

## **Awareness and Perception of BPL Households towards Vajpayee Arogyashree Scheme in Karnataka – A Study**

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**Abstract:** In India, various Government sponsored health insurance schemes has been introduced by the state and central government for the poor. Most of the health insurance schemes are not reached the poor. But some of the state government sponsored health insurance schemes are effective and reached some segment of the population. In this context, Vajpayee Arogyashree health insurance scheme is one of the prioritize scheme, which has reached the some segment of the population in Karnataka. The present study is an attempt to understand the awareness level and perceptions of BPL households about Vajpayee Arogyashree scheme in Karnataka. The study has great relevance as the majority of beneficiaries are illiterates, has critical challenges in awareness about utilization of various benefits, diseases covered, and empanelled hospital list etc. The one sample 't' test result highlights that majority of BPL household's knowledge and awareness is very low about Vajpayee Arogyashree scheme benefits, diseases covered and about empanelled hospitals etc. The BPL households specified negative perceptions about the scheme. Finally, the study recommend valuable suggestions in this regards such as create awareness through media, newspaper, special camps, through Anganwadi workers, educate the BPL households about health insurance and house to house visit etc.,

**Key Words:** Vajpayee Arogyashree Scheme, Government sponsored health insurance schemes, Knowledge and Awareness, perceptions, and Health Insurance schemes

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### **I. Introduction**

There is a felt need to provide financial protection to families living below poverty line for the treatment of major ailments, requiring hospitalization and surgery. In order to bridge the gap in provision of tertiary care facility and the specialist pool of doctors to meet the state wide requirement for the treatment of such diseases particularly in rural areas of Karnataka. Health assurance could be a way of removing the financial barriers and improving accessibility to quality medical care by the poor. Hence, Government of Karnataka has taken initiative to provide health protection to families living below poverty line. For this reason the Government of Karnataka implemented health assurance scheme named Vajpayee Arogyashree for the BPL families of Karnataka. Initially the scheme has been taken up in all the districts of Gulbarga and Belgaum Division and later extended to whole state during 2011-12 providing cashless high end medical care and surgeries in the empanelled super specialty hospitals.

#### **Special Features of the Scheme:**

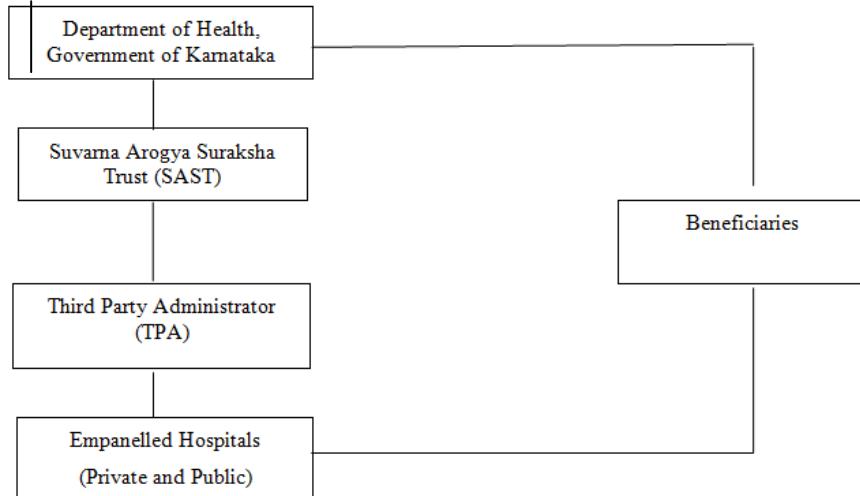
- Applicable to all the BPL families in the State.
- No age limit for availing the benefit of the scheme.
- Pre-existing disease is not a bar for giving treatment.
- The tariff fixed for the procedure is inclusive of Investigations, Procedures Implants, Transport, Food and Medicine for 10 days after discharge of the patient.
- Each network hospitals is provided with the services of one Arogaymitra to guide the beneficiary and to ensure that the benefit of the scheme reaches the beneficiaries.
- The treatment provided to the beneficiary is totally free and cashless.
- No premium is collected from the beneficiary.
- The entire expenditure towards treatment including premium is met by the Government.
- Follow up treatment in selected 50 procedures is provided for a period of one year.

**Objectives of the Scheme:**

The scheme aims to improve access of BPL families towards quality tertiary medical care for treatment of identified diseases involving hospitalization, surgery and therapies through an identified network of health care providers.

- To Cover Catastrophic Illness.
- Universal Coverage of BPL (Rural + Urban).
- Catastrophic illnesses can wipe out decades of savings of BPL families.

**Vajpayee Arogyashree Scheme Institutional Framework**



**Source:** Word Bank report (2014)

## **II. Review Of Literature**

There are various studies carried out by researchers to examine the awareness level and perception of BPL households about Vajpayee Arogyashree scheme in Karnataka, India and overseas. And most of the studies has been done related to the awareness level, enrollment status, designing of the schemes, utilization, satisfactions level among beneficiaries and claims settlement mechanism of the different health insurance schemes for the poor. Some of the important article shows that Out pocket expenditure on health is very high among poor (Devadasan 2013, Bawa 2011, Thersia 2011), awareness level is very low if compare to other schemes such as Yeshasvini and RSBY scheme in Karnataka (Rajashekhar et al 2012), enrollment rate and utilization of benefits of health insurance scheme also very low ( Acharya 2005, Aradhana 2010). And some of them suggest that government should take initiative to reach the poor and reduced the out of pocket expenditure on health and help them to understand the concept of health insurance schemes (Devadasan 2011, Ranson 2003, Ekman 2004).

**Statement of the Problem**

The major portions of the people who have enrolled under government health insurance schemes are BPL households. This implies that the BPL households were still falling back in receiving the benefit of health insurance. This may be because of various reasons like unawareness, misconception towards health insurance or lack of effective schemes. These issues may arise mainly because of understanding the concept of health insurance is very difficult for BPL households. Thus, with this background and perspective, this present study has been undertaken to study the awareness level and perception of BPL enrolled members about Vajpayee Arogyashree scheme and find out the relevant problems. This study helps to identifying the issues arising while utilization of Vajpayee Arogyashree scheme benefits. Also it aimed to study in detail the level of knowledge and awareness, and perception about scheme mechanism.

**Objectives of the Study:**

1. To analyze the knowledge and awareness level about Vajpayee Arogyashree Scheme;
2. To study the perception of BPL households about mechanism of Vajpayee Arogyashree Scheme.

**Hypotheses of the Study:**

H<sub>1</sub>: "There is significant knowledge and awareness level about Vajpayee Arogyashree Scheme among BPL households"

H<sub>0</sub>: "There is no significant knowledge and awareness level about Vajpayee Arogyashree Scheme among BPL households".

H<sub>2</sub>: "There is negative perception about mechanism of Vajpayee Arogyashree Scheme among BPL households"

H<sub>0</sub>: "There is positive perception about mechanism of Vajpayee Arogyashree Scheme among BPL households"

### **III. Research Methodology**

The study was confined to the state of Karnataka. It is designed as a descriptive and analytical one. Its attempt to capture the opinion of BPL households towards level of knowledge and awareness and their perception about mechanism of Vajpayee Arogyashree scheme in Karnataka. The present research will be carried out with the help of both primary and secondary sources of data. Simple random sampling method has been applied for the selection of the sample. A total sample of 161 respondents has been taken for the study. The statistical analyses that have been used include one sample 't' test, mean and standard deviation.

#### **Data Analyses:**

The data has analyzed with the different factors of knowledge and Awareness level and Perception of BPL households about Vajpayee Argoyashree scheme.

#### **Descriptive statistics - Knowledge and Awareness about Vajpayee Argoyashree schemeOne Sample t test (n=161, df =160)**

Knowledge and Awareness about VAHS Scheme						
Variables	Mean	Mean difference	Std. Deviation	Std. Error Mean	t	Sig. (2 tailed)*
I am aware of not to pay any premium amount to VAHS	2.55	.047	.784	.088	-.560	.080
I am aware about Eligibility of the scheme	2.62	.072	.901	.093	-.590	.067
I know the public and private hospitals empanelled	2.63	-.166	.637	.094	-.867	.088
I am aware of diseases covered in the schemes	2.38	-.114	.913	.070	-1.808	.101
I know how to utilize the scheme benefits	1.84	-.155	.758	.089	-1.947	.073
I am aware about travelling benefits of the schemes	1.77	-1.22	.904	.079	-1.432	.234
I am aware of maximum amount limit for each disease	2.01	-.987	1.01	.081	-1.158	.252
I am aware about total number of family members covered	3.01	-.118	.645	.094	-1.247	.041
I aware about help center contact details	1.94	-.055	.998	.090	-2.681	.342

Test value = 3, \*at 95 percent confidence interval

Source: Survey data

The above table shows descriptive statistics for the variable "Knowledge and Awareness about Vajpayee Arogyashree scheme" among BPL households". The individual knowledge and Awareness variables were analyzed with a sample of 161 Vajpayee Arogyashree beneficiaries. The results show the variance in the individual variable analysis. Accordingly, the mean was high (>3) and statistical significance for total family members covered (3.01). However, mean score was less (<3) than test value for variables such as not to pay any premium, BPL card have to produce for utilization, diseases covered, knowledge about empanelled hospitals, amount covered, how to utilize the scheme benefits and help center contact details. Thus, results highlights that there is no significant knowledge and awareness about Vajpayee Arogyashree scheme among BPL households.

#### **Hypothesis - 1**

"There is no significant knowledge and awareness level about Vajpayee Arogyashree Scheme among BPL households"

**One Sample t test (n=161, df =160)**

Knowledge and Awareness about VAH Scheme							
Variable	Mean	Mean difference	Std. Deviation	Std. Error Mean	T	Sig. (2 tailed)*	Decision Made (Null)
VAHS_KNO_AWA	2.13	.117	0.748	.058	1.949	.128	Accepted
Test value = 3, *at 95 percent confidence interval							

*Source: survey data*

The output produced by SPSS for the sample is shown in table: 5.115. The table shows descriptive statistics for the variable "Knowledge and Awareness about Vajpayee Arogyashre scheme",including number of cases (161), mean (2.13), standard deviation (0.748), and standard error (.058). Along with descriptive statistics the results highlight the significance test. Mean Difference is the difference between the observed sample mean (2.13) and the test value (3). The results of the t-test show that  $t = 1.949$ , with 161 ( $n - 1$ ) degrees of freedom ("df"). The two-tailed  $p$ -value for this result is .128. In this case,  $p$ value is not less than .05, so the result is not considered statistically insignificant. Thus, knowledge and awareness about Vajpayee Argoyashree scheme among BPL households is very low.

**Descriptive Statistics -Perception about Vajpayee Arogyashree Scheme One Sample't' test (n=161, df = 160)**

Perception about Vajpayee Arogyashree scheme							
Variables	Mean	Mean difference	Std. Deviation	Std. Error Mean	T	Sig. (2 tailed)*	
VAH scheme cover the risk of major medical expenditure	2.32	.070	.789	.061	-.367	.082	
It can provide a sense of security regarding medical care for me and my family	2.06	-.131	.978	.062	-.941	.106	
The process of taking treatment under VAHS scheme cover is relatively easy	2.43	-.165	.888	.067	-.813	.085	
Posters, brochures & pamphlets of the scheme give good information	2.29	-.089	.991	.082	-.885	.092	
The scheme supports at the time of difficulty to meet unexpected medical expenditures	2.18	-.119	.907	.090	-.1.04	.112	
It providers give good response to queries and clarifications to the needy people	2.16	-.083	.968	.097	-.619	.087	
VAHS scheme reduced the out of pocket expenditure	2.04	-.095	.898	.072	-.1.35	.072	
Test value = 3, *at 95 percent confidence interval							

*Source: Survey Data*

The above table displays descriptive statistics for the variable "Perception about Vajpayee Arogyashree scheme" among BPL households". The individual perception variables were analyzed with a sample of 161Vajpayee Arogyashree scheme beneficiaries. The results show the variance in the individual variable analysis. Accordingly, the mean was high (>3) but none of the variables were high mean. However, mean score was lesser (<3) than test value and statistically not significant for variables such as cover the scheme major medical expenditure, provide sense of security to the family, support at the time of unexpected medical expenditure, good response to the queries and clarification, and reducing the out of pocket expenditure.. Thus, the results highlight that the entire mechanism of the Vajpayee Arogyashree scheme doesnot meet the expectations of the beneficiaries.

**Hypothesis - 2**

"There is negative perception about mechanism of Vajpayee Arogyashree Scheme among BPL households"

**One Sample t test (n=161, df =160)**

Overall Opinion about VAHS							
Variable	Mean	Mean difference	Std. Deviation	Std. Error Mean	T	Sig. (2 tailed)*	Decision Made (Null)
PERCP_VAHS	2.21	.083	.811	.061	-.897	.114	Accepted
Test value =3, *at 95 percent confidence interval							

*Source: Survey data*

The above table shows the output produced from a sample of 161Vajpayee Arogyashree scheme beneficiaries. The table highlights descriptive statistics for the variable “Overall Perception about Vajpayee Arogyashree scheme among BPL households” including number of cases (161), mean (2.21), standard deviation (0.811), and standard error mean (0.061). Along with descriptive statistics, the result shows the significance test. Mean difference is the difference between the observed sample mean (2.21), and the test value (3). The result of the t-test shows that  $t = -.897$ , with 161 (n-1) degrees of freedom (“df”). The two tailed  $p$ -value for this result is .114. In this case,  $p$  – value is more than 0.05, so the result is considered to be statistically insignificant. Thus, there is negative perception among respondents about Vajpayee Arogyashree scheme.

**Findings:**

1. From the study a huge variance among the responses of Vajpayee Arogyashree scheme beneficiaries was found towards the knowledge and awareness of the scheme. The same was tested and it was found that the knowledge and awareness among BPL households is very low. Among the various variables tested, the Vajpayee Arogyashree scheme beneficiaries were much aware of the coverage of scheme of 5 members in a family.
2. From the study a negative perception among the respondents about the Vajpayee Arogyashree scheme was found. Responses of BPL households were collected on the various aspects of perception about the Vajpayee Arogyashree scheme and the same was tested. Among the various aspects on Perception about the Vajpayee Arogyashree scheme, no single aspect has positive perception towards the scheme.

**IV. Recommendations**

- Initiative should be taken by government to create awareness regarding concept of Vajpayee Arogyashree scheme with the help of media, newspaper, special camps, through Anganwadi workers, gram panchayat staffs, members etc.
- Most of the BPL households are illiterate from rural background. Hence, the insurance provider should provide sufficient information regarding the benefits of scheme, renewal process; diseases covered and empanelled hospitals etc.
- Increase the Vajpayee Arogyashree scheme coverage for both outpatient and in-patient care to include all poor and near-poor patients.
- The existing monitoring and evaluation systems need to be more robust and vigilant to ensure no out-of-pocket expenditures incurred at the time of utilisation.
- The government in collaboration with relevant stakeholders should ensure optimal awareness and education to the BPL households regarding health insurance schemes.

**V. Conclusion**

Health insurance plays a vital role in a society. The high and medium income group people are capable of availing healthcare services on their own capacities whereas poor people are incapable of availing the health care services as well as healthcare facilities in the form of health insurances. Hence, Karnataka government introduced Vajpayee Arogyashree scheme for the BPL households. The scheme aims to provide health insurance coverage to the cooperative BPL families of Karnataka. It provides for cashless insurance for hospitalization in public as well as private hospitals. But since BPL households facing various problems including Knowledge, Awareness, and Utilization etc, from the present study, it was found that knowledge and awareness of Vajpayee Arogyashree scheme concept among those included in the present study were found to be low. Further, the study highlighted that, the respondents are not happy with the mechanism of the scheme. The study suggests that government should take initiative to educate the BPL households and create awareness about Vajpayee Arogyashree scheme with the help of media, newspaper, special camps, through Anganwadi workers, gram panchayat staffs, members etc.

**Bibliography**

- [1] Ahuja Rajeev, (2004), “Health Insurance for the poor”, Economic and Political Weekly, Vol. 32, No 40, Pp 3171-3178.
- [2] Ahuja, Rajeev (2005), Health Insurance for the Poor in India: An Analytical Study, Indian Council for Research on International Economic Relations, Working paper No 163, Pp 1-43.
- [3] Anil Gumber and Veena Kulkarni, (2000). “Health Insurance in Informal Sector: Case Study of Gujarat”. Economic and Political Weekly, Vol. 22, No. 2, Pp.3607-3613.
- [4] GoK (2004) Karnataka State Integrated Health Policy, Government of Karnataka.
- [5] Gumber, A. and Kulkarni, V. (2000) “Health Insurance for Informal Sector Case Study of Gujarat” Economic and Political Weekly, Vol. 35, No. 40, Pp. 3607-3613.
- [6] Ibok and Nkanikpo Ibok (2012), Socio-Economic and Demographic Determinants of Health Insurance Consumption, Canadian Social Science, Vol. 8 (5), Pp 58-64.

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- [7] Jangati Yellaiah (2012), Awareness of health insurance schemes in Andra Pradesh, International Journal of Scientific and Research Publications, Vol. 2, Issue 6, Pp 2250-2258.
- [8] Kundu Soma, (2009) Health Insurance – An Alternative Healthcare Financing Mechanism in Rural India, Indian Journal of Human Development, Vol. 3, No. 2, Pp 64-75.
- [9] Neeraj Sood (2014), Government health insurance for people below poverty line in India: quasi-experimental evaluation of insurance and health outcomes, BMC Health Research.
- [10] Purohit, C.B. and Siddiqui, A.T. (1994) “Utilization of Health Services in India”, Economic and Political Weekly, Vol. 29, No.18, Pp 1071-1080.
- [11] Rajashekhar Agarwal (2012) Health Insurance in India – A Review, Published by the Insurance times, ISBN - 978-81-910342-0-2.
- [12] Rajeshekhar and Manjula (2012), A Comparative Study of the Health Insurance Schemes in Karnataka, Planning Department, Government of Karnataka.
- [13] Ranson, M. K., and Devadasan, N (2003). How to design a community-based health insurance scheme: Lessons learned from a review of Indian schemes. The World Bank report.
- [14] Sanyal, K.S. (1996) “Household Financing of Health Care”, Economic and Political Weekly, Vol. 31, No. 20, Pp 1216-1222.
- [15] Sarosh Kuruvilla. Mingwei Liu and Priti Jacob (2005) The Karnataka Yeshasvini health insurance scheme for rural farmers & peasants: towards comprehensive health insurance coverage for Karnataka?, Prepared for the social science and development conference in Karnataka.
- [16] Shepard S. Donald (1990): Performance and Concept of Four Health Insurance Programmes in Rural and Urban Areas of Zaire, Case Studies From Sub-Saharan Africa, World Bank Discussion Paper No. 294, World Bank.
- [17] Sodani, P.R. (2001) “Potential of the Health Insurance Market for the Informal Sector: A pilot study” Journal of Health Management; Vol. 3, Pp. 283-308.
- [18] Soumitra Ghosh (2014) Publicly-Financed Health Insurance for the Poor Understanding RSBY in Maharashtra, Economic and Political Weekly, Vol. 19, No, 1, Pp. 43 - 44.

### Websites

- [www.ilo.com](http://www.ilo.com)
- [www.who.int.com](http://www.who.int.com)
- [www.worldbank.org](http://www.worldbank.org)
- [www.rsbv.gov.in](http://www.rsbv.gov.in)
- [www.yeshasvini.kar.nic.in](http://www.yeshasvini.kar.nic.in)
- [www.sast.gov.in](http://www.sast.gov.in)
- [www.karnataka.gov.in/hfw](http://www.karnataka.gov.in/hfw)