

To Study the Knowledge of Government National Health Scheme among Youth Aged 18 to 25 in Rahata Taluka of Ahmednagar District

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Abstract: Background: Universal health coverage is target 3.8 of the Sustainable Development Goals. In many lower middle-income countries, however, major coverage gaps exist. Established and executed by four public insurance companies, the primary objective of the Universal Health Insurance Scheme (UHIS) under the National Health Insurance Scheme (NHIS) is to provide health insurance coverage for poor, economically weaker families. The lofty objectives of the National Health Service are not only predicated on healthy graduates of tertiary institutions but also graduates who are confident in making informed health-related decisions. Therefore, Corp members' awareness, knowledge, and perception of the National Health Scheme and its programs become imperative. These schemes play a crucial role in solving many socio-economic problems that beset Indian society thus; their awareness is a must for any concerned citizen. **Methods:** The study was conducted using cross-sectional quantitative research methods. Simple random sampling and one-on-one interviews were used to collect data. A pretested questionnaire tool was used. 277 male and female youth were included from Rahata talukas in Ahmednagar district. Analysed using IBM SPSS with the help of tables and graphs. **Result:** In Present Study 277 of the youth from Rahata Taluka were interviewed. The mean age of respondent was 22.86 ± 1.24 years. 15.9 % Male and 16.2 % female youths reported that aware of National health Scheme. 56.3 % youths know the one health scheme. 7.9 % of male and 12.3 % female reported that there had health insurance. 7.9 % of male and 4.0 % female youth are aware of renewal of the scheme. 7.9 % male and 12.3 % female youth know the document required for the scheme. 11.9 % of male and 16.2 % female youth reported that there gets response about there the scheme in the hospital. 7.9 % male and 7.9 % female youth aware of the implementation of the scheme. According to getting information of national health scheme that the majority of 28.2 % of youth getting information through television 24.2 % social media 15.9 % youth get information through health worker. **Conclusion:** Majority of the respondents had poor knowledge of the National Health Scheme, and the majority of those who had registered were satisfied with the scheme. There should be increased awareness campaigns so that all youths can benefit from the scheme.

Keywords: Awareness, knowledge, National Health Insurance, National Health Scheme.

INTRODUCTION

People who have the risk of a certain event contribute a small amount (a premium) towards a health insurance fund. This fund is then used to treat patients who experience that event (e.g., hospitalization) Schemes of the National Health Scheme: Ayushman Bharat, Mahatma Phule Jan Arogya Yojana, Vayoshri Yojana, Janani Suraksha Yojana, A health insurance plan can be a solution to deal with the rising medical costs. It provides financial security by covering the costs related to treatment, hospitalization, a free health check-up, and pre- and post-hospitalization expenses. Also, you can get tax relief on the premium under Section 80D.

Rastriya Swasthya Bima Yojana (RSBY) was a national health insurance scheme for below-poverty-line Indian families, to provide improved access to hospitalization and greater financial protection via a public-private-partnership employing private sector implementation capacity. Study objectives were to understand governance (including regulatory) environments and contract arrangements; evaluate the expansion of services to beneficiaries; and assess the compliance of providers and user satisfaction [1].

Health is a sector that has an impact through its strong policies and programs. It has a high percentage of benefits, so the system and policies

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Citation: Surendra Sopanrao Vikhe, Yashwant Palghadmal, Shamsundar Nandu Kadam (2023). To Study the Knowledge of Government National Health Scheme among Youth Aged 18 to 25 in Rahata Taluka of Ahmednagar District. *Cross Current Int Peer Reviewed J Human Soc Sci*, 9(4), 49-54.

should be designed to benefit the sector. The policy envisages as its goal the attainment of the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without anyone having to face financial hardship consequently. This would be achieved through increasing access, improving quality, and lowering the cost of healthcare delivery. The policy recognises the pivotal importance of Sustainable Development Goals (SDGs). An indicative list of time-bound quantitative goals aligned with ongoing national efforts as well as global strategic directions is detailed at the end of this section. The primary aim of the National Health Policy 2017 is to inform, clarify, strengthen, and prioritise the role of the government in shaping health systems in all their dimensions, including investments in health, the organisation of healthcare services, the prevention of diseases, and the promotion of good health through cross sectoral actions, access to technologies, the development of human resources, encouraging medical pluralism, building a knowledge base, developing better financial protection strategies, strengthening regulation, and health assurance. Improve health status through concerted policy action in all sectors and expand

preventive, promotive, curative, palliative, and rehabilitative services provided through the public health sector with a focus on quality [2].

METHODOLOGY

It was a cross sectional study performed in a knowledge of government national health scheme among youth aged 18 to 25 of 8 months from September 22 to April 2023. The period included from formulation of study protocol, application for ethical approval, collection, entry, and analysis of data. Primary data was collected by researcher using pre tested and pre validated questionnaire in Rahata taluka Of Ahmednagar District. So sample size of study 277. Sample size was calculated using Raosoft. Software (www.raosoft.com/sample_size.html)with consideration of 5% margin of error and 95% confidence level.

1) Inclusion Criteria: I was including 18 to 25-year-old age youth in Rahata taluka.

2) Exclusion Criteria: Those who are other Age group youths.

RESULT

Table-1: Demographic Distribution by Gender of Youth

Demographic Distribution by Gender of Youth					
	Mean \pm SD				
	Male (N = 155)	Female (N = 122)	Total (N = 277)	t/F/ χ^2	p value
Age	22.86 \pm 1.24	22.28 \pm 0.96	22.60 \pm 1.16	4.23	< 0.001
	Frequency (Percentage)				
Type Of Family					
Joint Family	45 (16.2 %)	44 (15.9%)	89 (32.1%)	$\chi^2_{(2)} = 17.77$	< 0.001
Nuclear Family	110 (39.7%)	67 (24.2%)	177 (63.9%)		
Extended Family	0 (0.0%)	11 (4.0%)	11 (4.0%)		

A one-to-one survey of about 277 youth was conducted in different villages of Rahata taluka. sample size was included every belonged to Rahata talukas.

Male and Female Youth were included in the study, and categorized accordingly Because Male and Female differ in reason, age, education, and Knowledge.

The average age of Youth was 22.86 \pm 1.24 years, while the average age of Female youth was 22.28 \pm 0.96 years. It was found that there was a significant

difference between the age of Male and Female Youths. $t = 4.23$ ($p = < 0.001$).

The study found that 45 (16.2%) Male and 44 (15.9%) Female Youth belonged to joint families. Also 110 (39.7%) Male and 67 (24.2%) Female Youth belong to nuclear families 0 (0.0%).

Male and 11 (4.0%) Female Youth belong to extended families. It was found that there was significant difference between the family type in Male and Female Youth. $\chi^2_{(2)} = 17.77$ ($p = < 0.001$).

Table-2: Knowledge of National Health Scheme Distribution by Gender

Knowledge Of National Health Scheme Distribution by Gender					
	Male	Female	Total (N = 277)	t/F/ χ^2	p value
Knowledge Of National Health Scheme					
Yes	44 (15.9%)	45 (16.2%)	89 (32.1%)	$\chi^2_{(1)} = 2.26$	0.13
No	111 (40.1%)	77 (27.8%)	188 (67.9%)		
Which One					
Ayushman Bharat	44 (15.9%)	0 (0.0%)	44 (15.9%)	$\chi^2_{(2)} = 82.19$	< 0.001

Vayoshri Yojana	0 (0.0%)	0 (0.0%)	0 (0.0%)		
Janani Suraksha Yojana	11 (4.0%)	33 (11.9%)	44 (15.9%)		
Other	0 (0.0%)	23 (8.3%)	23 (8.3%)		
Don't No	100 (36.1%)	66 (23.8%)	166 (59.9%)		
How Many Health's' Scheme Do You know					
0	44 (15.9%)	0 (0.0%)	44 (15.9%)	$\chi^2_{(3)} = 59.24$	< 0.001
1	78 (28.2%)	78 (28.2%)	156 (56.3%)		
2	22 (7.9%)	44 (15.9%)	66 (23.8%)		
3	11 (4.0%)	0 (0.0%)	11 (4.0%)		

It was found that 44 (15.9 %) of male youth and 45 (16.2 %) of female youth reported that their Aware of National health Scheme. 111 (40.1 %) male youth and 77 (27.8%) Female reported that not aware of National health scheme. The Chi Square test showed no statistically significant difference between Male and female youth $\chi^2_{(1)} = 2.26$ ($p = 0.13$).

44 (15.9%) of male youth and 0 (0.0%) of female youth reported that them know Ayushman Bharat scheme. 0 (0.0%) of male and female youth aware knowledge of Vayoshri scheme. 11(4.0%) of male and 33 (11.9%) of female youth reported that their knowledge of Janani Suraksha Scheme.23 (8.3%) male and female youth reported that their knowledge of

another Scheme. 100 (36.1%) of male youth and 66 (23.8%) female youth not aware knowledge of any Scheme. It was found that there was significant difference between type of aware of Scheme in Male and Female Youth. $\chi^2_{(2)} = 82.19$ ($p = < 0.001$).

44 (15.9%) male youths reported that they know the Zero Plan. 78 (28.2%) male youth and 78 (28.2%) female youth reported knowing a plan. 22 (7.9%) male youth and 44 (15.9%) female youth reported knowing two schemes. 11 (4.0%) male youth reported that they were aware of three schemes. It was found that there was significant difference between the family type in Male and Female Youth. $\chi^2_{(3)} = 59.24$ ($p = < 0.001$).

Table-3: Knowledge of National Health Scheme Distribution by Gender

Knowledge Of National Health Scheme Distribution by Gender					
	Male	Female	Total (N = 277)	t/F/ χ^2	p value
Had health Insurance?					
Yes	22 (7.9%)	34 (12.3%)	56 (20.2%)	$\chi^2_{(1)} = 7.91$	< 0.001
No	133 (48.0%)	88 (31.8%)	221 (79.8%)		
Troubled because No scheme Applicable					
Yes	34 (12.3%)	67 (24.2%)	101 (36.5%)	$\chi^2_{(1)} = 32.05$	< 0.001
No	121 (43.7%)	55 (19.9%)	176 (63.5%)		
Plan include Diagnostic Fess					
Yes	33 (11.9%)	23 (8.3%)	56 (20.2%)	$\chi^2_{(1)} = 0.25$	0.61
No	122 (44.0%)	99 (35.7%)	221 (79.8%)		
Know Renew of Scheme					
Yes	22 (7.9%)	11 (4.0%)	33 (11.9%)	$\chi^2_{(1)} = 1.74$	0.18
No	133 (48.0%)	111 (40.1%)	244 (88.1%)		
Know the document Required for Scheme					
Yes	22 (7.9%)	34 (12.3%)	56 (20.2%)	$\chi^2_{(1)} = 7.91$	< 0.001
No	133 (48.0%)	88 (31.8%)	221 (79.8%)		

It was found that 22 (7.9 %) of male youth and 34 (12.3 %) of female youth reported that there Had health Insurance. 133 (48.0 %) male youth and 88 (31.8%) Female reported that not had health insurance. It was found that there was significant difference between the had health insurance in Male and Female Youth. $\chi^2_{(1)} = 7.91$ ($p = < 0.001$).

34 (12.3 %) of male youth and 67 (24.2 %) of female youth reported that troubled because not applicable for scheme. 121 (43.7 %) of male youth 55 (19.9 %) of female youth not troubled because not applicable for scheme. It was found that there was significant difference between the Troubled because no

applicable scheme of Male and Female Youth. $\chi^2_{(1)} = 32.05$ ($p = < 0.001$).

33 (11.9 %) male youth and 23 (8.3 %) female youth are aware of the diagnosis fee of the scheme. 122 (44 %) male youth and 99 (35.7 %) do not know about the diagnostic fee of the scheme. The Chi Square test showed no statistically significant difference between Male and female youth $\chi^2_{(1)} = 0.25$ ($p = 0.61$).

22 (7.9 %) male youth and 11 (4.0 %) female youth are aware of the renewal of the scheme. 133 (48.0 %) and 111 (40.1 %) female youth do not know the

scheme renewal system. The Chi Square test showed no statistically significant difference between Male and female youth $\chi^2_{(1)} = 1.74$ ($p = 0.18$). 22 (7.9 %) male youth and 34 (12.3 %) female youth know the document required for the scheme. 133 (48.0 %) and 88 (31.8 %) female youth not knowledge of document

required for the scheme. It was found that there was significant difference between the knowledge of document required for the scheme of Male and Female Youth. $\chi^2_{(1)} = 7.91$ ($p = < 0.001$).

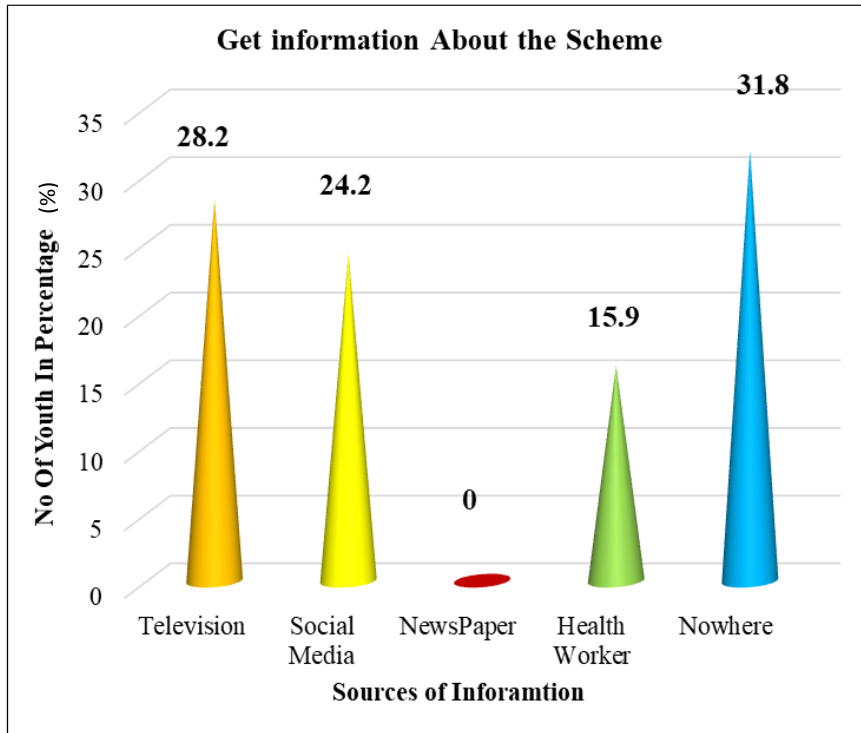


Figure-1: Percentage of Sources about Information of Scheme

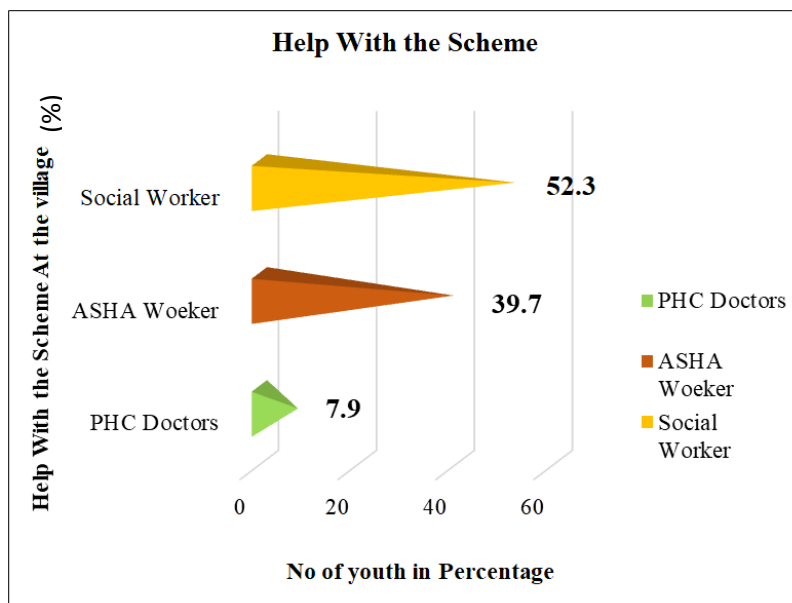


Figure-2: Percentage of sources for get Help of the scheme at the village

DISCUSSION

A total sample of 277 youths was collected in sample size from Rahata talukas of Ahmednagar district. In the present study, out of 277 youths surveyed in different villages in Rahata Taluka in Ahmednagar

district. This study makes an important contribution to the existing literature as one of the very first studies addressing determinants of beneficiaries' awareness of National Health Scheme and of their eligibility status in India. Services of preventive, curative, promotive and

rehabilitative nature to the population as the entry point of the health care system. The provision of care at this level is largely the responsibility of Local Governments with the support of State Ministries of Health and within the overall national health policy. The continuous variables, i.e., age, education showed a statistically significant difference between the youths t test. The mean age of the respondents was 42.6 ± 10.6 years in line with the study subjects with active age group in the middle range [6]. It was found that the average age of Youth was 22.86 ± 1.24 years, while the average age of Female youth was 22.28 ± 0.96 years. It was found that there was a significant difference between the age of Male and Female Youths. $t = 4.23$ ($p = < 0.001$).

This was a study on the awareness, knowledge of National Health Scheme. We found that their mean age was 25.8 years (range 19–30) this age group belongs to the prime working age, and adequate knowledge about the Scheme may be useful in making health-related decisions required to remain productive both in the service year and thereafter. We also observed that 98.5% of the respondents were aware of the National Health Scheme.

It was found that 44 (15.9 %) of male youth and 45 (16.2 %) of female youth reported that their aware of National health Scheme. 111 (40.1 %) male youth and 77 (27.8%) Female reported that not aware of National health scheme. The Chi Square test showed no statistically significant difference between Male and female youth $\chi^2_{(1)} = 2.26$ ($p = 0.13$).

The main sources of information were friends and colleagues 40.6%, radio/TV 35.0%, newspaper 45.6%, seminars and conferences 58.1%. Short intensive course of study (seminars and conferences) as the principal source of information about health insurance in this study contrasts with the Niger and Lagos studies with 11.6% and 13.5%, respectively [6].

The electronic media Radio/T.V (82.1%) and Newspapers (29.1%) were their main sources of information on the scheme in these studies [15].

CONCLUSION

Low-income countries can learn from Ghana's national health insurance policy and programme development and implementation, where despite high-level political commitment, popularity of the proposed reform and availability of information on the technical challenges, limited understanding and management of the political challenges resulted in potentially avoidable difficulties.

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