

SYNOPSIS

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1. Title

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

2. Introduction

A vital component of financial risk protection in healthcare is health insurance, which ensures access to essential medical treatments while mitigating the burden of out-of-pocket expenses (OOPE). Health insurance coverage is still low in many low- and middle-income nations, including India, even though both private and government-sponsored insurance programs are available. The underutilization of health insurance is caused by several factors, such as stress over affordability, trust issues, lack of knowledge, and restricted accessibility.

Numerous health insurance programs have been put in place in India, including the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY), state-sponsored health initiatives, and employer- and privately-based health insurance plans. Studies show that despite these efforts, a large number of people are either ignorant of the insurance programs that are available or do not believe they are advantageous. Limited hospital empanelment, complicated enrollment and claim procedures, and a lack of confidence in insurers all work against people adopting insurance.

This study aims to assess the degree of health insurance enrollment, related knowledge, attitudes, and actual practices among urban community residents in the Jaipur district of Rajasthan. Additionally, it analyzes the adoption-related barriers such as claim-related difficulties, hospital empanelment problems, and premium affordability.

3. 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?

4. 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

Dependent Variables

1. Enrollment status in any health insurance scheme
2. Knowledge of health insurance
3. Attitude towards health insurance
4. Practice or utilization of health insurance

Independent Variables

1. Age
2. Gender
3. Education level
4. Occupation
5. Monthly family income

6. Family size
7. Head of household status
8. Possession of a ration card
9. Awareness of public/private health sectors
10. Sources of information about insurance
11. Barriers to enrollment or usage

5. Hypothesis

- Null Hypothesis (H_0): There is no significant association between knowledge, attitudes, and health insurance enrollment and family utilization.
- Alternative Hypothesis (H_1): Knowledge, attitudes, and barriers significantly influence families' health insurance enrollment and utilization.

6. Materials and Methods

Study Design:

- Descriptive Cross-Sectional Study

Study Setting:

- The study will be conducted in selected households of a specific urban community in Jaipur to assess the KAP regarding health insurance from March 2025 to June 2025.

Study Population:

- Inclusion Criteria:
 - Head of the household/ any adults aged 18 years and above residing in the selected household and capable of providing information about the family.

- Individuals willing to participate and provide informed consent.
- Exclusion Criteria:
 - Individuals below 18 years.
 - Those unwilling to participate.

Sample Size Determination:

The sample size will be calculated using Cochran's formula:

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

Where:

- $Z = 1.96$ (for 95% confidence level)
- $P = 88\% = 0.88$

According to the National Family Health Survey (NFHS 5) of Rajasthan (2019–2021), the percentage of households in which at least one usual member is covered by a health insurance/financing scheme is 87.8%.

- $d = \text{Margin of error (5\%)}$

By 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 households.

Data Collection Procedure:

- Data will be 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.

Duration of Study:

- The study is expected to be completed within a period of three months (March 2025- June 2025)

7. Data Analysis Plan

- Data will be analyzed using Excel.
- Categorical variables (like insurance enrollment) will be presented with frequency and percentages. Numeric variables (like age of the participants) will be presented with mean and respective measures of dispersion (standard deviation). Cross-tabulation will be done to show the distribution of variables in different groups.

8. Ethical Considerations

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

9. Implications of Research

- This study will assist healthcare practitioners, insurance firms, and legislators in comprehending the obstacles to the adoption of health insurance.
- The results will help construct policy initiatives and awareness campaigns to boost enrollment and utilization.
- To increase access to healthcare services, the study can help insurance companies extend their network of empanelled hospitals.

10. References

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