



Awareness of Yashaswini health scheme

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ABSTRACT

Health is one of the vital indicators of human development. Health standards in India have improved considerably since independence. The efforts of the government and other agencies engaged in expanding the health infrastructure have paid off well as evidenced by the improvement in some of our health indicators. Government has made deeper inroad into rural areas with focused schemes like the Yashaswini and even started a scheme for health insurance for the poor population. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers' doorstep in the state. A study was conducted to analyze awareness and usefulness of Yashaswini Health Scheme during 2012-13 in Belgaum district of Karnataka state. Purposive random sampling technique was used for the selection of four blocks *i.e.*, Ramdurg, Savadatti, Gokak and Bailhongal. One hundred and twenty farmers from eight villages were selected from four taluks. The overall awareness of the beneficiaries was high *i.e.*, 44.16 per cent and 66.66 per cent, respectively. Most of them have undergone the direct benefits like eye operation, stomach ulcers, hernia, caesarean and uterus operation with 5,000 to 10,000 financial assistance.

INTRODUCTION

Health is primarily a personal responsibility and demands personal care to enjoy it. It is essential requirement for all irrespective of age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the complete state of the physical, mental and social wellbeing. Health of an individual can be affected by general health condition of the society and *vice-versa*. Therefore, health of the community needs higher attention while considering the development of a region or a country. A person in good health may not remember sickness and its implications, but when he falls sick and simultaneously into the debts of treatment, he regrets why he had not insured his health.

Providing health insurance or health security for poor people continues to be one of the most important unresolved policy issues for the world.

Health insurance in a narrow sense would be 'an individual or group purchasing health care coverage in advance by paying a fee called premium'. In its broader sense, it would be any arrangement that helps to defer, delay, reduce or altogether avoid payment for health care incurred by individuals and households. The health insurance market in India is very limited covering about 10 per cent of the total population. The existing schemes of health insurance are voluntary health insurance schemes or private-for-profit schemes, employer-based schemes insurance offered by NGOs (Non-Govt organization's) / community based health insurance and

mandatory health insurance schemes or government run schemes. Commercial insurance companies so far have showed little interest in providing health insurance for rural farmers and workers in the informal sector because of potentially low profitability and high risk. It is non-government organizations (NGOs) and charitable institutions (not-for-profit) that have played an important role in the delivery of affordable health services to the poor.

The Yashaswini scheme was conceived in 2003 by Dr. D. Shetty, a well-known heart surgeon and a group of private physicians who wanted to demonstrate that it was possible to extend access of the most sophisticated health care services to the poor. The concept relied on a preliminary survey conducted among various public and private hospitals operating in Karnataka which revealed that occupancy rates remained everywhere as low as 35 per cent. The problem of access was therefore, not due to the lack of infrastructure or professional staff, but to the impossibility for the poor to pay for the expected services. To overcome this cash problem, a new insurance scheme targeting the poor rural communities and aiming to cover the most expensive segment of the health expenditure structure (surgical interventions) was designed in close collaboration with the government of Karnataka and the Department of co-operatives.

The Yashaswini scheme targets all co-operative society members in rural areas having a minimum 6-month membership. Ages of insured are from newborn to 75 years. The plan is open to members on a voluntary basis. The Yashaswini plan covers about 1,600 surgeries available at approved hospitals on cashless benefits to members. The plan pays all associated hospitals a fixed tariff for each of these defined benefits. Tariffs have been set up for approximately 800 procedures. It is stated that the tariff is 40-50 per cent off the "regular" tariff applied by private hospitals. In addition, Out Patient Diagnosis is provided free of cost and some diagnostic tests are performed at discount rates. Over the first two years, members paid Rs. 60 per year for each person insured. Third year the premium was set at Rs. 120. Now it increased at Rs. 210 per year for each person. This was further increased in Year five to include a marketing incentive (+ Rs. 10) for co-operative societies.

The Yashaswini insurance scheme may rightly claim to be one of the most cost-effective insurance schemes throughout the world. However, the resources to be

allocated to the scheme are neither pre-defined nor directly related to any prior policy cost estimate. Hence, in this study an attempt has been made to understand the government health programmes in rural areas with an objective to study the awareness, usefulness and benefits of Yashaswini Health Scheme by farmers.

MATERIAL AND METHODS

The present study was undertaken in four taluks of Belgaum district of Karnataka, *i.e.*, Ramdurg, Savadatti, Gokak and Bailhongal. Two villages from each taluk were selected based on the maximum area covered under this scheme. Thus, in total eight villages were selected for the study. From each village 15 farmers were selected randomly giving equal representation for all the eight villages. Thus, the total number of respondents for the study was 120. With respect to the type of study, variables under consideration, size of respondents and phenomenon to be studied, the *ex post facto* research design was followed.

Awareness in the present study is operationally defined as the first hand information about the existence of the agency, its activity or its process by an individual. To measure the perceived usefulness of Yashaswini Health scheme beneficiaries were asked to express their opinion/ impression regarding usefulness of the scheme which they have adopted.

Keeping in view the objectives and variables of the study, a structured interview schedule was developed by consulting experts and referring to the relevant literature. Pretesting of the schedule was carried out in non-sample area for its practicability and relevancy. The data collected was scored, tabulated and analyzed using frequency, mean and percentage.

OBSERVATIONS AND ANALYSIS

The findings of the present study as well as relevant discussion have been presented under following heads :

Awareness of farmers about Yashaswini health scheme:

The first hand information about the existence of the agency, its activity or its process by an individual is awareness. Awareness is very essential because it motivates an individual to obtain further information and to take necessary action.

Sources that created awareness about Yashaswini scheme among the beneficiaries :

It could be observed from Table 1 that 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. It is also revealed that 12.50 per cent of beneficiaries got information from doctors because unaffordable health care cost will make post pone the treatments, at that time doctor will make aware about the utilization of the scheme and eight per cent (8.33%) of respondents aware about

the scheme through ex-beneficiaries because they were already benefitted under the scheme and they might have sought detailed information from them.

Awareness of farmers about Yashaswini health scheme:

Table 2 revealed that 93.33 per cent of respondents were aware about the documents required for availing benefits under Yashaswini 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 92.50 per cent of them aware about scheme commencement. This may be due to the reason that they frequently visit the society and the secretary of the society creates awareness and information about the commencement of the scheme. Majority (90.83%) of respondents aware of the target

Table 1: Sources that created awareness about Yashaswini health scheme

Sr. No.	Sources	Frequency	Percentage
1.	Co-operative societies	82	68.33
2.	Doctors	15	12.50
3.	Ex-beneficiaries	10	8.33
4.	Relatives	5	4.16
5.	Gram Panchayat	4	3.33
6.	Bank officials	2	1.66
7.	Mass media	2	1.66

Table 2 : Awareness of farmers about Yashaswini health scheme *

Sr. No.	Statements	Awareness	
		Frequency	Percentage
1.	Awareness of the documents required for availing benefits	112	93.33
2.	Commencement of Scheme every year from 1st June to 31st may	111	92.50
3.	Scheme is meant exclusively for the health benefits of the poor people	109	90.83
4.	Enrolment period for the scheme commences in January and closes by June every year	107	89.16
5.	It's a self funded health care scheme of Karnataka and the government is only the regulatory body.	104	86.66
6.	Members from other co-operative societies are also eligible to avail benefits	102	85.00
7.	A person should be a member of rural co-operative society since 6 months at-least to avail the benefits	99	82.50
8.	The scheme apart from free consultations covers diagnostics at discounted rates and all of operations	87	72.50
9.	The premiums of healthy members of the state finances the treatment of sick persons	87	72.50
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	81	67.50
11.	Upper age limit fixed is 75 years for availing benefits	67	55.83

* Multiple responses possible

group. As reflected in the name of the scheme the target group is for the ailing population and hence, majority were aware about the target group. Also 89.16 per cent were aware about 'Enrolment period for the scheme'. The reason might be due to regular contact with co-operative society and instructions mentioned in the health card issued to the beneficiaries. It was noticed that 86.66 per cent of respondents were aware about 'nature of funding of the scheme and its control mechanism'. Means the money contributed for the scheme by every member is pooled and used for the scheme. Eighty five per cent of respondents were aware about 'members from other co-operative societies are also eligible to avail benefits under the scheme'. This might be due to their awareness about many co-operative societies working at hobble or taluk level to benefit the rural masses. Further 82.50 per cent of respondents were aware about the 'minimum gestation period of scheme'. Equal per cent (72.50%) of the respondents are aware about the 'coverage and discount rate of the scheme' and 'payment of premium for the scheme'. The reason might be that at the time of enrolment the local secretary of co-operative society explained the scheme and healthy members' premium will be spent to

the treatment costs of sick persons. The table also revealed that 67.50 per cent of respondents were aware about range of the financial support extended for operation/s. This might be due to the reason that at the time of visiting the hospital for diagnosis, doctors would have detailed about the scheme.

From the table it is clear that 55.83 per cent of respondents were aware about the "upper age limit for the scheme". This might be because they are not yet crossed 75 years and the secretary of society had not informed about higher age limit is 75 years for availing the benefits under the scheme.

Overall awareness of farmers about Yashaswini health scheme :

It is clear from the Table 3 that considerable per cent of the respondents had high (44.16%), followed by low (30.83%) and medium (25.00%) level of awareness of the scheme. This might be due to increase in health services at affordable rates, necessary guidance from the co-operative society, SHG, doctors, mass media etc. These findings were in line with the findings Vellakkal (2007).

Sr. No.	Categories	Frequency	Percentage
1.	Low (<20.69)	37	30.83
2.	Medium (20.69-22.28)	30	25.00
3.	High (>22.28)	53	44.16

Sr. No.	Direct benefits	Frequency	Percentage
1.	Eye operation	34	28.33
2.	General operations (Stomach ulcers, Gall bladder, Bone fracture, Kidney stone, etc.)	31	25.83
3.	Others (Hernia, Appendix, Neuro, ENT, Haemorrhoidectomy etc.)	20	16.66
4.	Caesarean /Normal delivery and uterus operation	16	13.33
5.	OPD (Out patient department)	12	10.00
6.	Open heart surgery	7	5.83

Sr. No.	Financial benefit (in Rs.)	Frequency	Percentage
1.	0 (free check up)	12	10.00
2.	5,000-10,000	56	46.66
3.	10,000-20,000	40	33.33
4.	20,000-30,000	3	2.50
5.	30,000-40,000	2	1.66
6.	50,000-75,000	7	5.83

Direct benefits derived by the farmers from the Yashaswini health scheme :

Direct benefits received under the scheme by the beneficiaries are listed in Table 4. Twenty eight per cent of the respondents received the benefit of getting their eye operation done under the scheme. Quarter per cent of the respondents (25.83%) 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 were also the direct benefits received by 16.66 per cent respondents identifying the required surgeries. Gynecological treatments like normal delivery, caesarean sector and uterus operation were the benefits received by 13.33 per cent the respondents. One in 10 respondents (10.00%) availed Out Patient Department (OPD) benefit. However, nearly 6 per cent of respondents have availed the benefits of most advanced and expensive open heart surgery under the scheme. The possible reasons might be that poor and disadvantaged sections that is daily wage workers, agricultural labourers, construction workers and domestic workers, farmers, tribal population etc. Especially women, children's, elders in the family of these population groups suffer from far higher levels of ill health, mortality and malnutrition than 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. These findings were in line with the findings of Vellakkal (2007).

Extent of financial benefits derived by the farmers due to Yashaswini health scheme :

It is revealed from the results of Table 5 that 46.66 per cent of respondents have undergone the treatment at a cost of Rs. 5,000-10,000, followed by 33.33 per cent with Rs. 10,000 – 20,000 and 10.00 per cent of

them not spent any amount at all. Further 5.83, 2.50 and 1.66 per cent had undergone the treatment with the cost ranging from Rs. 50,000-75,000; 20,000-30,000 and 30,000-40,000, respectively. The financial benefit gained due to the scheme however, depends upon the kind of ailment and treatment undergone. These findings were in line with the findings of Sarosh and Mingwei (2005).

Indirect benefits derived by the farmers through Yashaswini health scheme :

It is evident from the Table 6 that 89.16 per cent, 87.50 per cent, 81.66 per cent and 69.17 per cent respondents were able to spend saved money for other purposes, had no worry for expenditure on health aspects, experienced mental security and enhanced feeling of ownership of the health, respectively.

Conclusion :

Health is one of the vital indicators of human development. Yashaswini health scheme has carried necessary architectural correction in the basic health care system. The scheme adopts a synergist approaches by relating health to determinants of good health viz., major and minor surgeries, free outpatient consultation, etc. The key in this model is the law of large numbers being effectively used to provide a high degree of health security to the poorest populations of the world. The back bone of Indian economy is the farming community. And rightly so, it deserves to be treated well. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers' doorstep in the state. The goal of the scheme is to improve the availability and provide people with access to quality health care, especially for those residing in rural areas, the poor, women and children. Thirty one per cent of the respondents were found in the low overall awareness category. Hence, this calls for intensification of efforts by all the concerned to create more and more awareness about the scheme

Table 6 : Indirect benefits derived by the farmers through Yashaswini health scheme*

Sr. No.	Indirect benefits	Frequency	Percentage
1.	Able to spend saved money for other purposes	107	89.16
2.	No worry for expenditure over health aspects	105	87.50
3.	Experiencing mental security	98	81.66
4.	Enhanced feeling of ownership of the health programme	83	69.17

* Multiple responses possible

through mass media like television, radio, news paper so that the needy rural people avail the benefits of the scheme. Further people should be made aware about direct benefits like medicines, road accidents, burns cases, joint replacements etc and indirect benefits like cost of traveling, cost of supporting items, boarding and lodging expenses etc.

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