Awareness of Health Insurance among Inpatients at a Tertiary Care Hospital in Coastal Karnataka

Sir,
The rise in health care demand has increased the cost of health care system to the extent that specialized care is beyond the reach of common man, only 10% of the Indians have some form of health insurance, mostly inadequate.(1) With this background, the present study was undertaken so that, patients coming to a hospital for treatment would be an appropriate target group to assess awareness toward health insurance.

This study was carried out at Kasturba Hospital, Manipal, Karnataka – a 1470 bedded teaching and referral hospital. The study subjects included 340 patients admitted in the hospital, selected by simple random sampling method from the list of inpatients in the hospital. Data were collected with the help of a pre-tested semi-structured questionnaire.

The data were analyzed using SPSS version 11.5. Socio-economic status of the respondents were assessed using modified Kuppuswamy urban scale.(2) Chi square test for association was carried out to find out the association between socio-economic status and awareness of health insurance.

The males constituted 72.1% and females constituted 27.1% of the total respondents. Majority were in the age group of 20-29 (30.8%), respondents belonging to the lower class were more (52.4%) compared to other socio-economic groups.

Table 1 depicts the awareness of health insurance. It was found that 62% of the respondents were not aware of health insurance. Among those who were aware of health insurance, about 34.1% of the respondents said that media was the source of information, followed by insurance company (31.1%) and peers and relatives (28.5%).

The respondents belonging to the upper (64%) and middle (70%) socio-economic groups were more aware as compared to the lower group (33.7%) which was found to be statistically significant.

A study on awareness about health insurance carried out at Jaipur city of Rajasthan state in India shows 43.4% were aware of health insurance,(3) another study on the awareness and attitude of the general public toward health insurance among people of Mangalore city shows 64% of the respondents were aware of health insurance.(4) In the present study, the awareness was found to be low probably because of the fact that about 53% of the population were from the lower socio-economic status. Media seemed to have played an important role in dissemination of information. A study conducted in Gujarat(5) found out that the need for education for rural and urban population alike on the concept of health information is a crucial aspect on extending awareness about health insurance on a large-scale. This calls for effective information, education and communication activities which will improve understanding of insurance by the public and hence awareness of health insurance will also improve.

The findings from the present study will be an eye opener to know where the patients stand with regard to their knowledge about health insurance covering the medical expenses. It can also help the hospital administration to become aware of the present status of health insurance awareness among the patients and take the necessary steps to make them aware of the need for health insurance to meet the ever rising medical expenses in view of unpredictable illness and injuries to which anyone can be a victim.

References
1. WHO. The World Health Report. Health Systems: Improving Performance. Available from: http://www.who.int/whr/2000/en/. [Last cited on 2000].
2. Kumar N, Shekhar C, Kumar P, Kundu AS. Kuppuswamy’s Socio-economic Status Scale – Updating for 2007. Indian J Pediatr 2007;74(12):1131-32.
3. Santhosh Kumar. Awareness about health insurance and willingness to pay. J Academy Hospital Administration 1999;36:139-46.
4. Reshmi B, Nair NS, Sahu KM, Unnikrishnan B. Awareness of health insurance in a south Indian population: A community based study. Health and Population Perspectives and issues 2008;30:177-88.
5. Gumber A, Kulkarni V. Health Insurance for informal sector: A case study of Gujarat. Economic and Political Weekly 2000;35:3607-13.

Table 1: Awareness of health insurance vs socio-economic status of the respondents

| Socio-economic status | Awareness of health insurance (N=340) | Aware No (%) | Not aware | Total |
|-----------------------|---------------------------------------|--------------|-----------|-------|
| Upper                 | 16 (64)                               | 9 (36)       | 25        |       |
| Upper middle          | 62 (45.6)                             | 75 (55)      | 137       |       |
| Lower middle          | 21 (24.4)                             | 65 (75.6)    | 86        |       |
| Upper lower           | 31 (33.7)                             | 61 (66.3)    | 92        |       |

Chi-square - 21.846 P=0.0001
Letters to Editor

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Sir,
The article "Training in Clinical Research in India: Potential and Challenges" is an eye opener. It exposes the reasons for the lack of quality and quantity of human resources in the Indian scientific community in the field of clinical research activities. We, being medical students, would like to add our views on the same.

We believe that the medical curriculum needs to be revised especially in the wake of research-oriented teaching in the medical colleges. In India, as opposed to medical schools in developed countries like USA and UK, no stress is laid on the research activities and research experience. Though ICMR (Indian Council of Medical Research), through STS (Short-Term Studentship) and KVPY (Kishore Vaigyanik Protsahan Yojana) scholarship program by Department of Science and Technology, promote research activities at the undergraduate level, little efforts are done by the college or university management for the same. No emphasis is laid on the research interest and experience while selecting candidates for the postgraduation courses (MS or MD) in India. In contrast, in USA the research experience and papers published in journals are considered an important parameter by the Program Directors in conjunction with the good scores in USMLE (United States Medical Licensing Examination) to judge the credentials of the potential postgraduation candidates. As a result, the students spend considerable time in research activities during and after graduation to get into the better residency and fellowship programs and contribute significantly to clinical research. Though students in postgraduation in India are required to submit their thesis paper to qualify for degree, most do it as an obligation rather than out of interest.

We believe that increased exposure given to medical students during their undergraduation course can substantially increase their interest in this field and can provide a solution to the lacuna of manpower in the clinical research activities. Moreover, postgraduate programs similar to Masters of Public Health (MPH), MSc in Global Health Science, Health Economics Research, etc., which attract a lot of doctors in USA and UK should be promoted by the universities in India. As there is no paucity in variety of patients in India, clinical-research-oriented doctors can easily gather and analyze a large pool of data. It will not only contribute significantly to evidence-based medicine including increased knowledge of risk factors, presentations, progression, diagnosis, effective low-cost treatment, prevention strategies of diseases but will also play a significant role in pharmacovigilance. It will help to enhance our understanding about diseases with respect to indigenous epidemiologic data rather than relying on foreign research and data. Thus medical practitioners can not only provide effective health care to the patients but also contribute to the help in the evolution of medicine in a larger perspective.

Reference
1. Zodpey SP, Negandhi HN. Training in Clinical Research in India: Potential and Challenges. Indian J Community Med 2009;34:173-4.