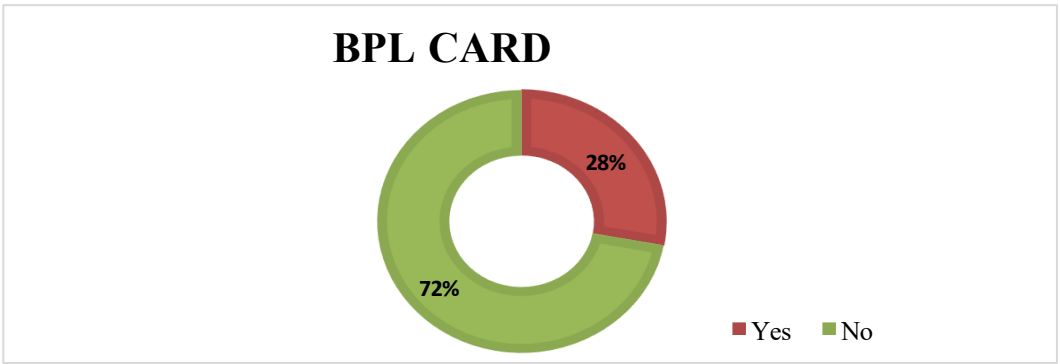


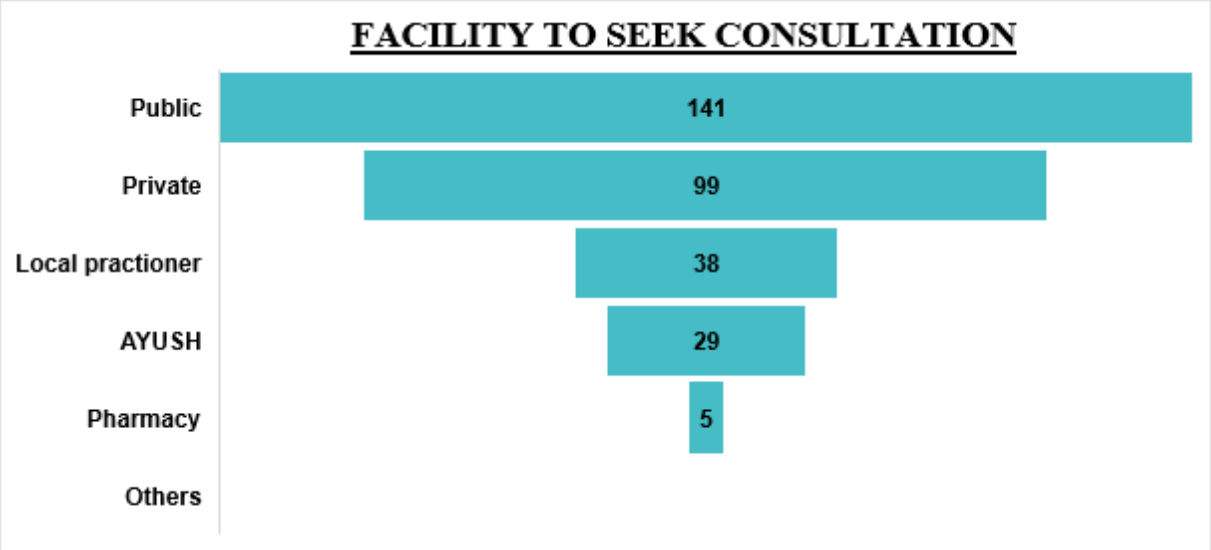


Among the respondent 46% are General, Scheduled Caste (SC) 8.33%, Scheduled Tribe 23% and Other backward caste are 23%.

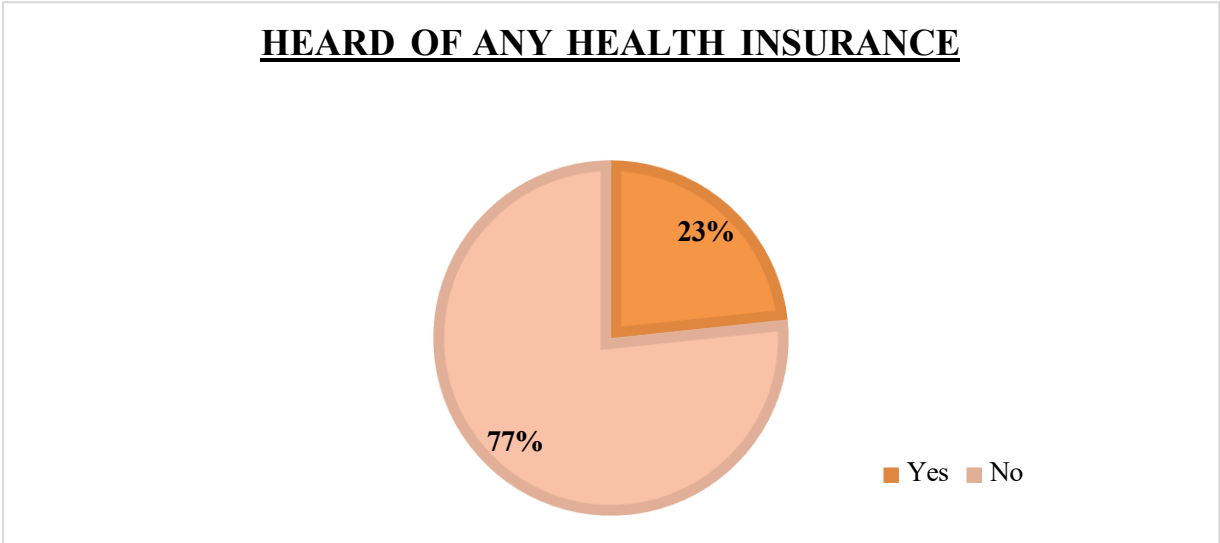


Among the respondent 28% are holding BPL Card (Below Poverty Line) and 72% are not holding BPL Car

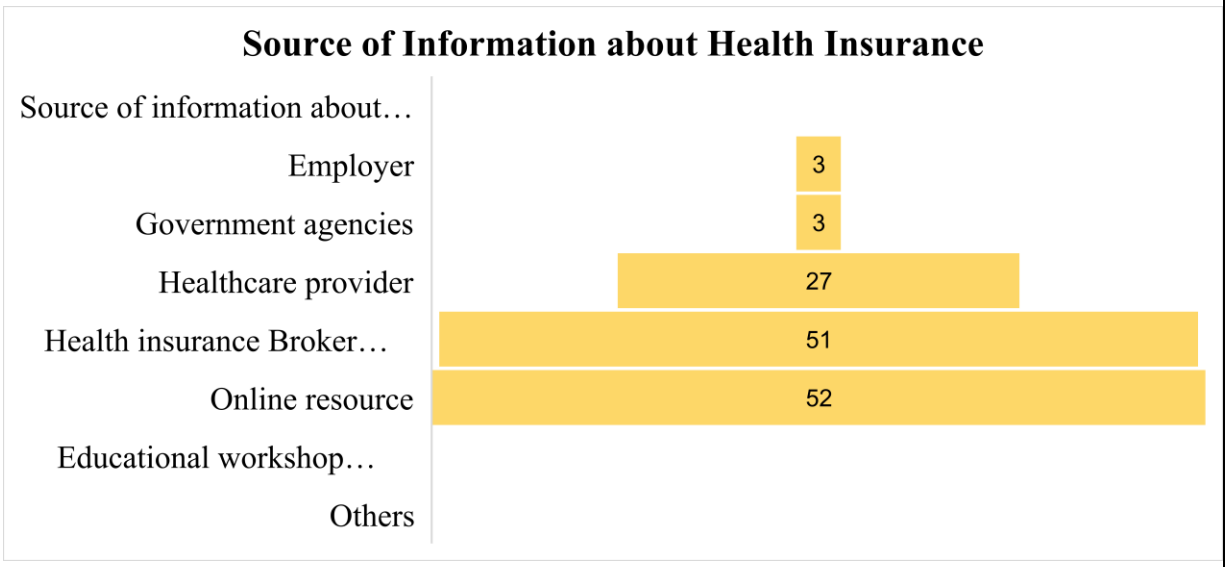


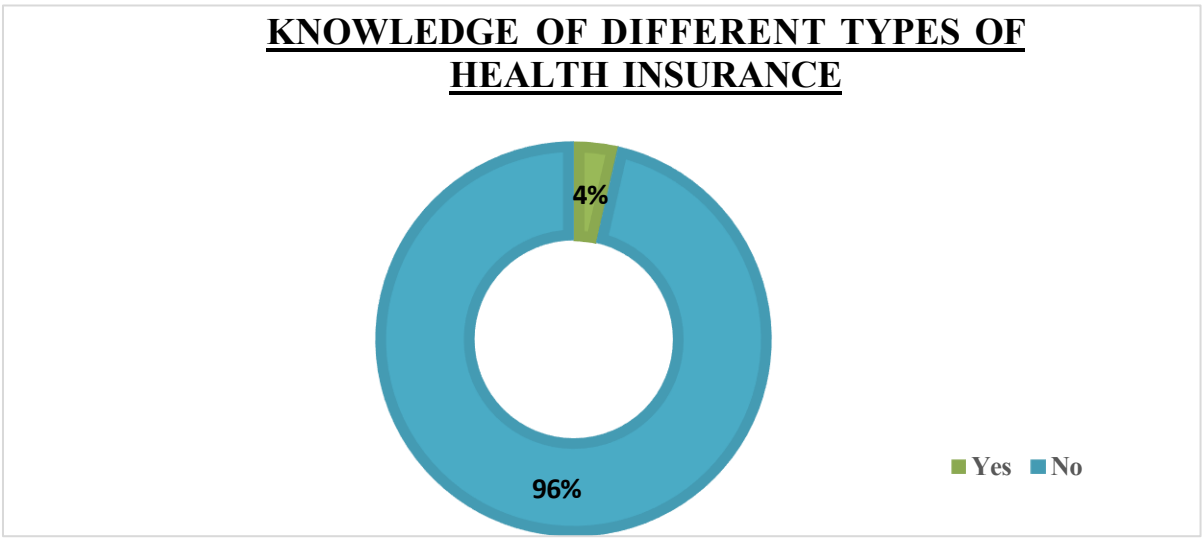


Among the respondent maximum seek consultation at public facilities, followed by Private facilities and Local practioner, AYUSH, Pharmacy.

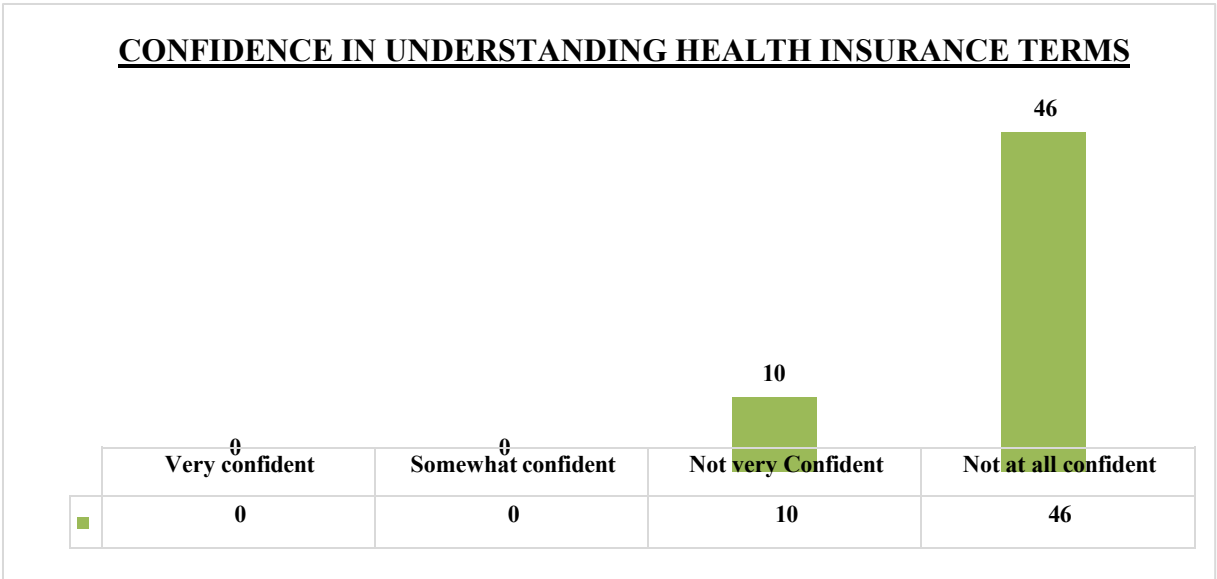


Among the individuals surveyed, 23% reported that they had ever heard of health insurance. Among the individual who had ever heard of Health insurance the major sources are Online resources, Health insurance brokers and agents and Healthcare providers.

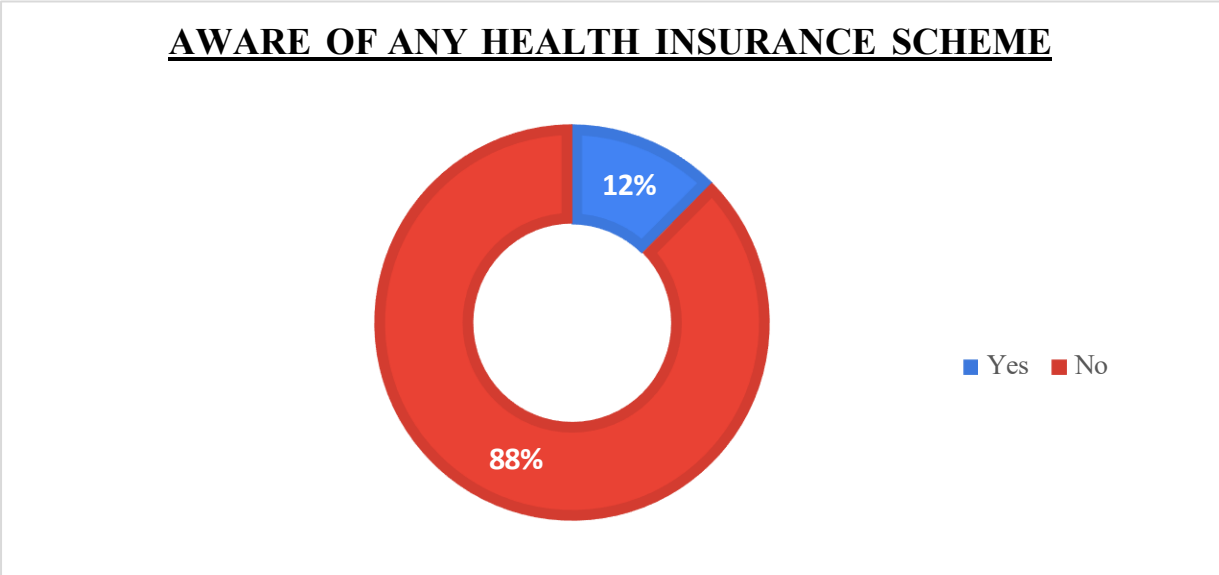




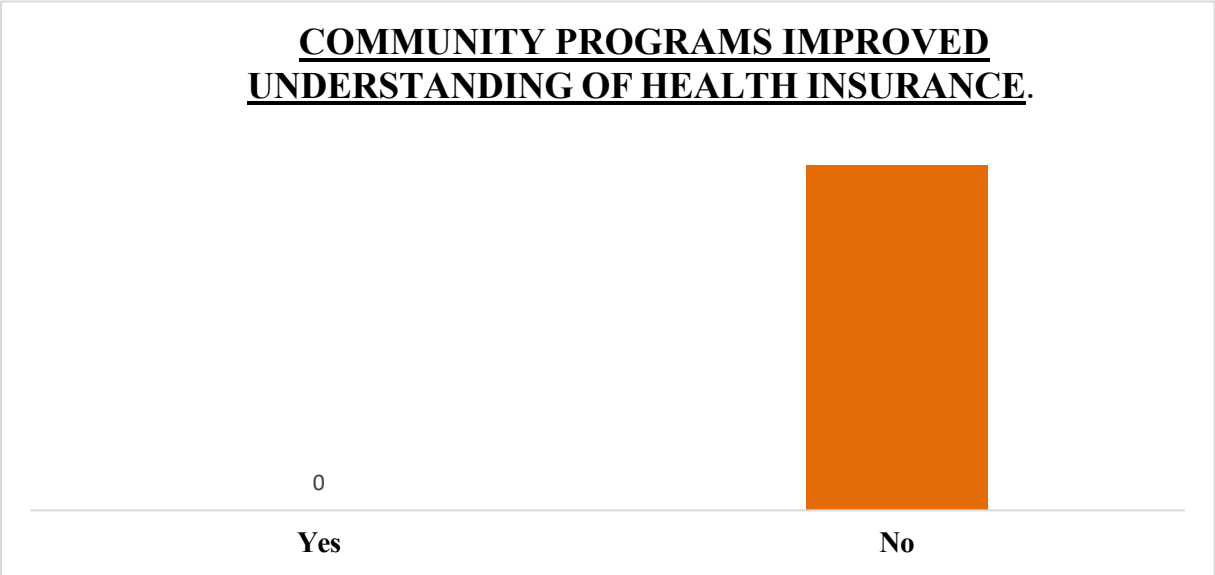
Among the respondent who had ever heard of Health insurance, only 4% have knowledge of different type of Health Insurance.



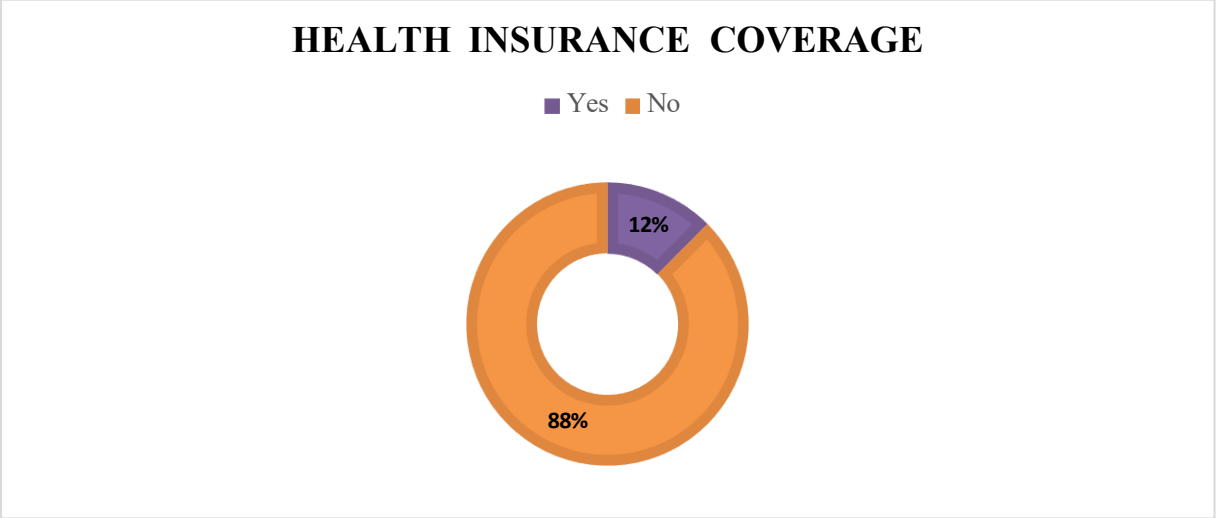
Among the respondent who had ever heard of Health Insurance, 83% are Not at all confident in understanding Health Insurance terms and 17% are Not very confident.



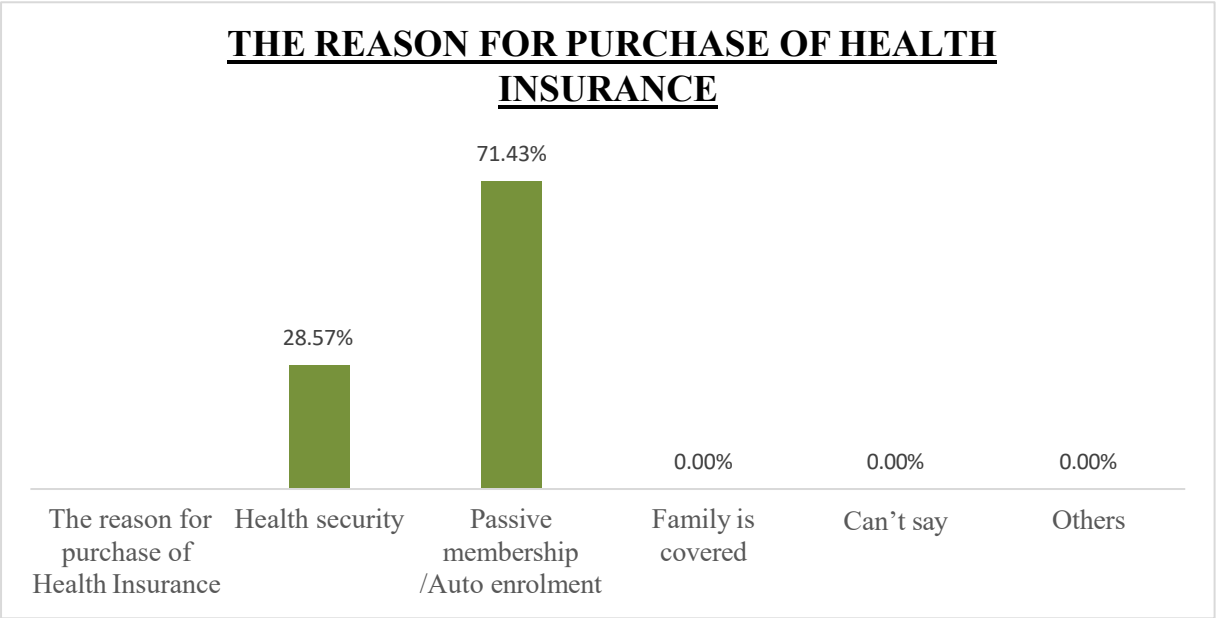
Among the respondent who had ever heard of Health Insurance nearly 12% are aware of any Health Insurance Schemes. Community programs did not played role in improving understanding of Health Insurance.

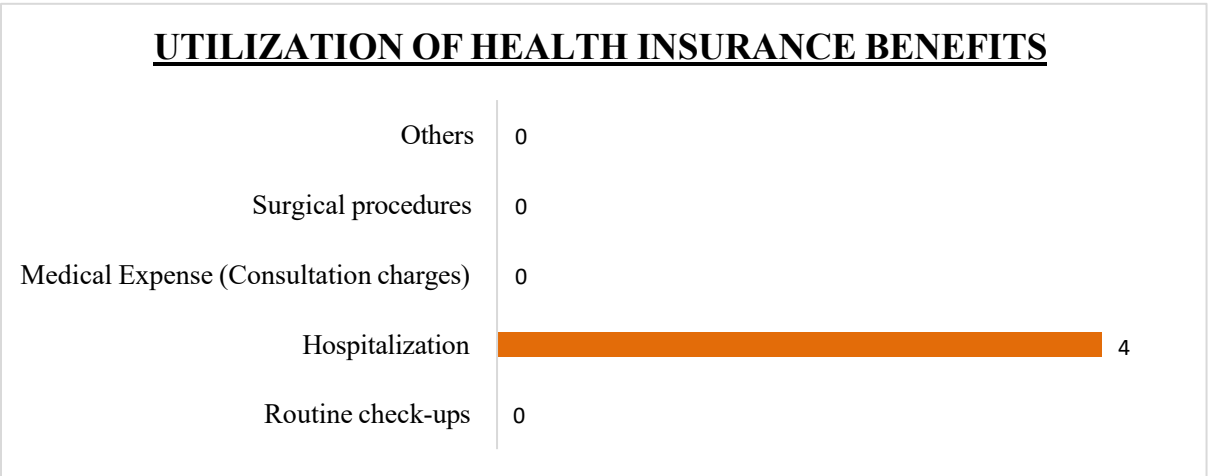


Among the respondent who had ever heard of Health Insurance, only 12% have Health Insurance coverage.

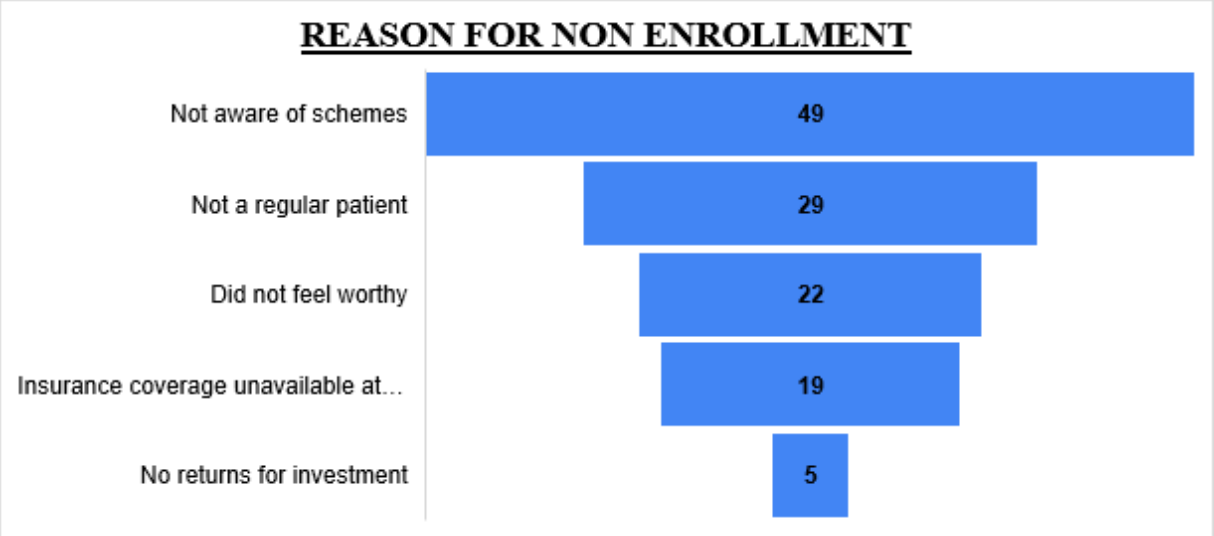


Among the respondent who have Health Insurance coverage the main reason of purchase of Health insurance is Passive membership followed by Health security.





Among the respondents who have Health insurance coverage and utilized Health Insurance the main reason of Utilization of Health insurance is Hospitalization.



Among the respondent the main reason for non-enrollment is Not aware of schemes followed by Not a regular patient, did not feel worthy, insurance coverage unavailable at workplace.

DISCUSSION

Studies examining socio-economic parameters provide a more nuanced understanding of health insurance awareness among various demographic groups. Such research often reveals significant disparities in awareness based on factors like income, education, and geographic location.

Most Indian studies on health insurance awareness have been conducted in urban areas, where access to information and resources is generally higher. For instance, in Jaipur city, Rajasthan, a substantial 43.4% of participants were aware of health insurance. This relatively high awareness can be attributed to better education, more healthcare facilities, and greater exposure to health-related information in urban settings.

In contrast, a study conducted at a tertiary care hospital in coastal Karnataka found that 38% of participants were aware of health insurance. While this figure is slightly lower than that of Jaipur, it still reflects a significant portion of the population. The presence of a tertiary care hospital likely plays a role in increasing awareness due to frequent interactions with healthcare professionals who can provide information about health insurance.

Another research revealed that 22.7% of participants were completely unaware of health insurance, indicating a gap in basic awareness. Furthermore, even among those who had heard of health insurance, 55% were unaware of the different types of health insurance schemes available. This suggests that merely knowing about health insurance is not enough; understanding the various options and benefits is equally crucial.

The situation is even more stark in less privileged areas. In an urban slum of Jamshedpur, only 23% of participants had heard of any health insurance scheme. This low level of awareness highlights the challenges faced by economically disadvantaged populations in accessing health-related information. Factors such as lower literacy rates, limited access to media, and fewer healthcare facilities contribute to this lack of awareness.

These studies collectively underscore the importance of targeted awareness campaigns and educational programs to bridge the knowledge gap. By focusing on socio-economic parameters, policymakers and health advocates can tailor their efforts to reach underserved communities, ensuring that everyone has the opportunity to benefit from health insurance. This comprehensive approach is essential for improving overall health outcomes and achieving more equitable healthcare access in India.

In Jamshedpur, the utilization of health insurance remains low, and community programs have played little to no role in raising awareness about health insurance. The primary reasons for non-enrollment in health insurance schemes include a lack of awareness about the available schemes and the fact that many individuals are not regular patients and thus do not frequently engage with the healthcare system.

Despite the presence of community programs aimed at various aspects of public welfare, these initiatives have not effectively addressed the issue of health insurance awareness. This gap suggests that existing efforts may need to be re-evaluated and redesigned to include health insurance education as a key component.

CONCLUSION

In Jamshedpur, the utilization of health insurance remains notably low, and community programs have largely failed to raise awareness about health insurance. The main barriers to health insurance enrollment are a lack of awareness about available schemes and the fact that many individuals are not regular patients who frequently engage with the healthcare system.

Although community programs address various public welfare issues, they have not effectively tackled the challenge of increasing health insurance awareness. This indicates that these programs might need to be reassessed and redesigned to incorporate health insurance education as a core component.

A significant hurdle to health insurance enrollment is the widespread lack of knowledge about the benefits and availability of insurance schemes. Many residents are simply unaware of how health insurance can protect them financially and improve their access to healthcare services. Additionally, infrequent interactions with the healthcare system exacerbate this issue. Individuals who do not regularly seek medical care may not recognize the value of health insurance, which diminishes their incentive to learn about or enroll in insurance plans. This lack of engagement prevents them from discovering information about health insurance through healthcare providers or community health initiatives.

To address these challenges, a multifaceted strategy is necessary. Community programs need to be enhanced to include robust health insurance education, aimed at filling the knowledge gap. Healthcare providers and local health workers should be actively involved in spreading information about health insurance options and encouraging

enrollment, particularly among those who do not visit healthcare facilities regularly. By focusing on these areas, the community can work towards increasing health insurance utilization, which is essential for improving both health outcomes and financial security for residents.

While 23% of participants have some awareness of health insurance, only a small minority possess a comprehensive understanding of its various schemes, resulting in minimal utilization rates. This discrepancy highlights significant challenges in achieving Sustainable Development Goal (SDG) Target 3.8, which aims to achieve Universal Health Coverage and enhance financial risk protection in healthcare by 2030. To effectively progress towards this goal, concerted efforts are required to enhance public awareness and education about health insurance. Simplifying insurance products and terminologies can facilitate better understanding and informed decision-making among the general population, thereby encouraging higher enrollment rates.

Furthermore, it is crucial to expand access to affordable health insurance services, especially in marginalized and underserved communities. Strengthening regulatory frameworks and improving claim processes are equally important to build trust in health insurance systems. This includes implementing transparent procedures that ensure timely financial protection and reduce out-of-pocket expenses for healthcare services. Public-private partnerships can also play a pivotal role in extending coverage and improving service delivery, contributing to a more equitable and resilient healthcare system overall. These integrated strategies are essential for advancing towards universal health coverage, ultimately ensuring equitable access to healthcare, and alleviating financial burdens on individuals and households alike.

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