ENROLLMENT, KNOWLEDGE, ATTITUDE, AND PRACTICE OF HEALTH INSURANCE AMONG URBAN COMMUNITY MEMBERS IN THE JAIPUR DISTRICT OF RAJASTHAN: A DESCRIPTIVE CROSS-SECTIONAL STUDY

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Kunika Sharma

Under the Supervision and Guidance of

Dr. Sandipta Chakraborty

2025

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Kunika Sharma in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed his internship at IIHMR University, Jaipur during Mar 10 - May 31, 2025.

Place: Jaipur
Date: 19/06/2025

Dr. Sandipta Chakraborty
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CERTIFICATE

This is to certify that dissertation titled "**ENROLLMENT, KNOWLEDGE, ATTITUDE, AND PRACTICE OF HEALTH INSURANCE AMONG URBAN COMMUNITY MEMBERS IN THE JAIPUR DISTRICT OF RAJASTHAN: A DESCRIPTIVE CROSS-SECTIONAL STUDY**" is a record of the research work undertaken by Kunika Sharma in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Sandipta Chakraborty
Faculty Guide
IIHMR University, Jaipur
Date

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur
Date

DECLARATION BY STUDENT

I hereby declare that this dissertation, titled **"Enrollment, Knowledge, Attitude, and Practice of Health Insurance among Urban Community Members in the Jaipur District of Rajasthan: A Descriptive Cross-Sectional Study,"** is the bona fide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Kunika Sharma

Date: 19/06/2025

Abstract

Title: Enrollment, Knowledge, Attitude, and Practice of Health Insurance among Urban Community Members in the Jaipur District of Rajasthan: A Descriptive Cross-Sectional Study

Author Name: Kunika Sharma

Advisor Name: Dr. Sandipta Chakraborty

Keywords:

Health insurance, Knowledge, Attitude, Utilization, Barriers, Urban Population, Jaipur

Background:

Health insurance is an essential tool in minimizing the financial burden of healthcare and ensuring access to quality medical services. Despite government efforts to expand coverage, gaps remain in awareness, enrollment, and effective utilization of health insurance, particularly at the community level.

Objective:

1. To estimate the enrollment and utilization of health insurance schemes among selected families.

2. To assess the knowledge and attitude related to health insurance among community members.

3. To understand the pattern of different types of health insurance schemes held by families.

4. To identify the significant barriers affecting health insurance coverage and utilization.

Methodology:

A descriptive cross-sectional study was conducted among 70 adult respondents from selected urban households in Jaipur, Rajasthan. Data were collected using a pretested, structured questionnaire and analyzed using descriptive statistics and stratified comparisons based on income group, family size, and education level.

Results/Findings:

The study found high levels of awareness (95%) and enrollment in health insurance (84%), with a larger share of respondents enrolled under private insurance schemes (42.8%) compared to those enrolled under government-sponsored ones (31.4%). However, utilization of insurance services remained relatively low (64%). Insurance coverage was more common among respondents with higher income, smaller families, and higher educational attainment. Reimbursement of medical expenses was identified as the most perceived benefit. Barriers included limited treatment coverage, high premium costs, and complicated claim procedures.

Conclusions:

While awareness and enrollment are high, the study highlights a clear gap between coverage and actual utilization. Addressing issues such as benefit awareness, affordability, and administrative complexity is essential to improve health insurance effectiveness and progress toward universal health coverage.

Acknowledgement

I express my deepest gratitude to **Dr. Sandipta Chakraborty**, my esteemed university guide, for his invaluable support, constant encouragement, and expert guidance throughout the course of this dissertation. His insightful suggestions, patience, and dedication were instrumental in shaping this work. I am truly grateful for the time and effort he invested in mentoring me and for providing constructive feedback at every stage of the research.

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Sincerely

Kunika Sharma

Place - Jaipur

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Abbreviations Used

S.N.	Abbreviation	Full Form
1.	WHO	World Health Organization
2.	UHC	Universal Health Coverage
3.	OOPE	Out-of-pocket expenses
4.	PVHI	Private voluntary health insurance
5.	CBHI	Community-based health insurance
6.	NGO	Non-Governmental Organization
7.	SEWA	Self-Employed Women's Association
8.	ACCORD	Action for Community Organization, Rehabilitation and Development
9.	VHS	Voluntary Health Services
10.	AB PMJAY	Ayushman Mantri Bharat Pradhan Jan Arogya Yojana
11.	KAP	Knowledge, Attitudes, and Practices
12.	NFHS	National Family Health Survey
13.	RSBY	Rashtriya Swasthya Bima Yojana
14.	CGHS	Central Government Health Scheme
15.	ESIS	Employee State Insurance Scheme

Chapter 1: Introduction

Health Insurance:

A health insurance plan is an agreement between a person and an insurance provider that is useful in a serious emergency. It is a tool that allows a person or organization to acquire health insurance coverage beforehand by paying a premium. It is a tool that lets households and individuals hold off, postpone, cut back on, or completely avoid paying for medical care [1]. India offers an array of health insurance plans that address the needs of various demographics.

1) Private voluntary health insurance (PVHI) schemes: When purchasing private insurance, consumers are willing to pay a premium to an insurance provider that insures them for medical expenses and pools comparable risks. The primary distinction is that, rather than being expressed as a percentage of the policyholder's income, the premiums are set at a level that is determined by the evaluation of the policyholder's risk profile and the extent of benefits offered. Mediclaim is the most widely used type of health insurance coverage available.

2) Community-based health insurance: The impoverished members of the community are usually the target of CBHI programs. The NGOs or charitable trusts typically oversee these programs. Members of these programs prepay a certain sum yearly for certain services. Typically, the premium has a fixed rate and is not increased. Although ambulatory care and hospitalization are also covered, the benefits are mostly in the area of preventive care. These programs are typically funded by contributions, government grants, and patient collections. In India, CBHI programs have been bargaining the acquisition of specially created group insurance plans with for-profit insurers.

   The Self-Employed Women's Association (SEWA), Action for Community Organization, Rehabilitation and Development (ACCORD), Voluntary Health Services (VHS), and others are a few of the well-known CBHI programs.

3) Employer-based insurance schemes: Employer-based insurance plans are handed out by employers in both the public & private sectors via their organizations. These

benefits come in the form of lump sum purchases, annual medical subsidies, compensation of employees' hospitalization and outpatient medical expenses, or enrollment in group health insurance plans. For workers and their families, the railroad, the armed forces, security, and mineral extraction industries all provide their health services [2].

4) Government-supported health insurance initiatives: These programs offer either entirely or partially subsidized health care coverage to particular demographic groups. The underprivileged and the unorganized sector are the main targets of these programs. The Ayushman Mantri Bharat Pradhan Jan Arogya Yojana (AB PMJAY), the country's largest health insurance program, was introduced in September 2018 [3].

The World Health Organization (WHO) defines Universal Health Coverage (UHC) as ensuring that everyone has access to high-quality healthcare whenever and wherever they need it, free of charge. Because health insurance prevents people from paying out of pocket, it reduces the likelihood of falling into poverty, significantly increasing UHC [4].

Human life is unforeseeable. In the wake of an emergency, health insurance may shield friends and family from suffering serious financial consequences and alleviate their financial burden. Health insurance is a widely recognized and recommended way to pay for healthcare expenses.

Low government spending on healthcare, high out-of-pocket expenses (OOPE), and insufficient financial protection against unfavorable health outcomes are the hallmarks of India's health system. At 1.5% of the gross domestic product, India's government spends one of the smallest amounts on health in the world. The ability and caliber of healthcare services offered by the public sector have been limited by the government's perennially low health spending. People are frequently sent to the more costly private sector for treatment by overworked public hospitals. The private sector offers 70% of outpatient care and over 60% of all hospitalizations [3].

India's health insurance coverage is far from adequate. At least one regular household member is covered by health insurance or a means of financing in more than two-fifths (41%)

of families. Just 30% of women and 33% of men between the ages of 15 and 49 have health insurance or a financing plan in place. About one-sixth (16%) of people with insurance are covered by the Rashtriya Swasthya Bima Yojana (RSBY), and nearly half (46%) are insured by a state health insurance plan. Four to seven percent of males and between three and six percent of women are covered by the Central Government Health Scheme (CGHS) or the Employee State Insurance Scheme (ESIS). Rajasthan (88%) and Andhra Pradesh (80%) have the largest percentages of households covered by health insurance or finance programs, while the Andaman & Nicobar Islands and Jammu & Kashmir have the lowest coverage (less than 15%). Between NFHS-4 and NFHS-5, the proportion of households with at least one regular member covered by health insurance or a financing plan rose from 29% to 41% [5].

According to Indian health insurance providers, consumers' lack of comprehension and somewhat careless attitude toward their general well-being are the main causes of the low uptake of health insurance. Health medical insurance literacy is the degree to which people understand health plans and can get enrolled in, use, and select the best plan for their financial circumstances. Having a thorough understanding of health insurance might influence their mindset and increase use [1].

With this backdrop, this study aims to estimate the level of health insurance enrollment, as well as associated knowledge, attitudes, and actual practices, among urban community members in Rajasthan's Jaipur district. It also examines the obstacles to adoption, including issues with hospital empanelment, claim-related challenges, and premium affordability.

OBJECTIVES

1. To estimate the enrollment and utilization of Health insurance schemes among selected families
2. To assess the knowledge and attitudes related to health insurance among community members.
3. To understand the pattern of different types of Health insurance schemes borne by the families
4. To identify the significant barriers affecting health insurance enrollment and utilization

Chapter 2: Review of Literature

S.N.	Study	Study Location & Sample Size	Key Findings
1	Kapar et al. (2021)	Nepal, 400 participants	34.25% of respondents were aware of health insurance, mostly through friends (38.5%) and public media (31.7%). 73.25% believed health insurance was a good investment, and 81% felt it could prevent financial hardship. Despite awareness, enrollment rates remained low, and many found the claim processes complicated.
2	Priyadarsini & Ethirajan (2012)	India (Tamil Nadu), 400 households	Awareness was higher in urban areas (47.6%) compared to rural areas (28.6%). Major sources of information: TV (74.3%) in rural areas, newspapers (31%) in urban areas. Many urban respondents (54.1%) did not enroll due to a lack of trust in insurance providers.
3	Shet et al. (2019)	India (Karnataka), 550 households	63.27% of respondents were aware of health insurance, with health workers (39.74%) and family/friends (38.44%) as primary sources of information. Only 25.57% of those with insurance had used it, with 32.43% facing issues with non-empanelled hospitals. 42.08% found the enrollment process complicated, and 24.26% felt insurance provided only partial coverage.

4	Raza et al. (2017)	Pakistan (Karachi), 340 participants	46.8% were aware of health insurance, but only 50.5% correctly understood its function. 75.3% were willing to join a public health insurance scheme, but 37.9% distrusted government-backed programs. Many respondents hesitated to enroll due to policy ambiguity and hidden terms.
5	Thakur et al. (2023)	Multi-state, India, 24 studies included in the review	Awareness was highest in Kerala (89.27%) and lowest in Delhi (19.10%). Jammu & Kashmir (92.10%) had the most positive attitudes toward health insurance. Utilization was highest in Karnataka (78.8%), but many insured individuals did not use their insurance due to complicated claims, lack of empanelled hospitals, and hidden costs. Major barriers included high premium costs, lack of awareness, trust issues, and policy complexity. Recommended simplifying enrollment and claim processes, expanding hospital empanelment, and increasing awareness campaigns.
6	Manuja et al. (2019)	Karnataka (Rural), 295 households	44.7% of families enrolled in health insurance; 58.6% were aware of insurance; education, occupation, and hospitalization history significantly influenced enrollment.

			The majority of insured individuals were unaware of policy details such as coverage limits and claim procedures. Financial constraints and lack of trust in insurance providers were key barriers to enrollment.

Chapter 3: Methodology

RESEARCH QUESTIONS

1. What is the level of knowledge and awareness regarding health insurance among community members?
2. What are the prevailing attitudes and perceptions toward health insurance in the community?
3. What is the extent of health insurance coverage and utilization among individuals in the community?
4. What are the key barriers to enrollment and utilization of health insurance?

STUDY DESIGN:

A descriptive cross-sectional study was conducted to assess the knowledge, attitudes, and practices (KAP) in terms of enrollment and utilization regarding health insurance among adults in an urban community of Jaipur.

STUDY SETTING:

The study took place in selected households within a specific urban locality in Jaipur, Rajasthan. Data collection was carried out over three months, from March 2025 to June 2025.

STUDY POPULATION:

- Inclusion Criteria:
    - Adults aged 18 years and above residing in the selected households.
    - Individuals who were either the head of the household or capable of providing relevant information regarding the family's health insurance status.
    - Only those who provided informed consent were included in the study.

- Exclusion Criteria:
    - Individuals below 18 years of age.
    - Individuals who were unwilling to participate.

SAMPLE SIZE:

The sample size was calculated using Cochran's formula:

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where:

- $n =$ required sample size
- Z = 1.96 (standard normal deviate corresponding to the desired confidence level for a 95% confidence level)
- P = estimated proportion of the population with the characteristic of interest (in this case, health insurance coverage)
- d = allowable margin of error (precision), typically set at 5% or 0.05
- For this study, the estimated prevalence (p) of households with at least one member covered by health insurance in Rajasthan was taken as 87.8%, based on the NFHS-5 (2019–21) state fact sheet [13]. Using this proportion as the expected prevalence (p), the minimum required sample size was calculated using Cochran's formula for sample size estimation:

  Substituting these values into Cochran's formula:

$$n = (1.96)^2 \times 0.88 \times (1 - 0.88)/(0.05)^2$$

$$n = (3.8416 \times 0.88 \times 0.12) \div 0.0025$$

$$n = 162$$

  Thus, the final estimated sample size is 162 eligible individuals from selected households.

DATA COLLECTION PROCEDURE:

- Data was collected through a structured questionnaire.
- The questionnaire was developed using samples from other studies.
- A sociodemographic profile of the study participants was presented in the first section, followed by questions about their knowledge, attitudes toward health insurance, practices (enrollment status), and obstacles to adopting health insurance will also be captured.
- The total number of households in Ward 27 of the Vidyadhar Nagar area was approximately 2,625 [14]. Initially, systematic random sampling was planned. The sampling interval (k) was determined by dividing the total number of households by the sample size:

  $$k = 2625 \div 162$$
  $$= 16$$

  This implied selecting every 16th household after choosing a random starting point between 1 and 16. However, due to practical field constraints such as limited time, lack of a formal household listing, and the study being conducted by a single researcher, strict implementation of the interval method was not feasible.

  Instead, a random starting point within the ward was chosen, and consecutive households were approached from that point onward. Adults aged 18 years and above who were available and willing to participate were approached. Households that declined participation were excluded. Due to these limitations, 70 eligible individuals from selected households were ultimately covered, and this became the final sample size for the study.

DURATION OF THE STUDY:

The study was conducted over three months, from March 2025 to June 2025.

DATA ANALYSIS PLAN:

- Data was analyzed using Excel.

- Categorical variables (like insurance enrollment) are presented with frequency and percentages. Numeric variables (like the age of the participants) are presented with mean/median and respective measures of dispersion (standard deviation/inter-quartile range). Cross-tabulation was done to show the distribution of variables in different groups.
- Both the mean age and standard deviation of the respondents were computed in MS Excel using standard statistical methods

- Mean Age $= \frac{\sum X}{n}$

  Where:

  $\sum X$ = the sum of all individual age values

  n = total number of respondents

- Standard Deviation

  $$s = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$$

  Where:

  X = each age

  $\bar{X}$ = mean age

  n = total number of respondents

Both calculations were performed using Excel's built-in functions =AVERAGE (range) for mean and =STDEV.S(range) for sample standard deviation.

ETHICAL CONSIDERATIONS:

- Written informed consent was obtained from all participants.
- Confidentiality of responses was maintained by ensuring anonymous data collection.
- No coercion or financial incentives were provided for participation.

Chapter 4: Results

The data collected from 70 respondents were analyzed to understand the demographic profile, awareness, attitudes, coverage, and utilization of health insurance in an urban setting in Jaipur. The analysis is structured according to the study objectives and includes descriptive statistics, as well as stratified comparisons of insurance coverage across key sociodemographic variables such as income group, family size, and education level. The findings are presented in the form of tables, charts, and objective summaries.

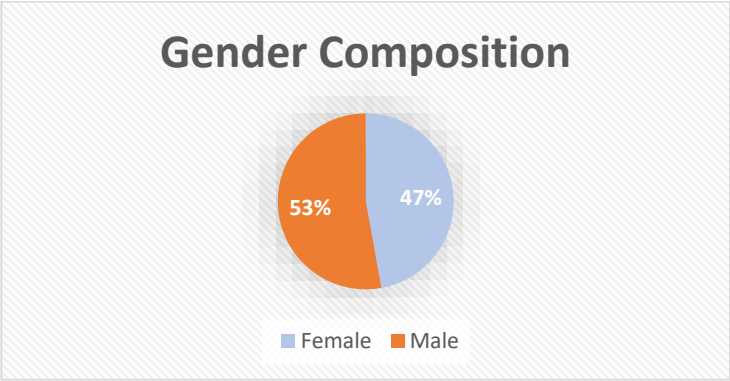
Table 4.1: Age-wise Distribution of Respondents (n=70)

Age Group (Years)	Number of Respondents	Proportion (%)
20-29	27	38.6
30-39	21	30
40-49	8	11.4
50-59	13	18.6
60 and above	1	1.4

Mean Age (years) = 35.74 (±11.0)

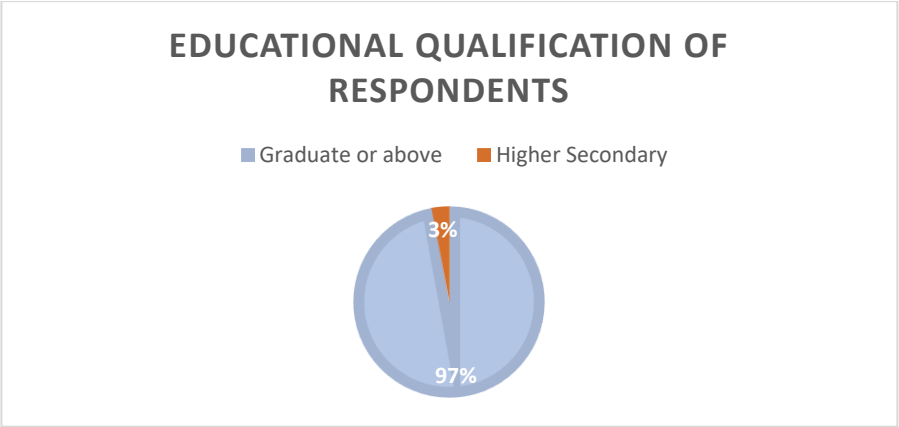
This table presents the distribution of respondents by age group. Age between 20 and 29 years was most frequently represented (38.6%), followed by 30–39 years (30%). The least represented age group is 60+, with only 1 respondent (1.4%).

Figure 4.1: Gender Distribution of Respondents (n=70)



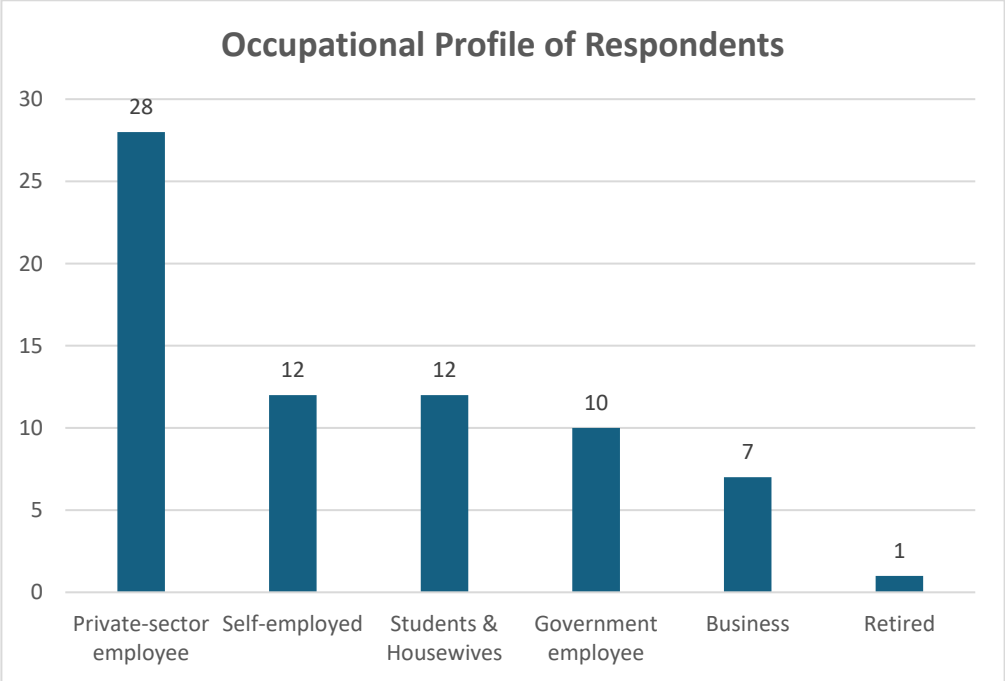
Out of 70 respondents, 47% identified as male and 53% as female.

Figure 4.2: Educational Qualifications of Respondents (n=70)



Most respondents have a graduate and postgraduate level education (97%), followed by higher secondary (3%).

Figure 4.3: Occupational Distribution of Respondents (n=70)



The majority are employed in the private or self-employed sectors.

Table 4.2: Monthly Household Income Distribution of Respondents (n=70)

Monthly Income Range (Rs)	Number of Respondents	Proportion (%)
Less than Rs. 20,000	8	11.4
Rs. 20,000 - Rs. 40,000	14	20
Rs. 40,000 - Rs. 60,000	12	17.1
More than Rs. 60,000	36	51.4

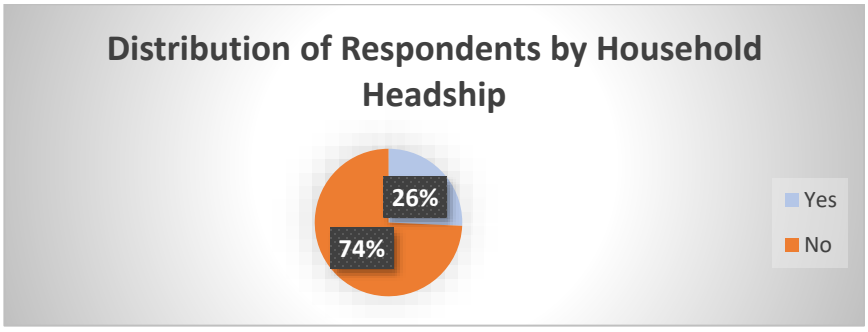
Over 50% of families earn more than ₹60,000 per month, while 11.4% earn below ₹20,000.

Table 4.3: Distribution of Households by Family Size (n=70)

Family Size (Members)	Number of Families	Proportion (%)
1-2	2	2.9
3-4	40	57.1
5-9	21	30
10 and above	7	10

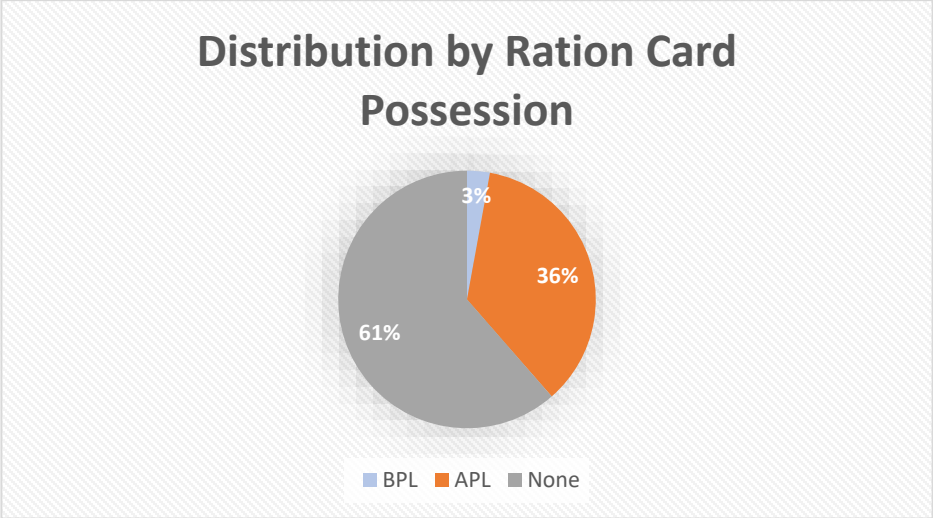
The majority (57.1%) of respondents live in families with 3 to 4 members. Only 2.9% reported a nuclear family size of 1–2 members.

Figure 4.4: Respondents' Headship Status in Household (n=70)



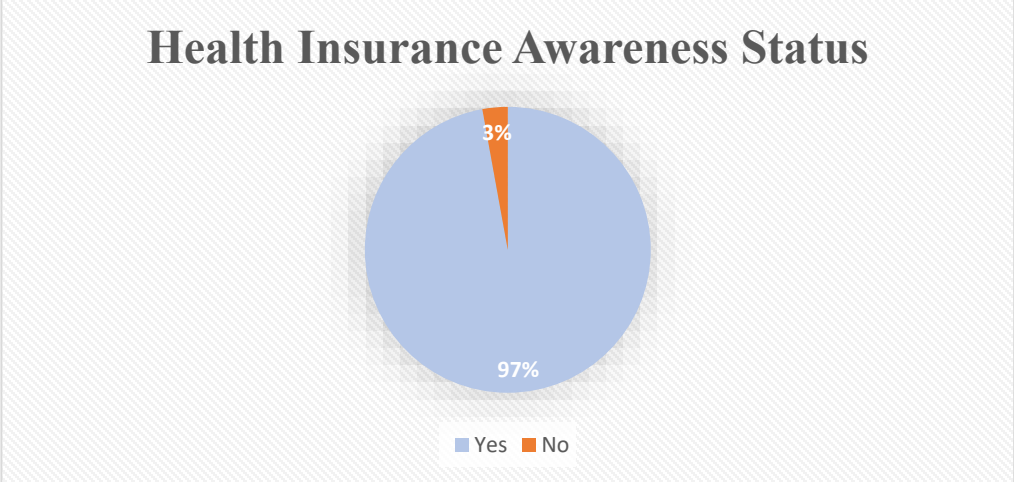
26% of respondents identified themselves as the head of the household, while 74% did not.

Figure 4.5: Ration Card Possession Status (n=70)



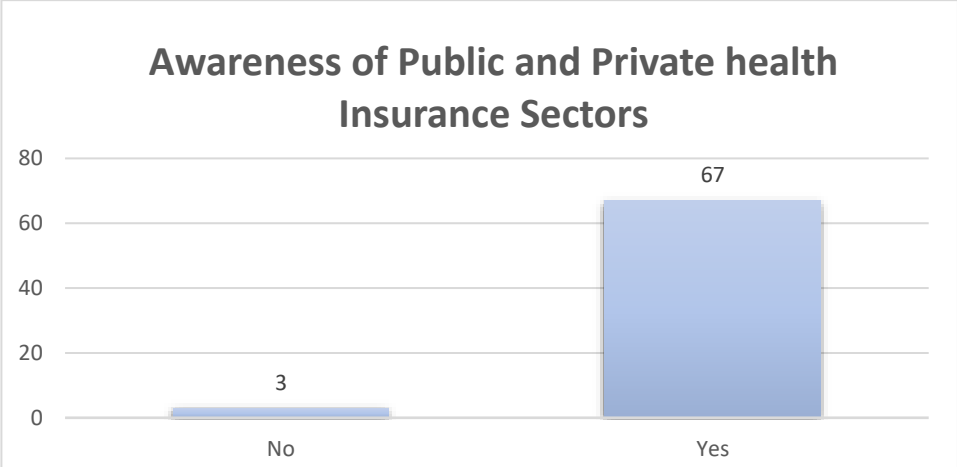
61% of Respondents don't possess a Ration Card, while 36% reported being above the poverty line.

Figure 4.6: Awareness of Health Insurance Among Respondents (n=70)



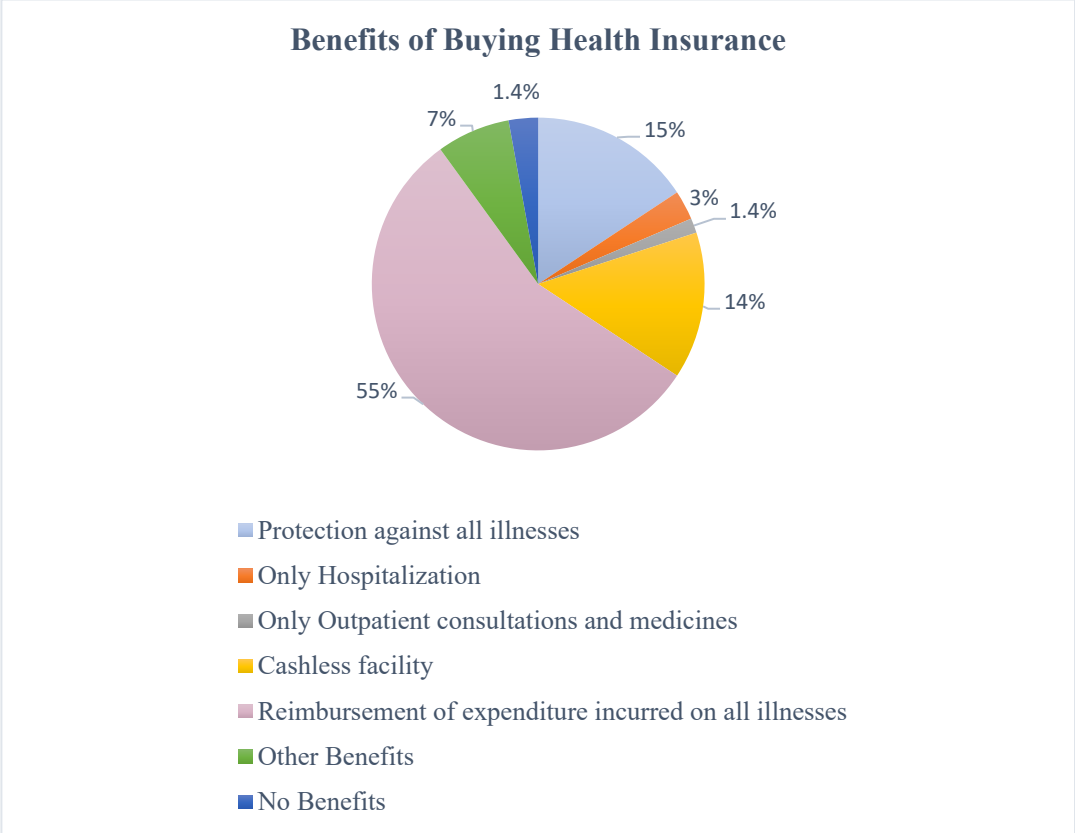
A majority (97%) of respondents reported being aware of health insurance.

Figure 4.7: Awareness of Public vs. Private Health Insurance (n=70)



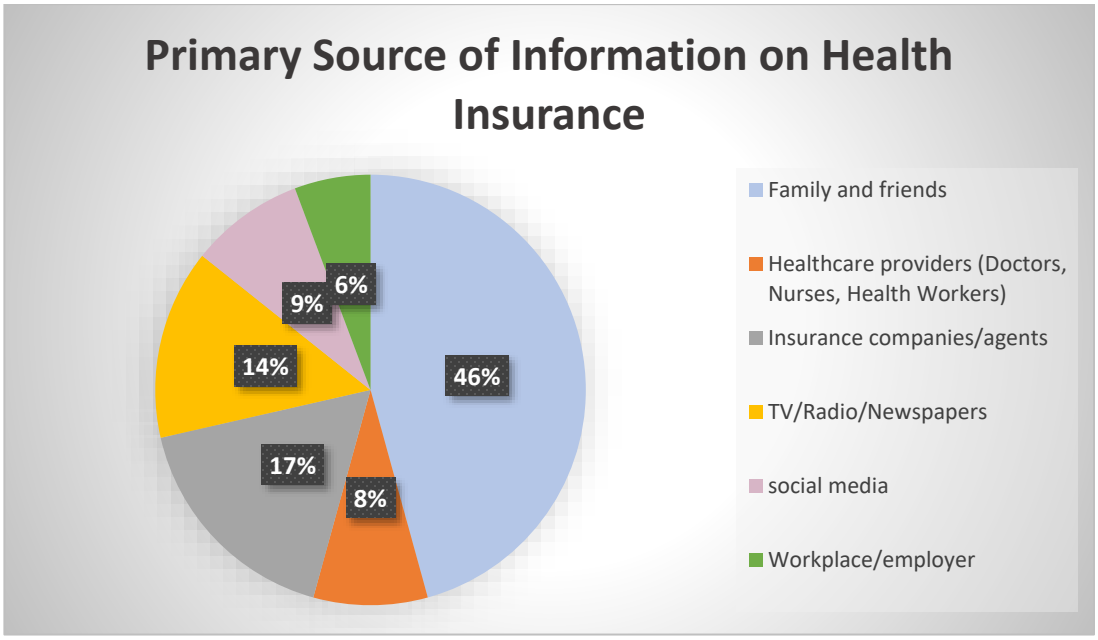
95% of respondents were aware of both public and private health insurance sectors.

Figure 4.8: Perceived Benefits of Health Insurance (n=70)



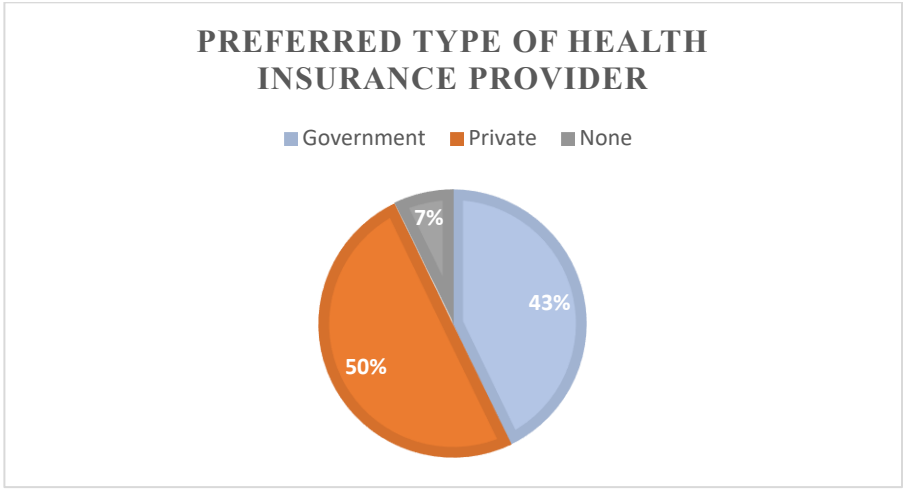
Over 55% of respondents perceived reimbursement of medical expenses as the main benefit of health insurance, followed by protection against illness (15%) and access to cashless facilities (14%), highlighting financial support as the most valued aspect.

Figure 4.9: Primary Source of Health Insurance Information (n=70)



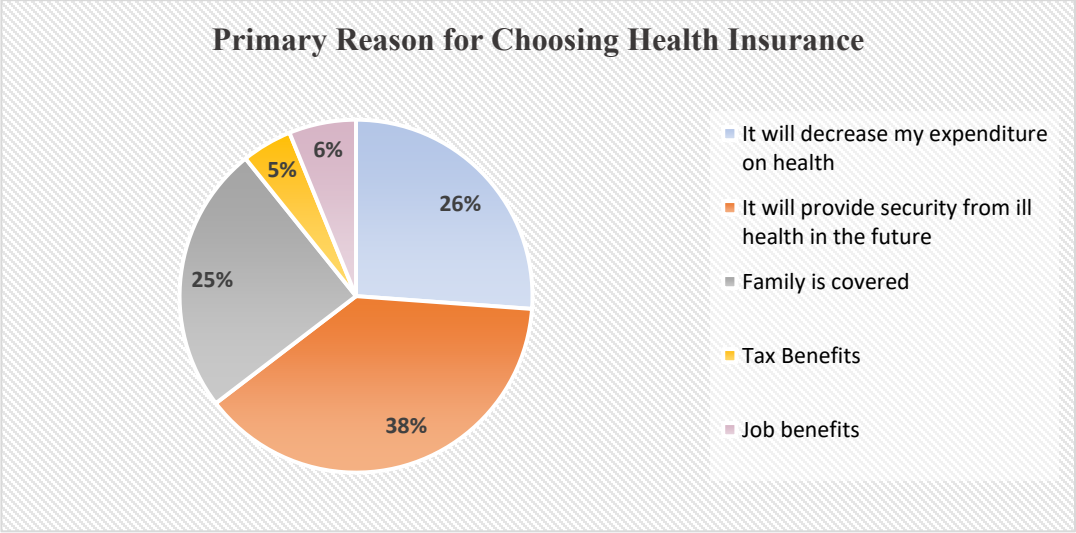
Most respondents learned about health insurance through family and friends (46%), followed by insurance companies/agents (17%).

Figure 4.10: Preferred Type of Health Insurance Provider (n=70)



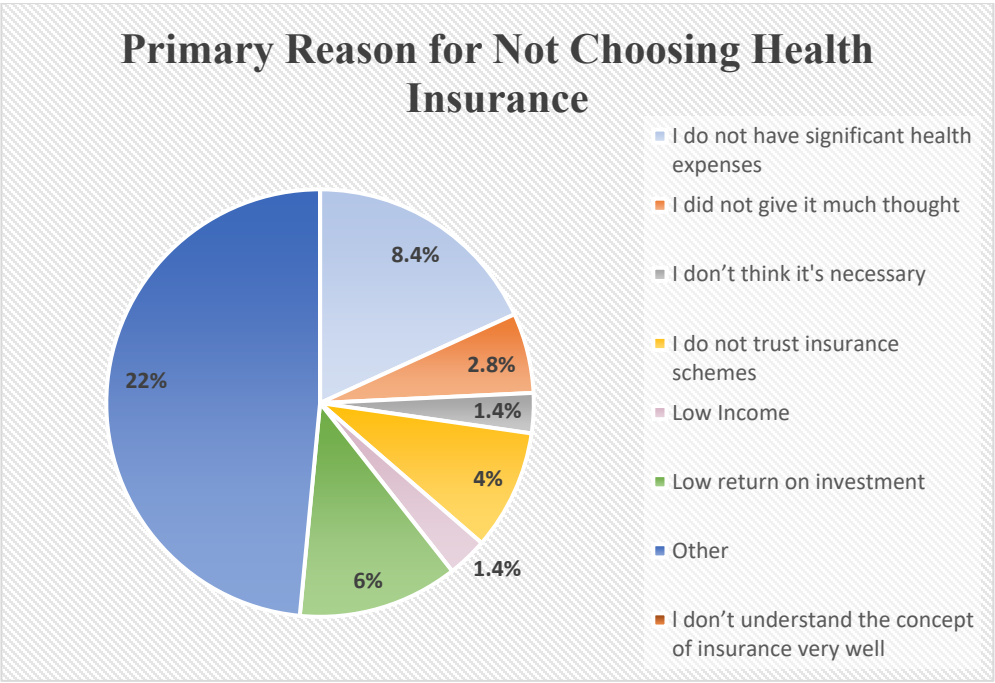
About 50% of respondents preferred private health insurance providers, while 43% opted for public providers, indicating a stronger trust in private-backed schemes.

Figure 4.11: Key Motivators for Opting for Health Insurance (n=65)



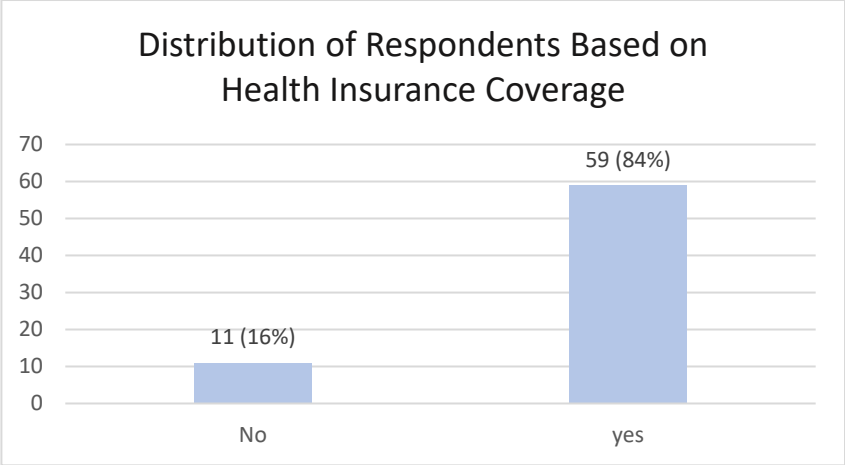
Nearly 38% of respondents cited fear of future illness as the key motivator, followed by 26% who mentioned high treatment costs, and 25% who highlighted that their family is already covered, reflecting a strong concern for future healthcare needs and financial preparedness.

Figure 4.12: Major Barriers to Choosing Health Insurance (n=33)



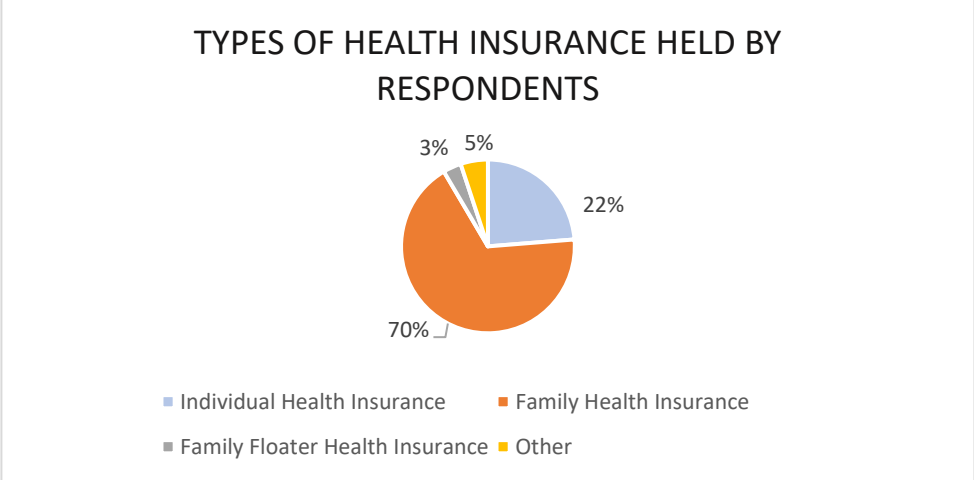
The top barrier was “Other” (22%), followed by “do not have significant health expenses” (8.4%) and “Low Return on Investment” (6%), reflecting a perception gap regarding long-term healthcare risk.

Figure 4.13: Health Insurance Coverage Status (n=70)



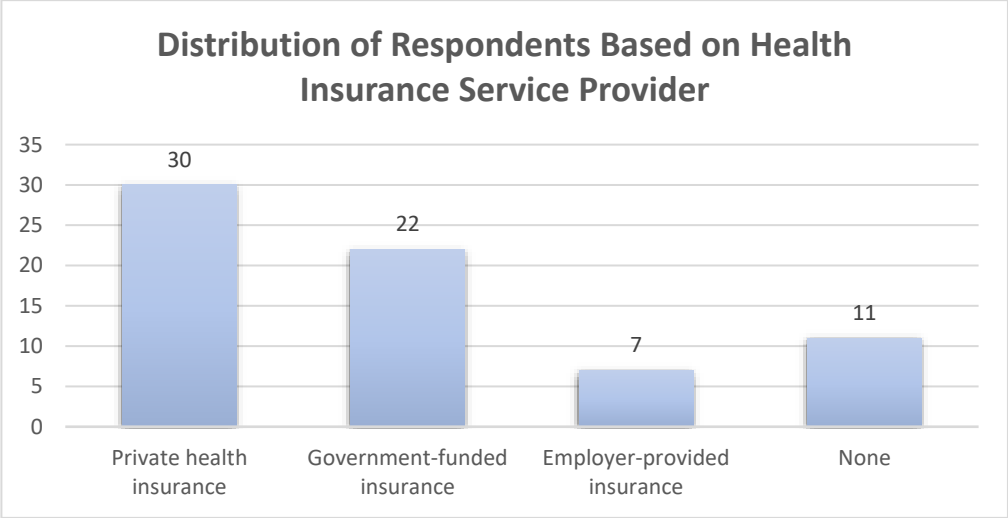
84% of Respondents are covered, while 16% are uninsured.

Figure 4.14: Distribution of Type of Health Insurance Held (n=59)



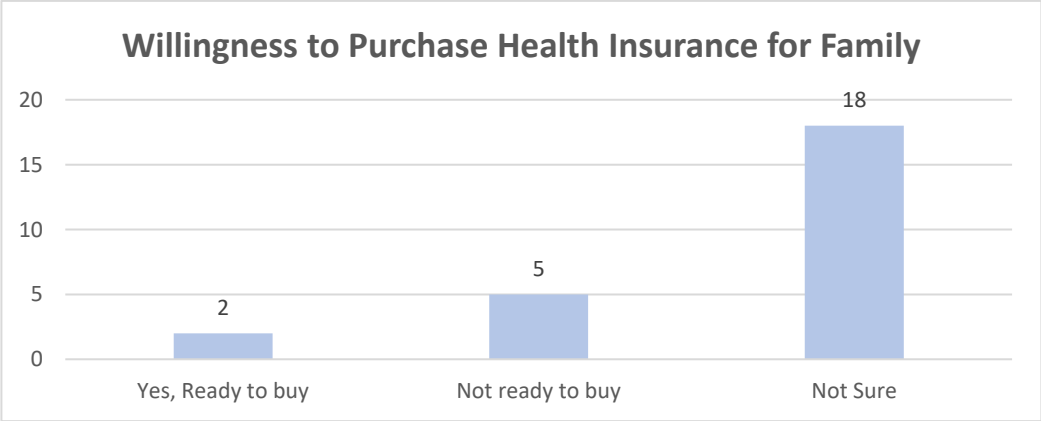
Of the respondents, 70% were covered under Family Health Insurance schemes, while 22% had individual health insurance.

Figure 4.15: Type of Health Insurance Providers (n=70)



Private insurance providers were chosen by 42.8% of respondents, whereas 31.4% relied on government insurers, underlining the dominance of private sector health insurance.

Figure 4.16: Willingness to Purchase Health Insurance for Family (n=25)



Note: This was an optional question. Only 35.7% of participants responded.

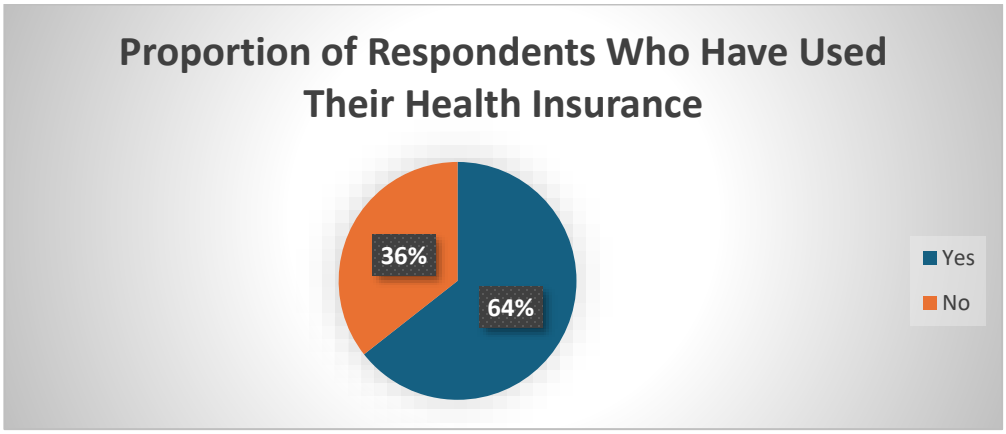
Among the 25 respondents, only 8% expressed willingness to purchase insurance for their families, 20% were not willing, and a significant 72% were unsure, indicating low current readiness but potential openness towards health insurance in the future.

Table 4.4: Number of Family Members Covered Under Health Insurance (n=70)

Number of Members Covered	Number of Respondents	Proportion (%)
0	11	15.7
1-2	8	11.4
3-4	38	54.3
5 and above	13	18.6

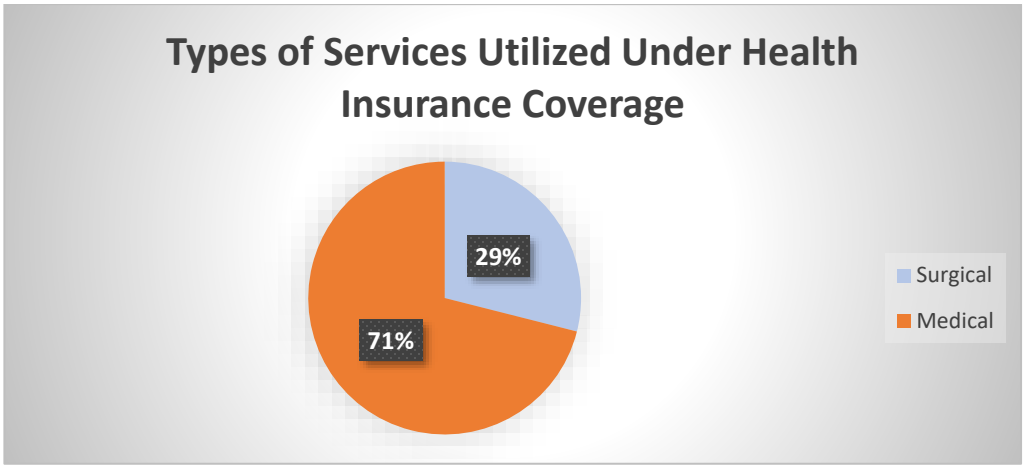
Over half (54.3%) of respondents have 3–4 family members insured.

Figure 4.17: Health Insurance Utilization Among Respondents (n=59)



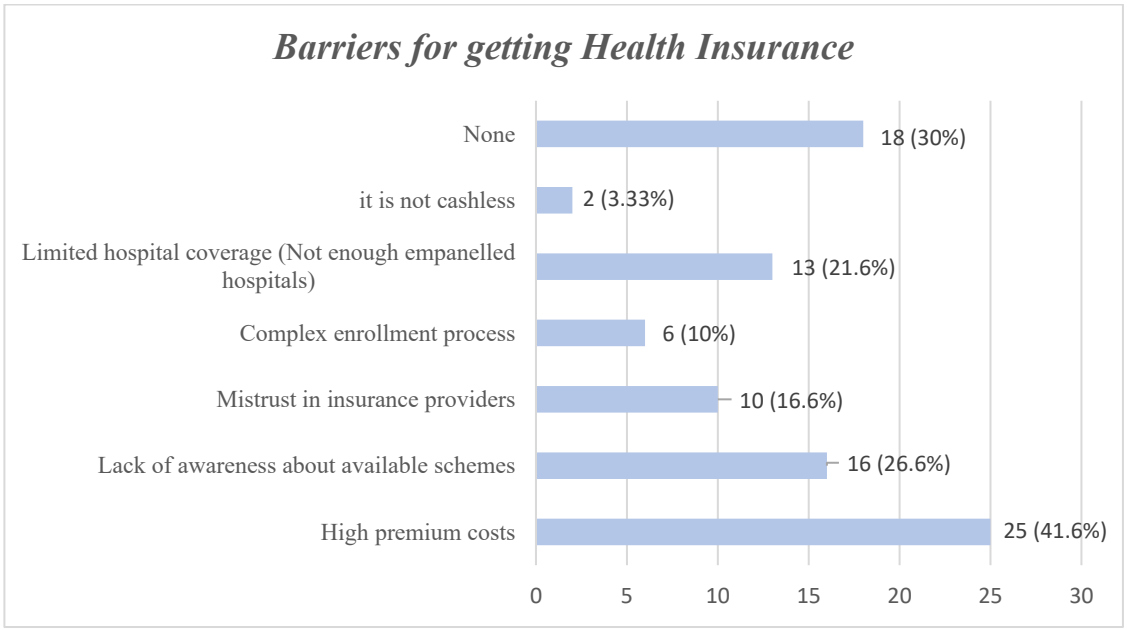
64% of Respondents have used their insurance for treatment/hospitalization

Figure 4.18: Types of Services Availed Through Health Insurance (n=38)



Among the respondents who utilized their health insurance, 71% used it for medical purposes, while 29% used it for surgical procedures, indicating higher usage for routine or non-surgical treatments.

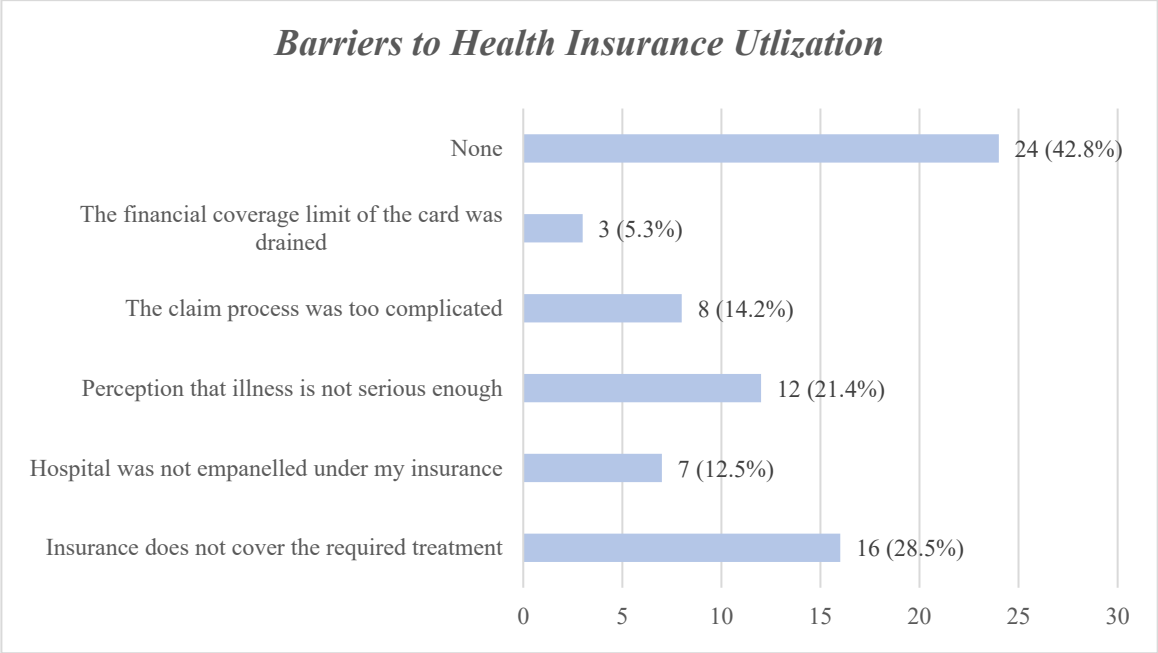
Figure 4.19: Barriers to Getting Health Insurance (Multiple Response)



Note: This was a multiple-response question; therefore, the total percentage exceeds 100%.

The most cited barriers were high premium costs (41.6%), lack of awareness (26.6%), and limited hospital coverage (21.6%), highlighting the need for affordable insurance schemes and improved awareness initiatives.

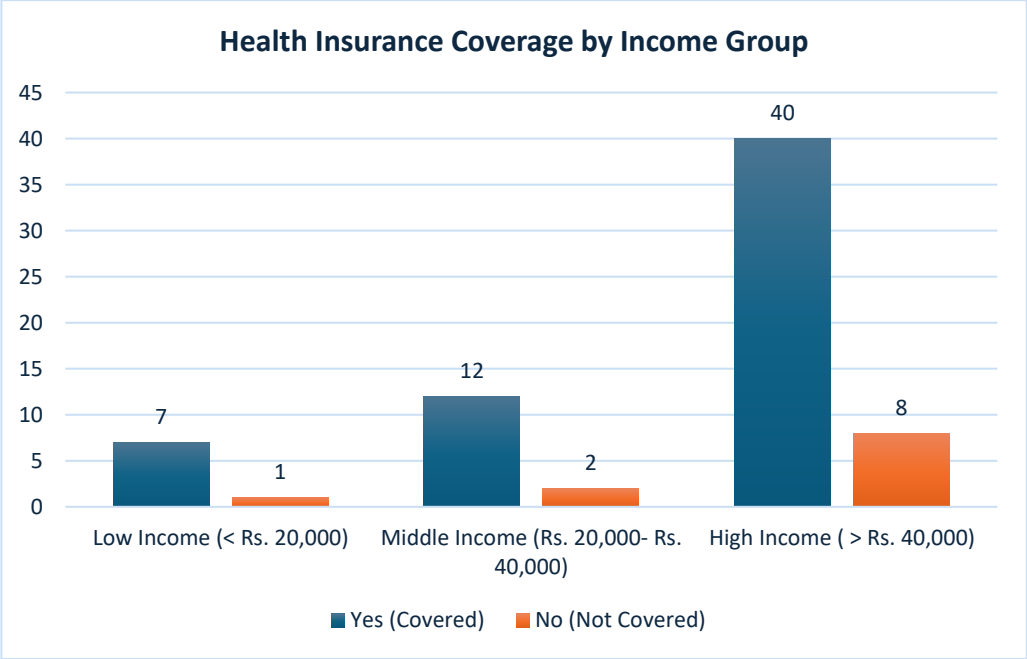
Figure 4.20: Barriers to Health Insurance Utilization (Multiple Response)



Note: This was a multiple-response question; therefore, the total percentage exceeds 100%.

Common issues included insurance not covering the required treatment (28.5%), the perception that the illness was not serious enough (21.4%), and complicated claim procedures (14.2%), indicating gaps in coverage and ease of utilization.

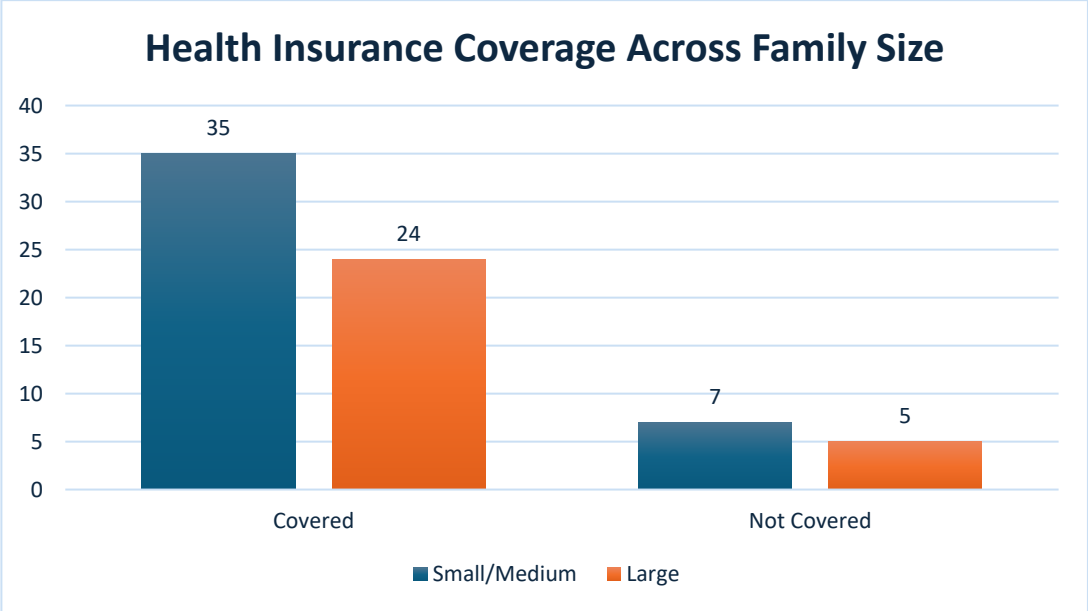
Figure 4.21: Insurance Coverage Across Income Groups



The coverage of health insurance was stratified based on income levels. Respondents were categorized into three income groups: Low Income (< ₹20,000), Middle Income (₹20,000–₹40,000), and High Income (> ₹40,000). A bar graph was used to depict the proportion of individuals in each income group who reported being covered or not covered by health insurance.

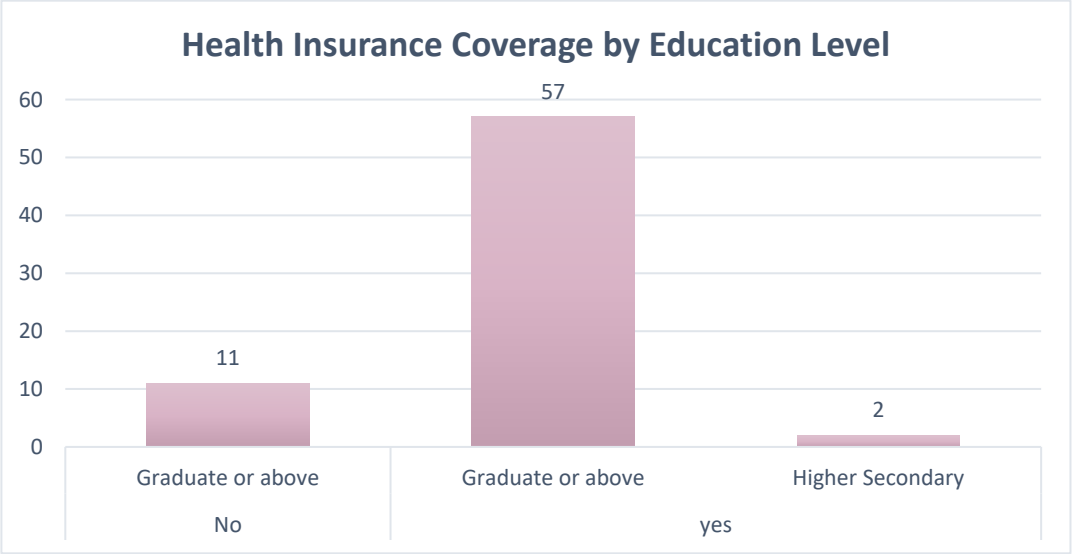
As shown in Figure 21, coverage was highest among the High-Income Group, followed by the Middle-Income Group, indicating a possible correlation between income level and insurance uptake.

Figure 4.22: Insurance Coverage by Family Size



The respondents were categorized into small/medium (≤ 4 members) and large family sizes (≥ 5 members). The analysis revealed that health insurance coverage was highest among small/medium families, while large families showed the lowest coverage. This may indicate that larger families may face higher financial barriers to insurance.

Figure 4.23: Health Insurance Coverage by Education Level



Among respondents who were graduates or above, 81.4% reported having health insurance coverage, compared to 2.9% among those with only higher secondary education. This suggests that a higher level of education may be associated with greater awareness or access to health insurance.

Objective-wise summary of findings:

Objective 1: To estimate the enrollment and the utilization of health insurance schemes among selected families

- 84% of respondents reported being covered under health insurance.
- Only 16% of the surveyed population is currently uninsured.
- The majority of families (54.3%) have 3-4 members covered under insurance.
- Among insured individuals, 64% reported utilizing their health insurance for hospitalization or treatment.
- Among the respondents who utilized their health insurance, 71% used it for medical purposes, while 29% used it for surgical procedures

Objective 2: To assess the knowledge and attitudes related to health insurance among community members

- A high percentage (97%) of participants know about health insurance.
- 95% are aware of the existence of both public and private insurance sectors.
- The primary source of information is family and friends (46%), followed by insurance agents (17%).
- Over 55% of respondents perceive the primary benefit of health insurance as reimbursement during illness, followed by protection from illness (15%) and cashless facility (14%).
- Around 65% of respondents opted for insurance due to fear of future illness and to reduce healthcare expenses.

Objective 3: To understand the pattern of different types of health insurance schemes borne by the family

- Respondents hold a mix of public and private insurance schemes.
- Of the respondents, 70% were covered under Family Health Insurance schemes, while 22% had individual health insurance.
- Private insurance providers were chosen by 42.8% of respondents, whereas 31.4% relied on government insurers, underlining the dominance of private sector health insurance.

Objective 4: To identify the significant barriers affecting health insurance

- The top barriers to obtaining insurance include:
  high premium costs (41.6%), lack of awareness (26.6%), and limited hospital coverage (21.6%)
- For those with insurance, major challenges in utilization include:
  insurance not covering the required treatment (28.5%), the perception that the illness was not serious enough (21.4%), and complicated claim procedures (14.2%)

Chapter 5: Discussion

This study was conducted to assess the enrollment, knowledge, attitudes, and utilization of health insurance among urban families in Jaipur, Rajasthan. The findings were compared with existing literature to draw meaningful conclusions and insights.

The mean age of respondents in this study was 35.74 years. The most represented age group was 20–29 years (38.6%). The majority of the respondents were graduates or postgraduates (97%) and employed in the private or self-employed sectors. More than half of the families (51.4%) reported earning over ₹60,000 per month, indicating a predominant representation of middle-to-upper-income class households in the study sample.

A high level of awareness was observed: 97% of respondents knew about health insurance, and 95% were aware of both public and private sector schemes. This is significantly higher than findings reported by Kapar et al. (2021) in Nepal, where only 34.25% of respondents were aware of health insurance, and by Shet et al. (2019), who found awareness at 84.18%. Similarly, Thakur et al. (2023) reported wide variation across India, with awareness as high as 89.27% in Kerala and as low as 19.10% in Delhi [6] [1] [4].

In this study, 84% of respondents were enrolled in some form of health insurance, which is notably higher than the 44.7% reported by Manuja et al. (2019) in Karnataka and the 63.27% utilization rate reported by Shet et al. (2019) [7] [1]. However, only 64% of insured individuals in this study reported having used their insurance. This underlines a consistent trend seen across studies: high enrollment doesn't necessarily translate to high utilization.

Respondents in this study most commonly perceived the benefit of insurance as reimbursement for medical expenses (55%), followed by protection against illness (15%) and access to cashless facilities (14%). Kapar et al. (2021) found that 73.25% of participants believed health insurance was a good investment, and 81% felt it could prevent financial hardship. These align with our findings, reinforcing the idea that financial protection is a primary perceived benefit [6].

In terms of coverage type, 70% of respondents in our study had family insurance plans, and 22% had individual coverage. Private providers were preferred by 42.8%, while 31.4% relied on government insurance. This mirrors the findings of Priyadarsini & Ethirajan (2012), where lack of trust in public insurance providers contributed to non-enrollment [8].

Willingness to purchase health insurance for family members was low, with only 8% expressing interest and 72% being unsure. This uncertainty suggests potential for improved engagement if awareness and trust can be strengthened. Raza et al. (2017) found that while 75.3% were willing to join a public scheme, 37.9% distrusted government programs — a similar hesitation was noted in our study [9].

Barriers to coverage in our study included high premium costs (41.6%), lack of awareness (26.6%), and limited hospital coverage (21.6%). Similar barriers were reported by Thakur et al. (2023), where high premiums, trust issues, and policy complexity were major deterrents [4]. Additionally, among those who had insurance but did not use it, 28.5% said the insurance didn't cover the required treatment, and 14.2% reported that claim procedures were too complicated — again, consistent with Shet et al. (2019), where 32.43% of insured individuals faced issues with non-empanelled hospitals, and 42.08% found the enrollment process complicated [1].

Stratified analysis in this study showed that coverage was highest among high-income groups (> ₹40,000/month), graduates or above, and small/medium families (≤ 4 members). These patterns are supported by Manuja et al. (2019), who found that education, occupation, and prior hospitalization significantly influenced insurance uptake [7].

Overall, this study's findings support existing literature and highlight the need for targeted awareness campaigns, simplified claim processes, and expanded access, particularly for larger families and less-educated populations, to advance toward universal health coverage.

Chapter 6: Conclusion & Recommendations

This study assessed the knowledge, enrollment, utilization, and barriers to health insurance among urban families in Jaipur. The results showed that awareness about health insurance was widespread, and most respondents were enrolled in some form of insurance, primarily under government schemes. However, actual utilization of the insurance remained comparatively low. Coverage was more common among respondents who were graduates or above, those belonging to higher income groups, and individuals from small or medium-sized families. Reimbursement of medical expenses was reported as the most important perceived benefit of having insurance, and many respondents indicated that their motivation for opting into insurance was due to concerns about future illness and financial strain.

Despite the high levels of awareness and enrollment, the study highlighted several important challenges. Many respondents faced high premium costs, a lack of understanding about the claim process, and limited hospital coverage under their insurance schemes. Furthermore, willingness to purchase health insurance for family members was low, with many respondents uncertain about whether they would do so. These findings point to the need for better education about health insurance benefits, more inclusive coverage options, and simplification of claim and enrollment processes to enhance effective utilization and move closer to the goal of universal health coverage.

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Annexure 1: Questionnaire

Title of the Study:

Assessment of Enrollment, Knowledge, Attitude, and Practice of Health Insurance among Urban Community Members

Dear Participant,

You are invited to participate in a research study that aims to understand the awareness, enrollment, attitude, and practices regarding health insurance among individuals in urban areas. This questionnaire consists of 5 sections with a total of 24 questions. Your responses will help us identify existing gaps and contribute to improving health insurance awareness and accessibility.

Please read the following carefully:

- Your participation in this study is voluntary.
- You may refuse to participate or withdraw at any time without any consequences.
- The survey will take approximately 8–10 minutes to complete.
- Your responses will be kept strictly confidential and used only for academic purposes.
- No personally identifiable information will be collected.
- By proceeding to the questionnaire, you are giving your informed consent to participate in the study.

If you have any questions, feel free to contact:

Data Collector: Kunika Sharma; Contact: 8385097477

By clicking “Next”, you agree that:

- You are above 18 years of age.
- You have read the information provided above.
- You voluntarily agree to participate in this study.

Section 1: Demographic Information

1. Age: ____ years
2. Gender:
    - ☐ Male
    - ☐ Female
    - ☐ Other
3. Education Level:
    - ☐ No formal education
    - ☐ Primary education
    - ☐ Secondary education
    - ☐ Higher Secondary
    - ☐ Graduate or above
4. Occupation:
    - ☐ Students & Housewives
    - ☐ Self-employed
    - ☐ Private-sector employee
    - ☐ Government employee
    - ☐ Business
    - ☐ Retired
5. Monthly Family Income:

- ☐ Less than ₹20,000
- ☐ ₹20,000 - ₹40,000
- ☐ ₹40,000 - ₹60,000
- ☐ More than ₹60,000

6. How many members are there in your family? _____
7. Are you the head of your household?
   - ☐ Yes
   - ☐ No
8. Possession of Ration Card
   - ☐ APL
   - ☐ BPL
   - ☐ None

Section 2: Knowledge of Health Insurance

1. Have you heard about health insurance**?**
   - ☐ Yes
   - ☐ No

2. Are you aware of the public and private health Sector/insurance?
   - ☐ Yes
   - ☐ No

3. What do you think are the benefits of buying health insurance?
   - ☐ Protection against all illnesses
   - ☐ Only Hospitalization
   - ☐ Only Outpatient consultations and medicines
   - ☐ Cashless facility
   - ☐ Reimbursement of expenditure incurred on all illnesses
   - ☐ Other Benefits
   - ☐ No benefits

4. What is your primary source of information about health insurance?
   - ☐ Family and friends
   - ☐ TV/Radio/Newspapers
   - ☐ social media
   - ☐ Healthcare providers (Doctors, Nurses, Health Workers)
   - ☐ Insurance companies/agents
   - ☐ Workplace/employer

Section 3: Attitude Towards Health Insurance

1. Type of Health Insurance Company Preferred?
    - ☐ Government
    - ☐ Private
    - ☐ None
2. Primary Reason to Join Health Insurance
    - ☐ It will decrease my expenditure on health.
    - ☐ It will provide security from ill health in the future.
    - ☐ Family is covered.
    - ☐ Tax Benefits
    - ☐ Job benefits
3. Primary Reason to Not Join Health Insurance
    - ☐ I do not have significant health expenses.
    - ☐ I did not give it much thought
    - ☐ I do not understand the concept of insurance very well.
    - ☐ I don’t think it’s necessary
    - ☐ I do not trust insurance schemes.
    - ☐ Low Income
    - ☐ Low return on investment
    - ☐ Other

Section 4: Practice of Health Insurance

1. Do you or your family members have any health insurance coverage?
   - ☐ Yes
   - ☐ No
2. If yes, what type of health insurance do you have?
   - ☐ Individual Health Insurance
   - ☐ Family Health Insurance
   - ☐ Family Floater Health Insurance
   - ☐ Other
3. And who is the insurance service provider?
   - ☐ Government-funded insurance
   - ☐ Private health insurance
   - ☐ Employer-provided insurance
   - ☐ Community-based health insurance
   - ☐ None
4. If no, are you willing to purchase a Health Insurance Policy for your family?
   - ☐ Yes, Ready to buy
   - ☐ Not ready to buy
   - ☐ Not sure
5. How many of your family members are covered under any health insurance scheme? _____

6. Have you ever used your health insurance?

- ☐ Yes
- ☐ No

7. If yes, what type of service health insurance was used for

- ☐ Surgical
- ☐ Obstetric
- ☐ Medical

Section 5: Barriers to Health Insurance Enrollment and Utilization

1. What is the biggest barrier in general for getting health insurance? (Multiple answers allowed)
    - ☐ High premium costs
    - ☐ Lack of awareness about available schemes
    - ☐ Complex enrollment process
    - ☐ Mistrust in insurance providers
    - ☐ Limited hospital coverage (Not enough empanelled hospitals)
    - ☐ It is not cashless
    - ☐ None

2. What prevented you from doing so if you have health insurance but have not used it? (Multiple answers allowed)
    - ☐ Perception that illness is not serious enough
    - ☐ Insurance does not cover the required treatment
    - ☐ The claim process was too complicated
    - ☐ The hospital was not empanelled under my insurance
    - ☐ The financial coverage limit of the card was drained
    - ☐ None