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

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INTRODUCTION

- Health insurance is a crucial mechanism to reduce out-of-pocket healthcare expenses and improve access to medical services. Despite efforts by the government to expand coverage through schemes like AB-PMJAY and Chiranjeevi Yojana, gaps remain in awareness, enrollment, and effective utilization, especially at the community level.
- This study was conducted in a specific urban locality in Jaipur to assess the level of health insurance knowledge, attitudes, utilization, and coverage among urban households. It also aimed to identify key barriers to adoption, such as claim-related issues, affordability, and lack of awareness, while exploring how factors like income, education, and family size influence coverage.

RESEARCH QUESTIONS

What is the level of knowledge and awareness regarding health insurance among community members?

What are the prevailing attitudes and perceptions toward health insurance in the community?

What is the extent of health insurance coverage and utilization among individuals in the community?

What are the key barriers to enrollment and utilization of health insurance?

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

METHODOLOGY

- **STUDY DESIGN**: Descriptive cross-sectional study
- **STUDY SETTING**: A specific urban locality in Jaipur
- **STUDY POPULATION**:

  Inclusion Criteria: Adults aged 18 years and above residing in the selected households, and those

  Those who provided informed consent were included in the study

  Exclusion Criteria: Individuals below 18 years of age and people who were unwilling to participate
- **SAMPLE SIZE**: 162 households (Calculated), 70 households covered (as per feasibility)
- **SAMPLING TECHNIQUE**: Systematic random sampling
- **DATA COLLECTION PROCEDURE**: Data was collected through a structured questionnaire
- **DATA ANALYSIS PLAN**: Data was analyzed using Excel
- **ETHICAL CONSIDERATIONS**: Written informed consent was obtained from all participants,

  and data were collected anonymously to maintain confidentiality, and no coercion or financial

  Incentives were involved in participation

REVIEW OF LITERATURE

Study	Study Location & Sample Size	Key Findings
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.
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. A significant number of urban respondents (54.1%) did not enroll due to a lack of trust in insurance providers.
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.

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.
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.
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.

RESULTS

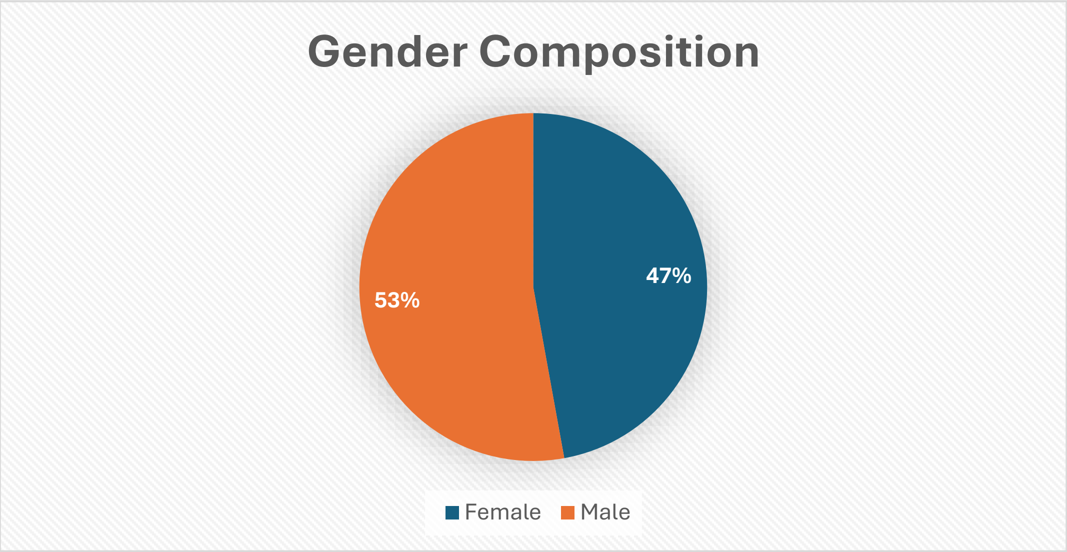
Age-wise Distribution of Respondents (n=70)

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

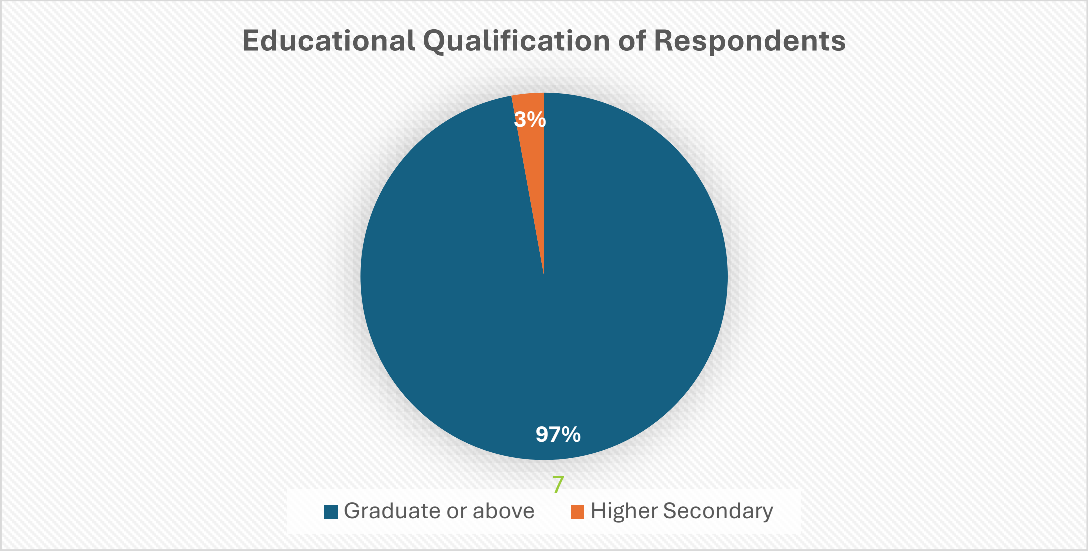
Monthly Household Income Distribution of Respondents (n=70)

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

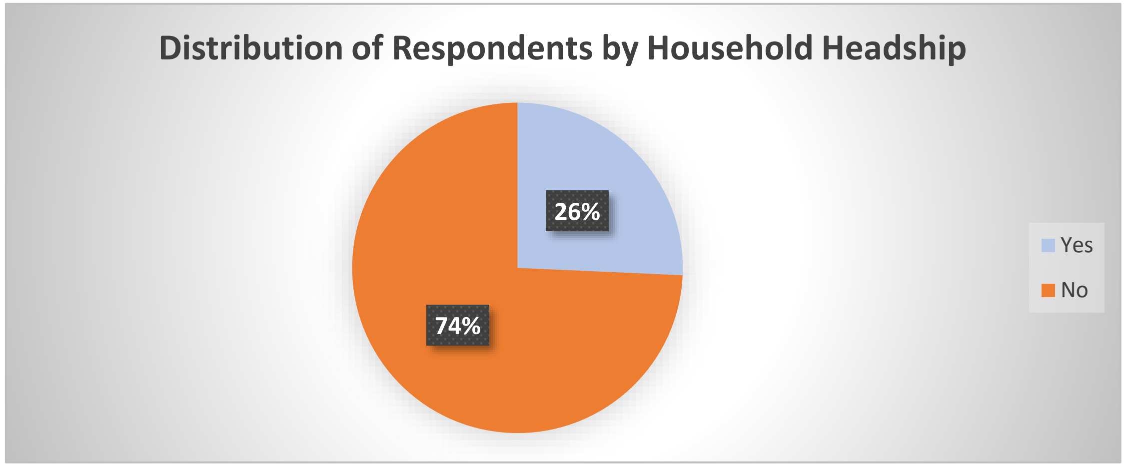
Gender Distribution of Respondents (n=70)



Educational Qualifications of Respondents (n=70)

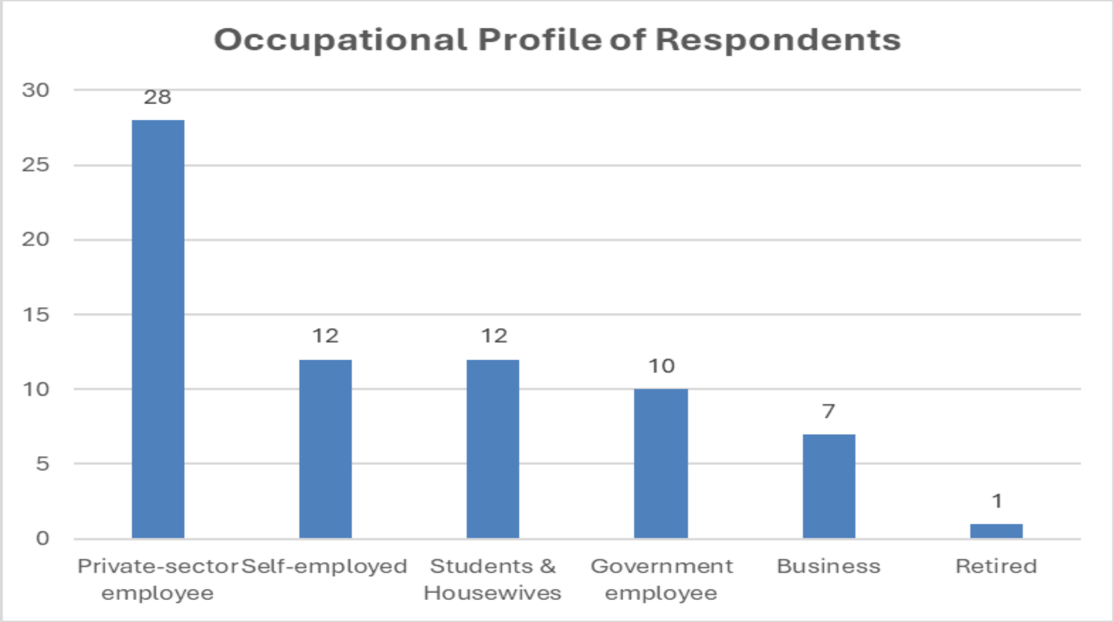


Respondents’ Headship Status in Household (n=70)

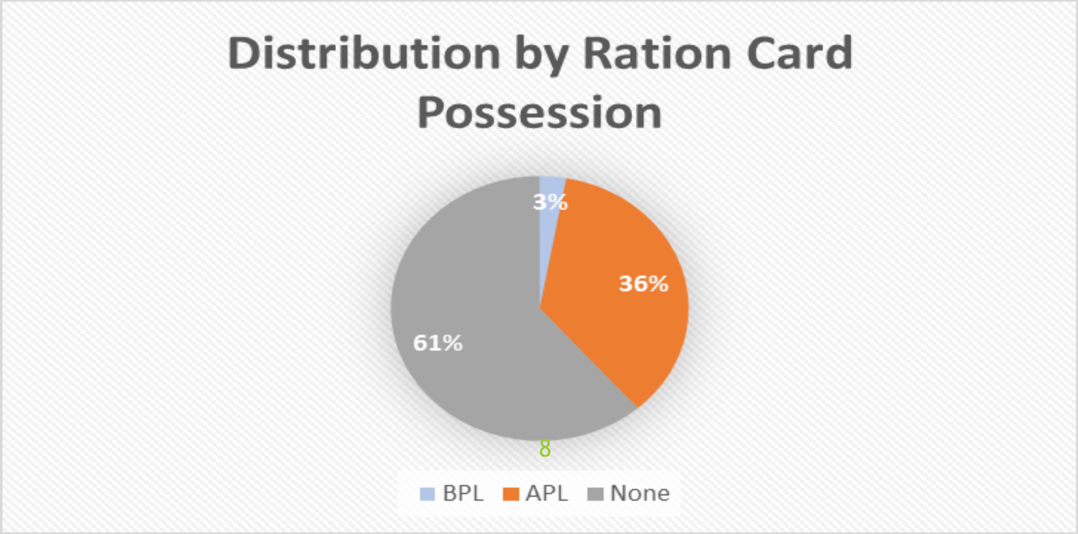


Distribution of Households by Family Size (n=70)

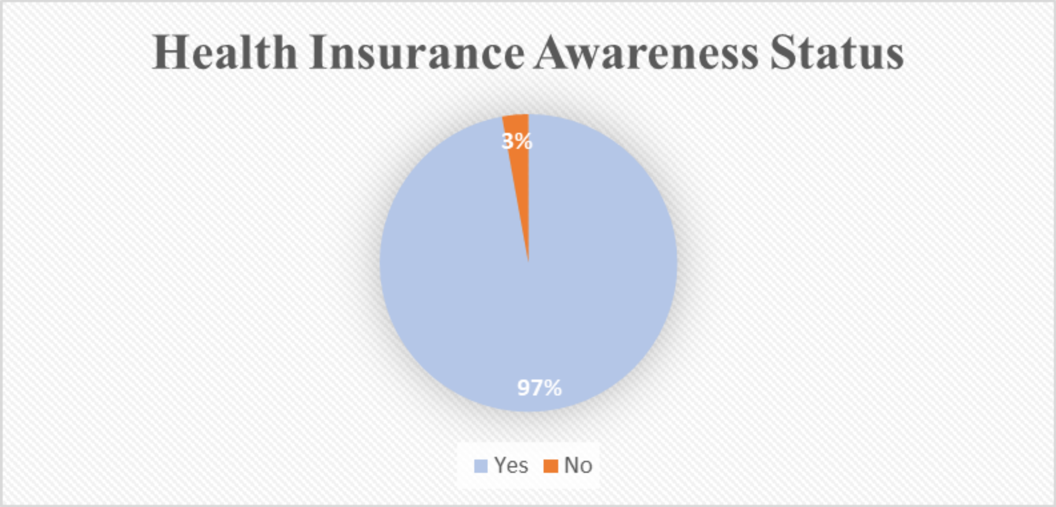
Family Size (Members)	Number of Families	Proportion (%)
1-2	2	2.9
3-4	40	57.1
5-9	21	30
10 and above	7	10



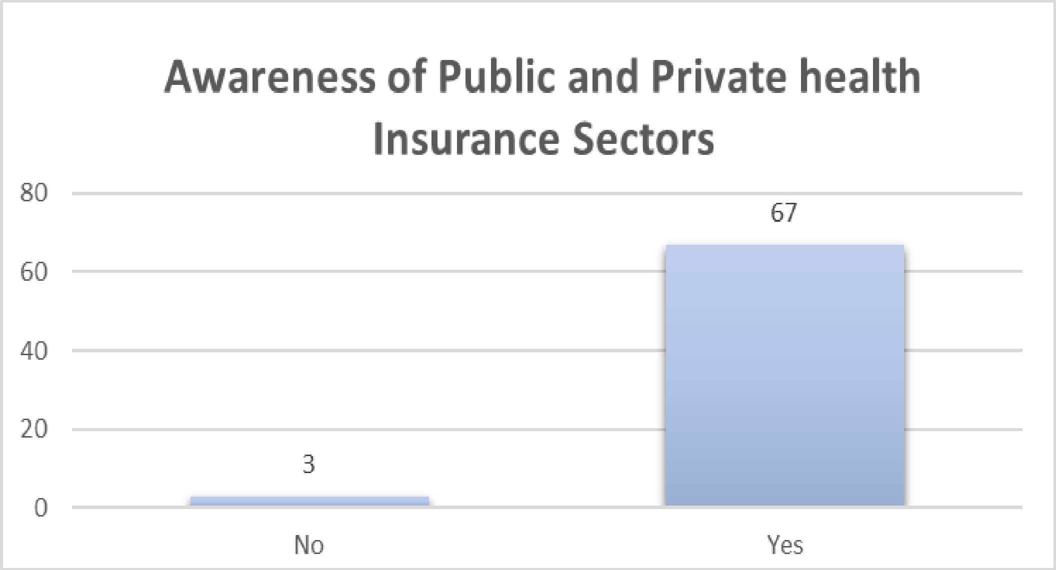
Ration Card Possession Status (n=70)



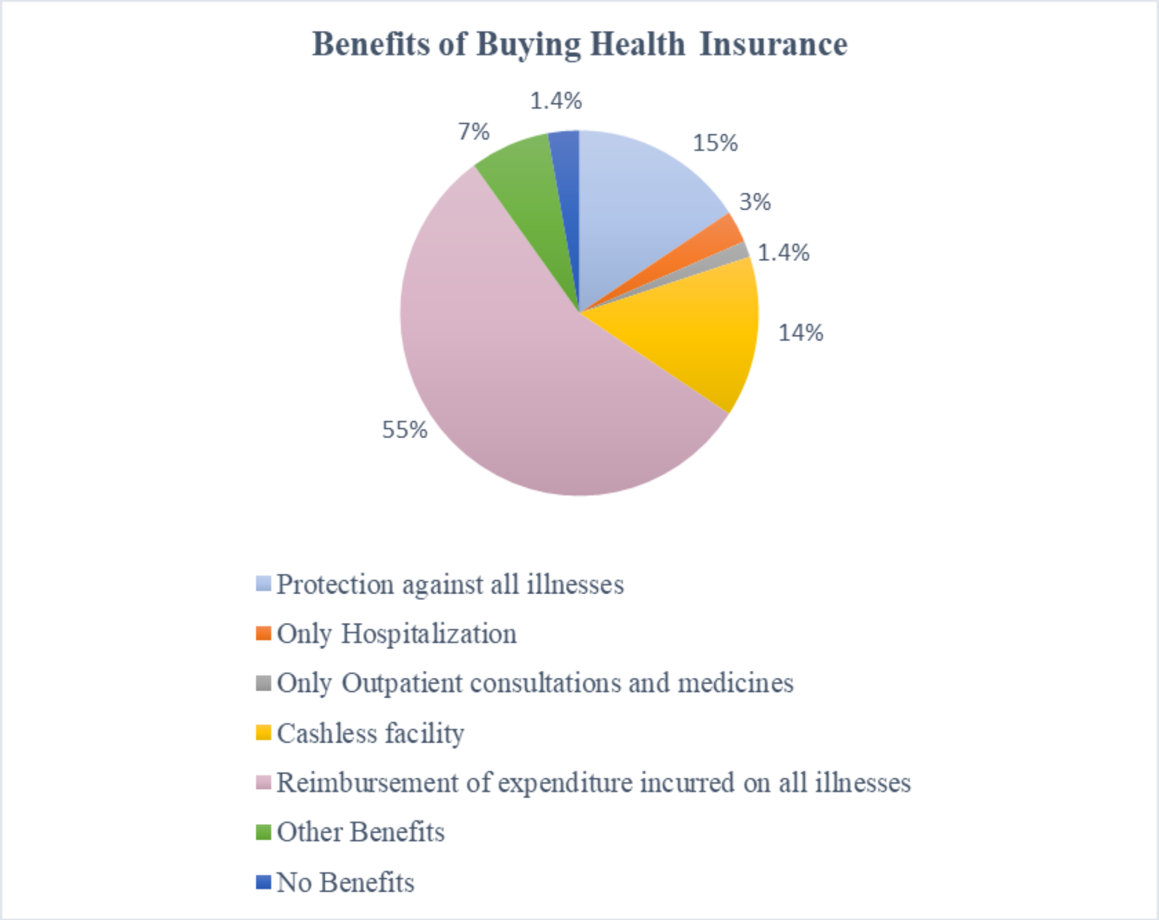
Awareness of Health Insurance Among Respondents (n=70)



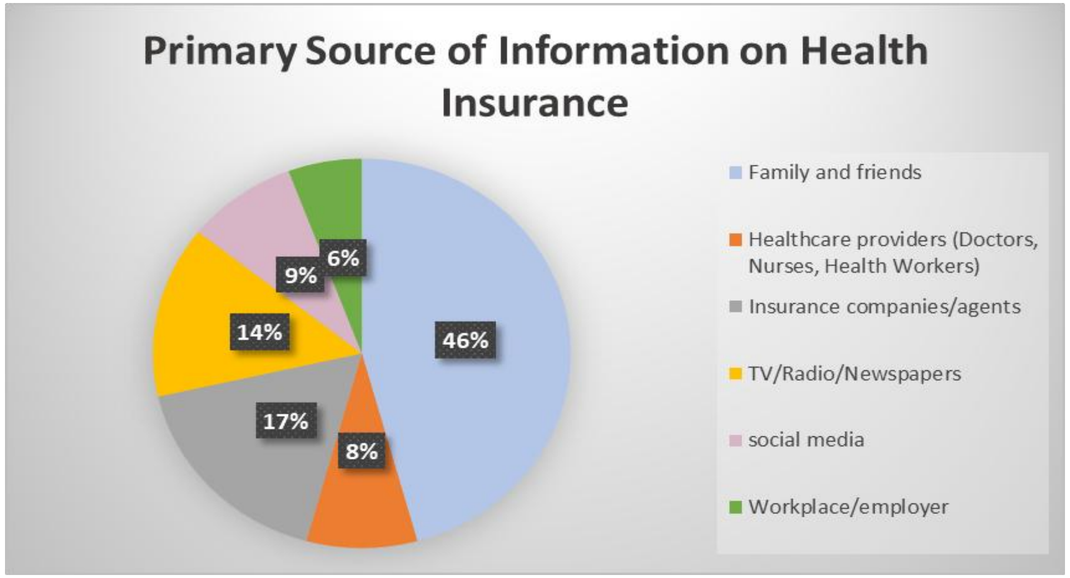
Awareness of Public vs. Private Health Insurance (n=70)



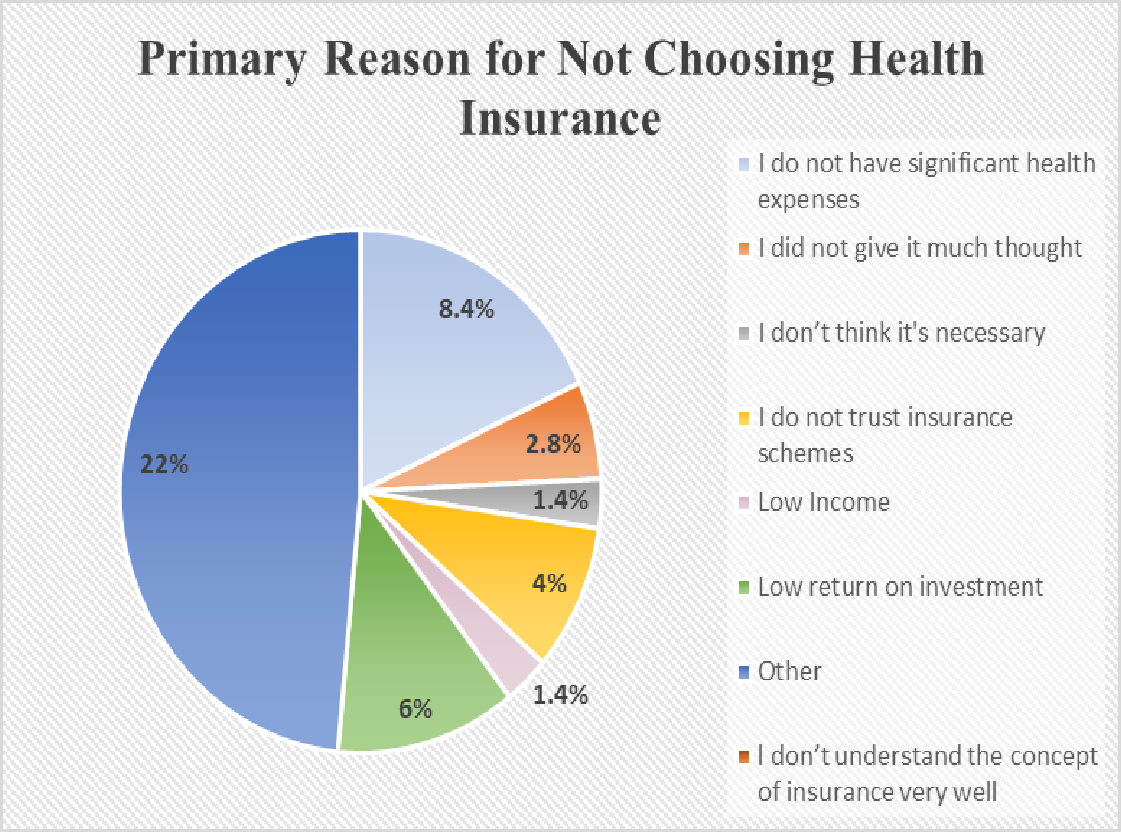
Perceived Benefits of Health Insurance (n=70)



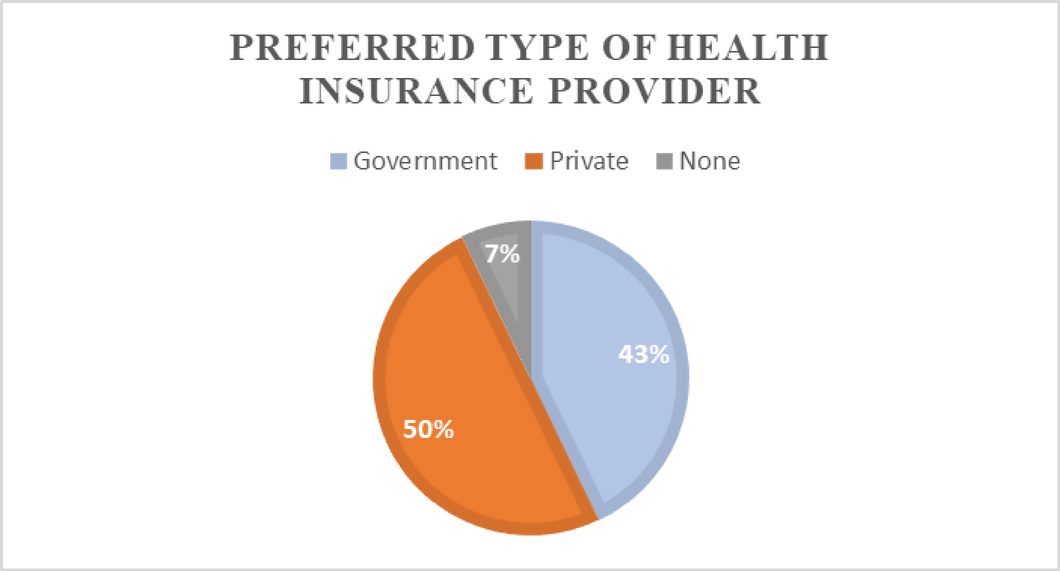
Primary Source of Health Insurance Information (n=70)



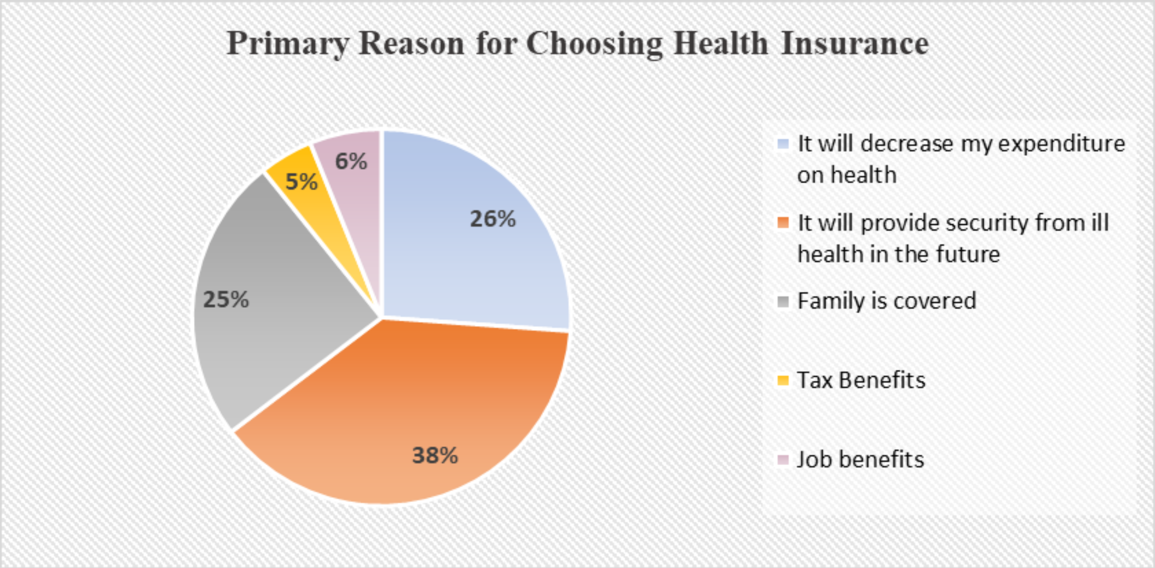
Major Barriers to Choosing Health Insurance (n=33)



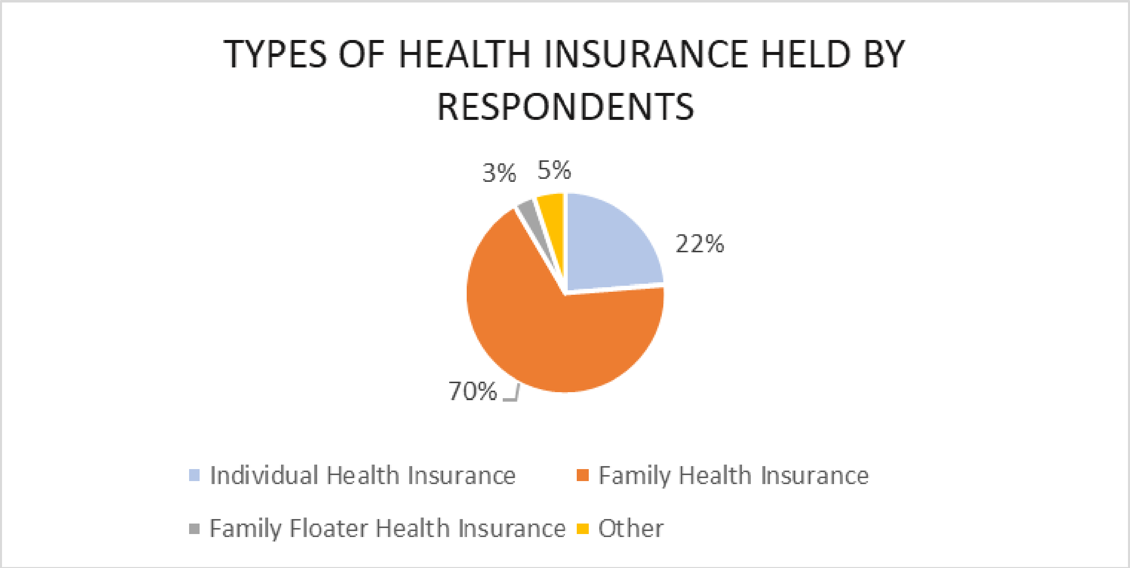
Preferred Type of Health Insurance Provider (n=70)



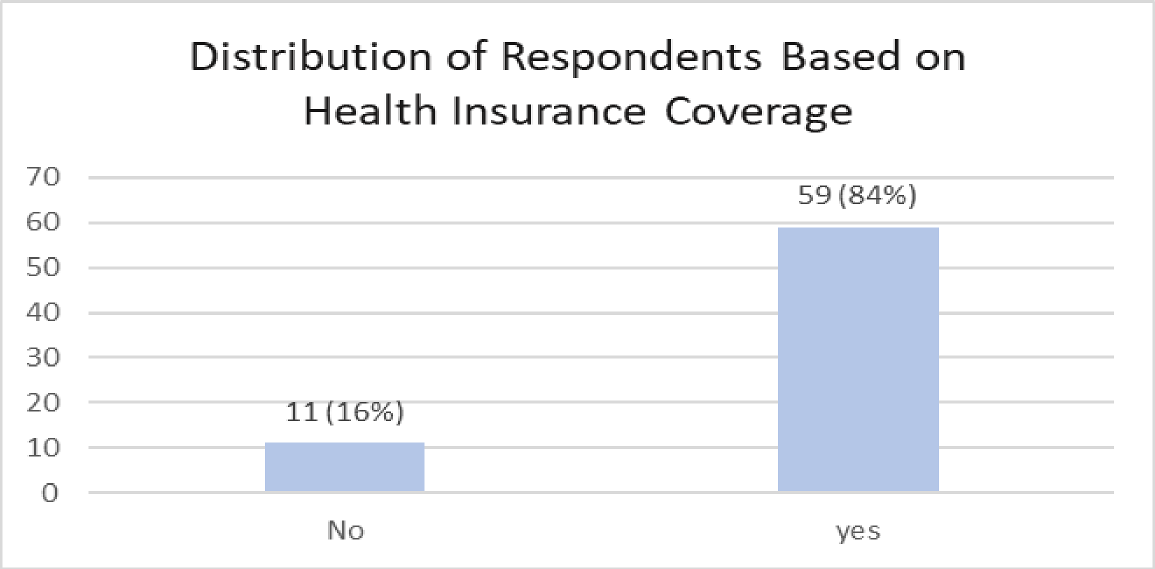
Key Motivators for Opting for Health Insurance (n=65)



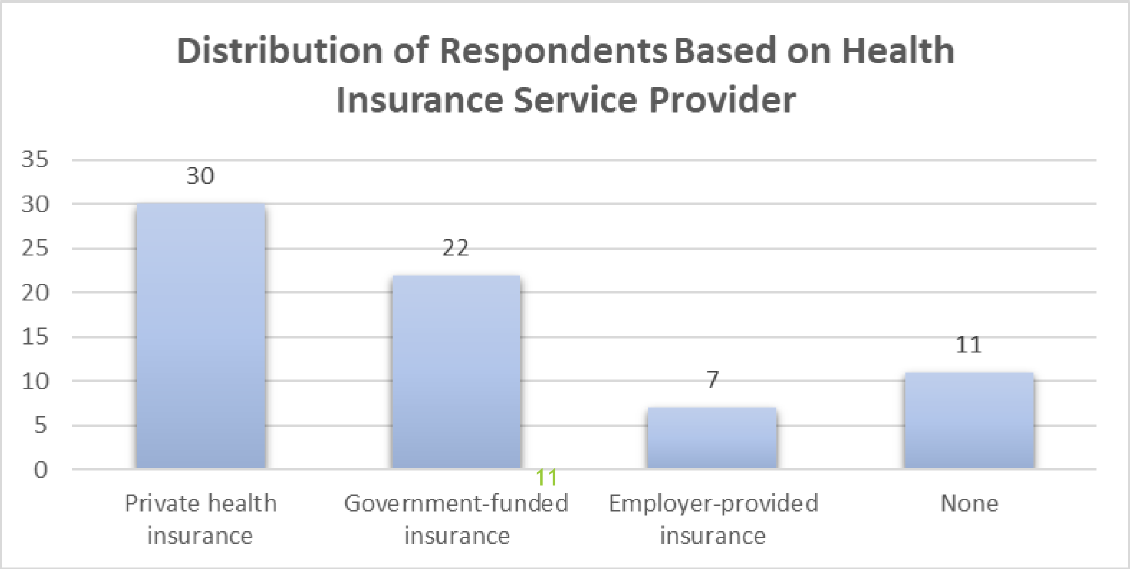
Distribution of Type of Health Insurance Held (n=59)



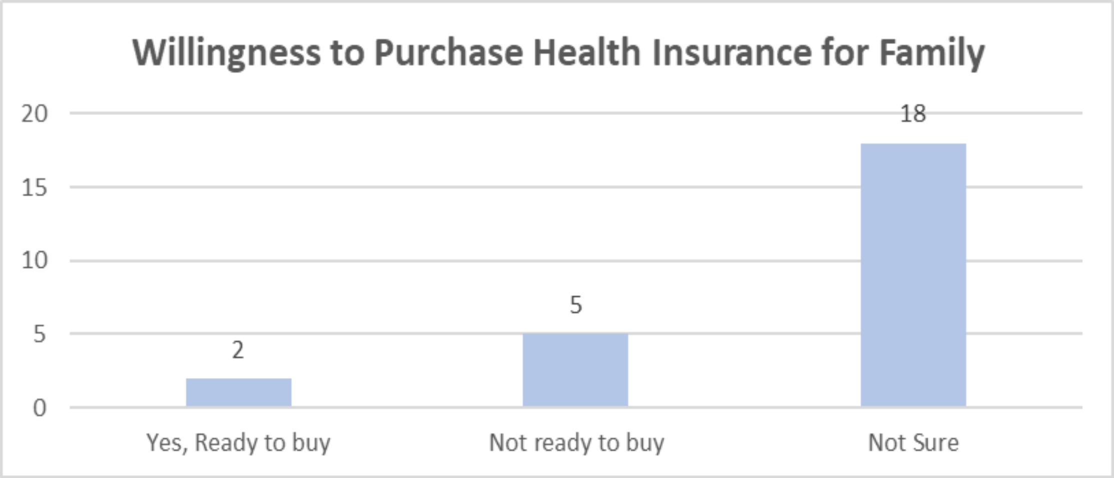
Health Insurance Coverage Status (n=70)



Type of Health Insurance Providers (n=70)



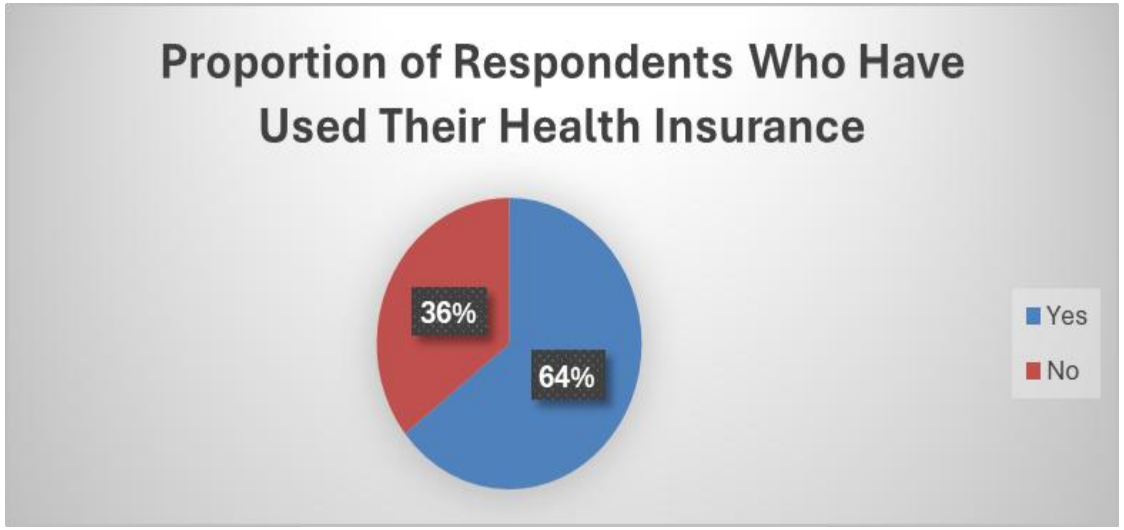
Willingness to Purchase Health Insurance for Family (n=25)



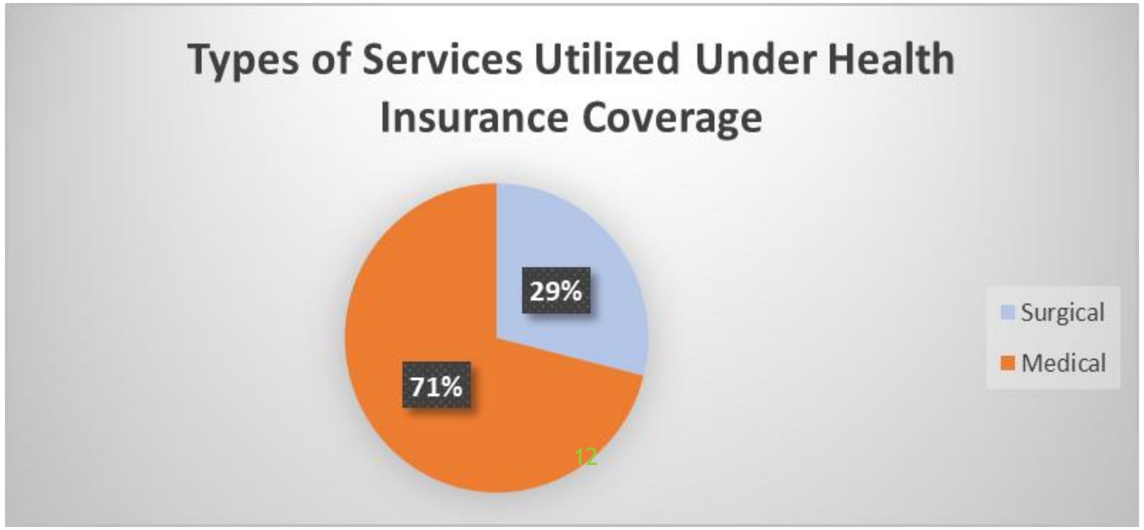
Number of Family Members Covered Under Health Insurance (n=70)

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	16	18.6

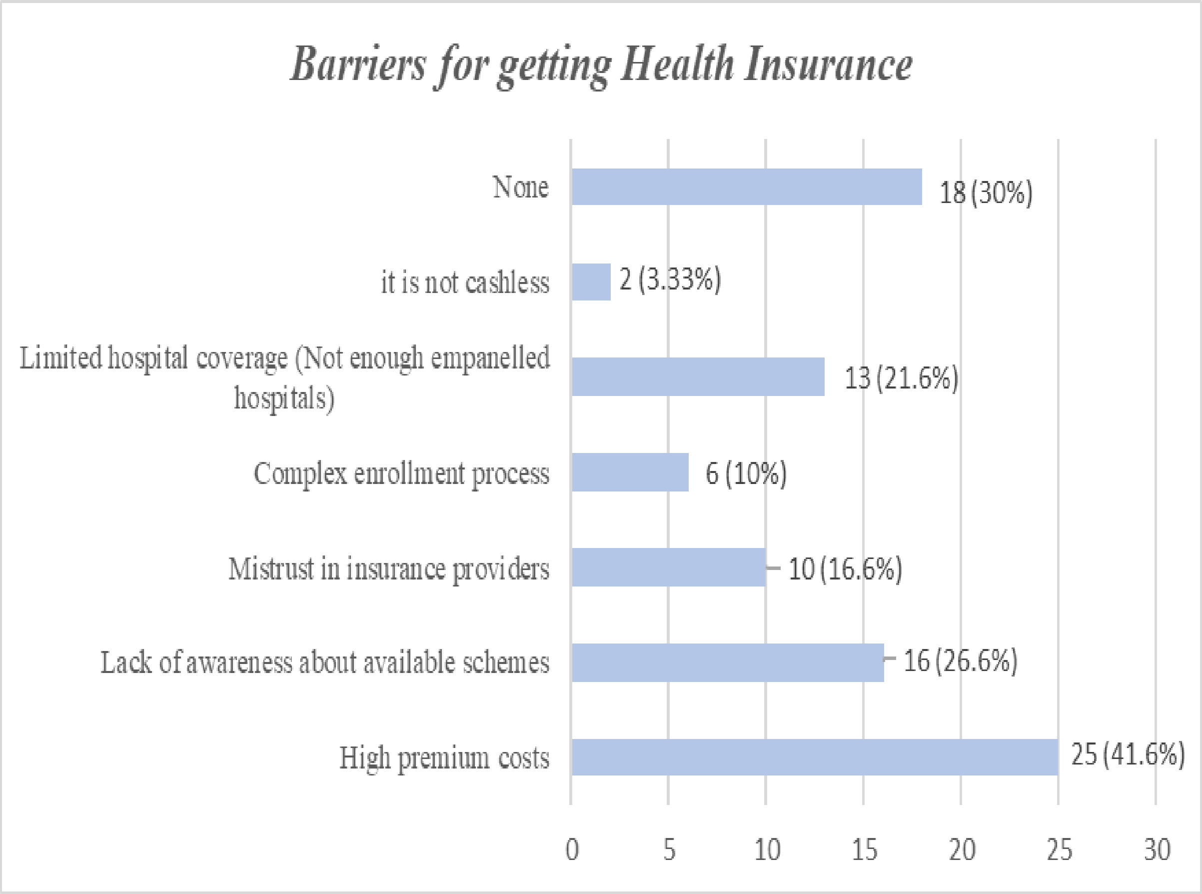
Health Insurance Utilization Among Respondents (n=59)



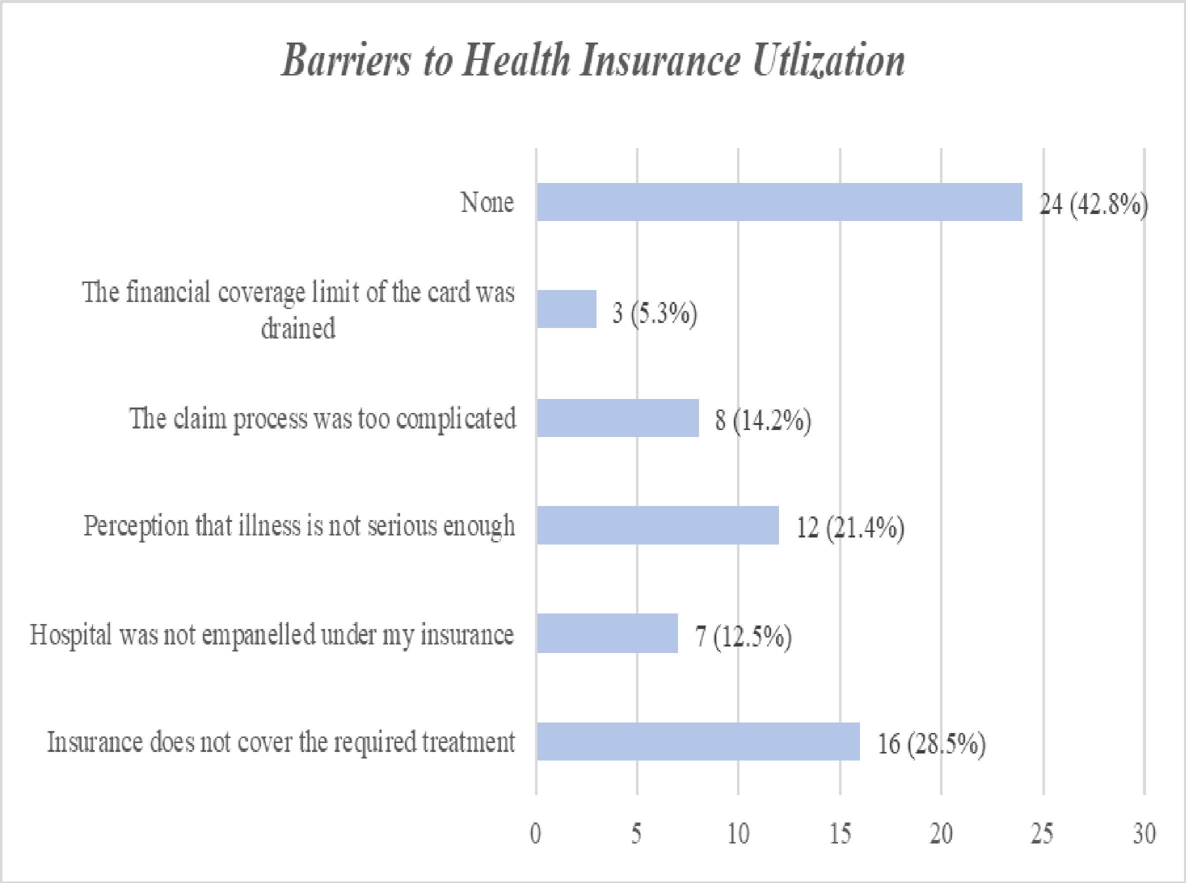
Types of Services Availed Through Health Insurance (n=38)



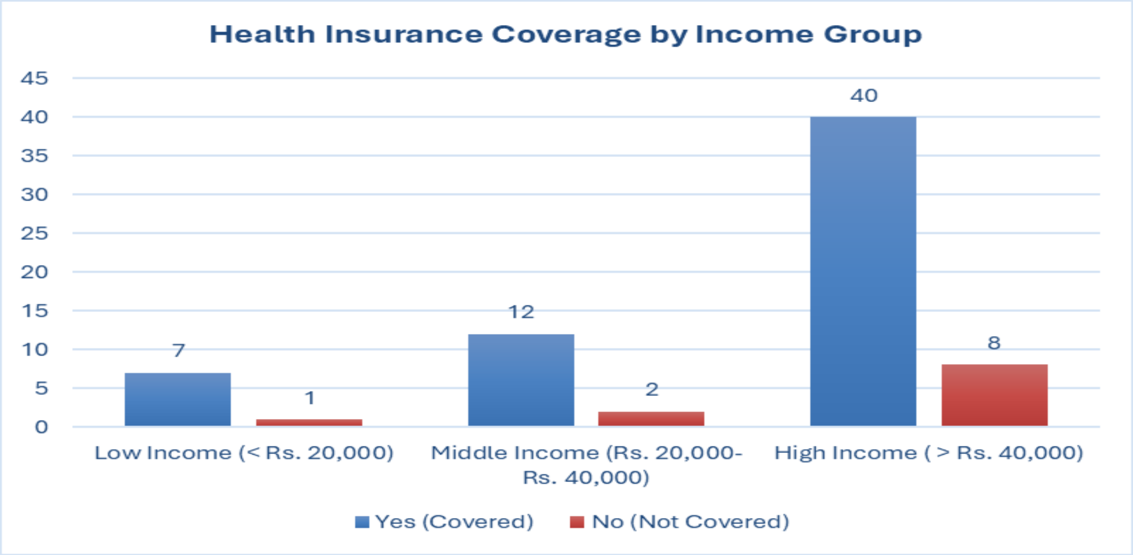
Barriers to Getting Health Insurance (Multiple Response)



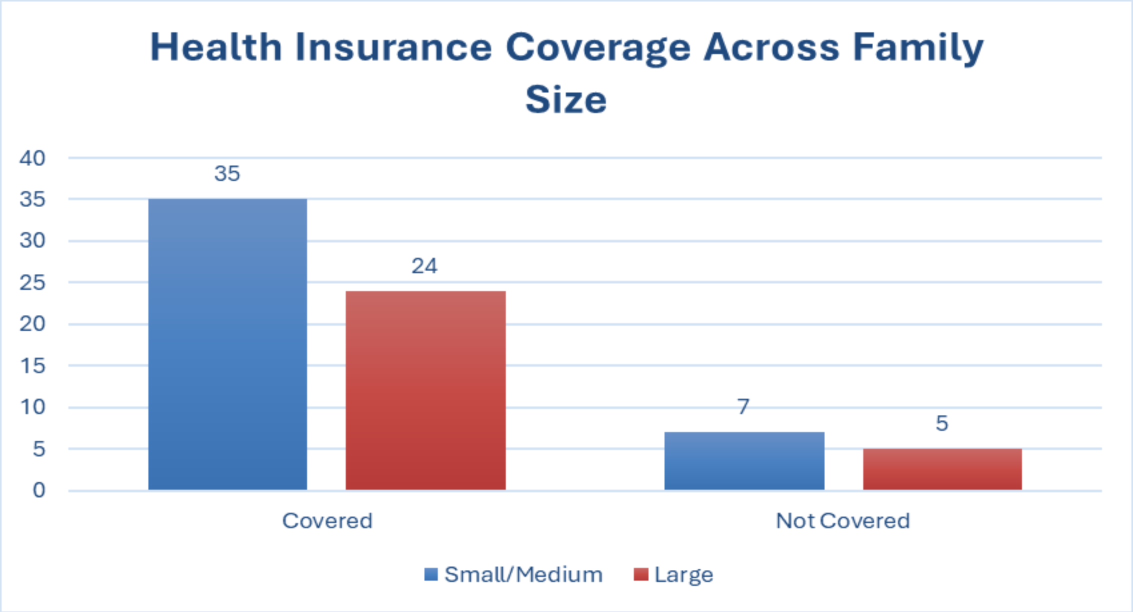
Barriers to Health Insurance Utilization (Multiple Response)



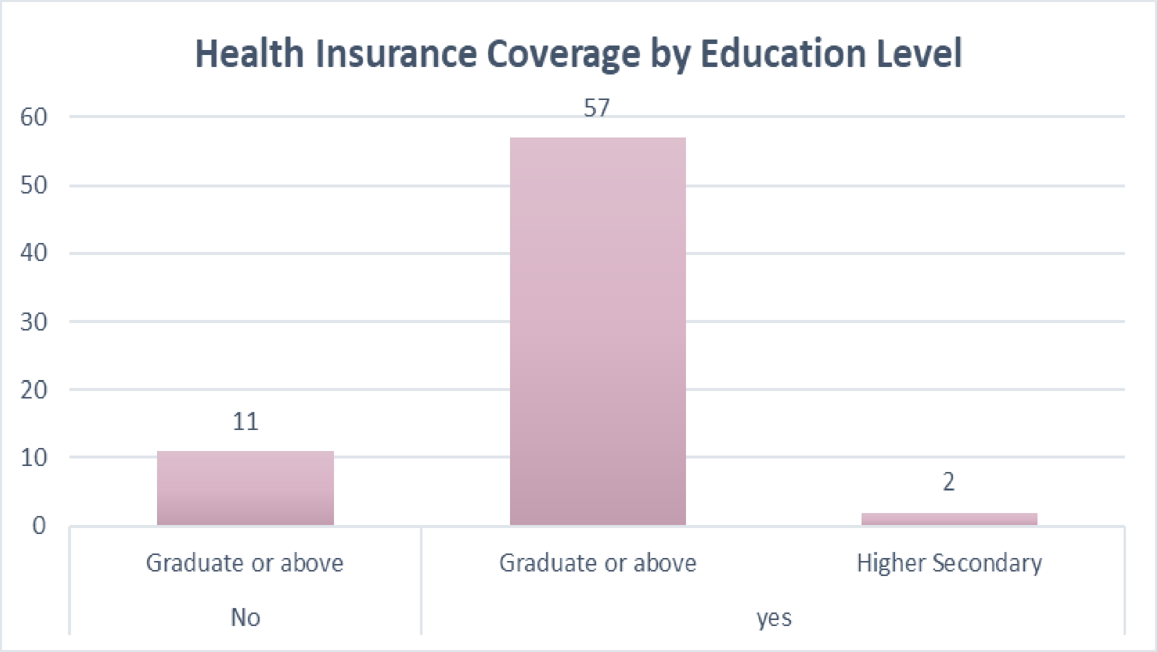
Insurance Coverage Across Income Groups



Insurance Coverage by Family Size



Health Insurance Coverage by Education Level



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%)

RECOMMENDATIONS

- Improve community education on health insurance benefits and claim procedures.
- Simplify the enrollment and claim process to improve the user experience.
- Address affordability concerns by offering flexible or subsidized premium options.
- Expand the scope of coverage and empaneled hospital networks under existing schemes.
- Promote trust and clarity to encourage family-level insurance enrollment.

THANK-YOU