Assess the awareness and perception of healthcare finance to afford healthcare of Gujarat

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Abstract:

The individual uses the various sources of the healthcare finance to fulfill their healthcare expenses. The healthcare finance sources increase after the privatization, liberalization and globalization policy in the economy of India. The key aim of the study is found out the individual awareness and perception relates various sources of the healthcare finance in the Gujarat. This study is collected the data through the questionnaire. The individual pay their own money to fulfill the healthcare expenses but last few decades the growth of the insurance model increase which leads the multi payee option for healthcare financing. The under privileged section of the people fulfill their healthcare needs through the state and central government healthcare scheme. The various key variables affect the purchase of the other healthcare finance. The key variables of co payout ratio, Quality care healthcare services and full claim ratio are significant for the perception of the individual having health insurance.

Introduction:

Healthcare affordability is a significant factor for normal health care and emergency health care during a pandemic (covid-19). Healthcare affordability is also examined as part of the sustainable development goals by the United Nation. Low and middle-income countries like India face various challenges, like the shortage of financial resources by individuals and the low investment in the healthcare sector by the state and union of the nation. In LMIC countries like India, the community fulfills their healthcare needs mainly with their own money. The individual and community own money is also known as out of pocket expenses (OOPE). The community reduces their out of pocket expenses related to health care through the adoption of insurance. Communities in India prefer various types of health insurance, like private, social, community, and national, to cover their healthcare expenses. Individuals of the nation save their own money to invest in social health insurance which reduces the overall burden out of pocket expense that is required to fulfill their healthcare needs(Barnes, Mukherji, Mullen, & Sood, 2017). Healthcare consumers will utilize health care services efficiently and effectively if health literacy is promoted. On a global scale, health literacy has the potential to close the gap between developed and developing countries through increased health insurance(Sass, 2003). (Barker & Li, 2020) explained the penetration of health insurance improves the health status of the individual over a period of time(Barker & Li, 2020). The individual uses the various sources of the healthcare finance to fulfill their healthcare expenses. The healthcare finance sources increase after the privatization, liberalization and globalization policy in the economy of India. People know the various healthcare finance schemes relate and the enrollment relate the various insurance and government health insurance scheme. Healthcare expenses are increase in the world drastically. The other sources of the healthcare finance are significant to reduce the out of pocket expenses in the poor and developing countries. The policy makers provide healthcare subsidy and healthcare scheme their under privileged section of the people to fulfill their healthcare need. Hence, Individual cannot afford the healthcare services. Healthcare service is the essential services for human being to survive. Individual pay their healthcare services through their own money. Individuals' own money is considered as out of pocket expenses. The developing countries like India has launched the PM-JAY (Ayushman) scheme in 2018 to provide healthcare coverage the below poverty line people. This study objective is known the people awareness and preference relate various sources of healthcare finance. This study is used the questionnaire to collect the data from the household of Gujarat. Low awareness of health care services so that low health outcome(Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011b). Poor health literacy is increase the health care cost(Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011a). Safe and cost effective manner during covid-19 to having knowleg about the health literacy it decreases burden on health outcomes(Shaker et al., 2020). The Third Party Administrator (TPA) is main connection between policy holder and insurer. Whenever if any situation there is the failed of TPA to deliver services then the cost will be pay by the consumer(Samal& Dehury, 2015). Lack of awareness about the policy and terms of insurance , request to participate in common hazard and other activity and then patients are more other challenges(Dave, Patwa, & Pandit, 2021). Organization focus on developing mechanism which helped to TPA to strong the humane capital and provide easy TPA service (Ramesh, Maheshwari, & Somen, 2005). Every time it is not possible for user to maintain and preserve the identity. There are internal and external threats for the reserving privacy and verifying integrity of the identity(Lubal& Borole, n.d.). Labor in their central point and later years should be encouraged to enhance their workforce engagement and job time since this would advance their financial well-being through health status (Liu, Sun, Gu, & Ho, 2020). Individual with poor health insurance literacy mentioned debt money could not afford the diagnosis and treatment of healthcare as compared to others. There is need advance research to know the health

insurance literacy and financial distress to afford the healthcare(Williams et al., 2020). Kids having health coverage has more likelihood of surviving an incident related Childhood cancer(Olbara et al., 2020). Senior age of the people was stressed about their capacity to pay for health insurance in retirement and changes of the health insurance norms. The policy makers need to take corrective action for the stress of the senior citizen relate health insurance(Afonso et al., 2020). There are many grievance handling arises in the brazil under the voluntary health insurance sector due not fulfillment the demand of the insurance holder. The Brazilian National Regulatory Agency should take corrective action for the grievance handling(Afonso, Menegueti, Araújo, Chaves, & Laus, 2020). Young generation have poor self-efficacy and awareness of health insurance. Hence, There is need the health education during their study period(Barker & Li, 2020). Person who are happy with the healthcare system's coverage are more likely to purchase private health insurance. Individuals who take risks are less likely to obtain private health insurance(Tipirneni et al., 2020). Self-assessed health influences the decision to buy private health insurance(Tavares, 2020). The community has a high level of awareness of health insurance, indicating that the social health insurance plan is well-liked. Female community health volunteers and insurance agents appeared to have played a key role in health related information spread in Nepal(Shrestha, Manandhar, Dhimal, & Joshi, 2020). The remaining part of paper considers the method, result and conclusion.

Method:

The perception of the people is collected through primary data collection tool questionnaire. The questionnaire is prepared based on the individual characteristics and their perceptions relate the various sources of healthcare finance and the fulfillment of the healthcare needs. This study is considered the research design the descriptive. The population is considered the individual of the Gujarat. The sample territory is selected north Gujarat. This study is used to stratify sampling method based on the characteristic of the income and education of the respondents. This study the individual feedback relate health scheme. This study is collected data from the household of the Gujarat through structured questionnaire. The collected data analyzed through the statistical package for social science version of 16.

Result:

The result of the study is divided into two parts. The first part is considered the various characteristics of the individual and the other part is the factor analysis relates the various key items relate the perception of healthcare finance.

Table: 1 Characteristics of the respondents

		Frequency	Percent
Area	Rural	277	69.3
	Urban	123	30.8
	Total	400	100.0
Sex	Male	196	49.0
	Female	204	51.0
	Total	400	100.0
Age	Less than 20 years	15	3.8
	20-40 years	330	82.5
	40-60 years	52	13.0
	Above 60 years	3	.8
	Total	400	100.0
Marital Status	Single	208	52.0
	Married	189	47.3
	Others	3	.8
	Total	400	100.0
Education	Illiterate	2	.5
	Primary	7	1.8
	Secondary	19	4.8
	Higher Secondary	38	9.5
	Graduate	120	30.0
	Post Graduate	214	53.5

	Total	400	100.0
Occupation	Business	29	7.3
	Job	166	41.5
	Labor work	19	4.8
	Housewife	7	1.8
	Unemployed	13	3.3
	Student	166	41.5
	Total	400	100.0
		Frequency	Percent
Income	Below 27000	139	34.8
	28000 to 250000	157	39.3
	2500001 to 500000	52	13.0
	500001 to 1000000	37	9.3
	Above 1000001	15	3.8
	Total	400	100.0

Table no 1. shows the various socio-demographic of the respondents relate sources of healthcare finance in that here shows the characteristics of respondents Reign wise, Area, Gender, Age, Marital status, Education, Occupation, Income wise in rural total frequency of people is 277 (69.3%) , in Urban total frequency of people is 123 (30.8) Total frequency is 400 (100.0%). In region wise only North Gujarat people collected total frequency 400 (100.0%). Gender wise the frequency is in Male 196 (49%), in female 204 (51%) Total frequency is 400 (100.0%). Age wise the frequency is < 20 year 15 (3.8%), 20-40 year 330 (82.5%), 40-60 year 52 (13%), above 60 year 3 (8%), Total 400 (100.0%). Marital status wise Single 208 (52%), Married 189(47.3), Other 3(8%) Total frequency is 400(100.0%). In Education frequency is Illiterate 2 (5%), Primary 7(1.8%), Secondary 19 (4.8%), Higher Secondary 38 (9.5%), Graduate 120 (30.0%), Post graduate 14 (53.5%), Total frequency is 400 (100%). In occupation frequency is in Business 29 (7.3%), Job 166 (41.5%), Labour work 19 (4.8%), Unemployed 13 (3.3%), Housewife 7 (1.8%), Student 166 (41.5%) Total frequency is 400 (100.0%). Income wise the frequency is Below 27000 – 139 (34.8%), 28000 to 250000 – 157 (39.3%), 2500001 to 500000 – 52 (13.0%), 500001 to 1000000 – 37 (9.3%), Above 1000001 – 15 (3.8%), Total frequency is 400 (100.0%).

Table 2 Reliability of the study

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.800	.826	26

Table no 2.shows the reliability of the questionnaire of the respondents. In that Cronbach's Alpha is 800, Cronbach's Alpha Based on Standardized Items are 826, total no of items is 826.

Table 3 KMO and Bartlett's Test of the study

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.864
Bartlett's Test of Sphericity	Approx. Chi-Square	4905.368
	df	325
	Sig.	.000

In KMO and Bartlett's test Kaiser-Meyer-Olkin Measure of Sampling Adequacy is 864, in Bartlett's Test of Sphericity Approx. Chi-Square value is 4905.368, df is 325, Sig. is 000.

Table 4 Communalities of the study

Communalities		
	Initial	Extraction
Hospital visit due to health status	1.000	.501
Hospital visit due to accidents	1.000	.778
Hospital stay	1.000	.733
Public Hospital	1.000	.801
Private Hospital	1.000	.807
Hospital Quality care	1.000	.823
Save and invest for health expenses	1.000	.589
Own Money	1.000	.594
Borrowing money	1.000	.649
Employer	1.000	.482
Government healthcare Scheme	1.000	.598
Information sources	1.000	.521
Knowledge	1.000	.631
Enrollment	1.000	.659
healthcare risk coverage	1.000	.561
healthcare services	1.000	.581
Network hospital available	1.000	.491
Hospital staff provide details	1.000	.531
Prompt healthcare service	1.000	.682
Quality care relate health service	1.000	.713
Hospital staff appropriate behavior	1.000	.591
Process claim easy	1.000	.618
Timely claim	1.000	.643
Full claim settlement	1.000	.654
Co payout ratio	1.000	.688
Post care services	1.000	.600
Extraction Method: Principal Component Analysis.		

In Communalities Need for hospital visits in your family members due to medical conditions initial members are 1.000 Extraction **.501**, Need for hospital visits in your family members due to injury-producing accidents initial members are 1.000 Extraction are**.778**, Need for Hospitalization (Admit more than 24 hours) in your family members initial members are 1.000 Extraction are **.733, in** Public Healthcare facilities (Government Hospital) initial members are 1.000 Extraction are **.801.**

Table 5 Total Variance Explained of the study

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.446	28.640	28.640	7.446	28.640	28.640	6.385	24.557	24.557
2	2.620	10.078	38.718	2.620	10.078	38.718	2.599	9.995	34.552
3	2.369	9.113	47.831	2.369	9.113	47.831	2.258	8.686	43.238
4	1.605	6.174	54.006	1.605	6.174	54.006	1.986	7.637	50.875
5	1.315	5.059	59.064	1.315	5.059	59.064	1.918	7.378	58.253
6	1.161	4.466	63.530	1.161	4.466	63.530	1.372	5.277	63.530
7	.997	3.835	67.365						
8	.857	3.296	70.660						
9	.761	2.928	73.588						
10	.701	2.695	76.283						
11	.678	2.608	78.891						
12	.611	2.351	81.243						
13	.569	2.190	83.432						
14	.519	1.998	85.430						
15	.485	1.865	87.296						
16	.459	1.764	89.060						
17	.402	1.547	90.607						
18	.375	1.442	92.048						
19	.359	1.383	93.431						
20	.321	1.236	94.666						
21	.299	1.151	95.818						
22	.270	1.037	96.855						
23	.233	.895	97.750						
24	.211	.813	98.563						
25	.195	.749	99.312						
26	.179	.688	100.000						
Extraction Method: Principal Component Analysis.									

In **Total Variance Explained there are 3 component 1)**Initial Eigenvalues 2)Extraction Sums of Squared Loadings and 3)Rotation Sums of Squared Loadings and Which contains three sub columns as given below: a)Total b)% of variance and c)Cumulative %.

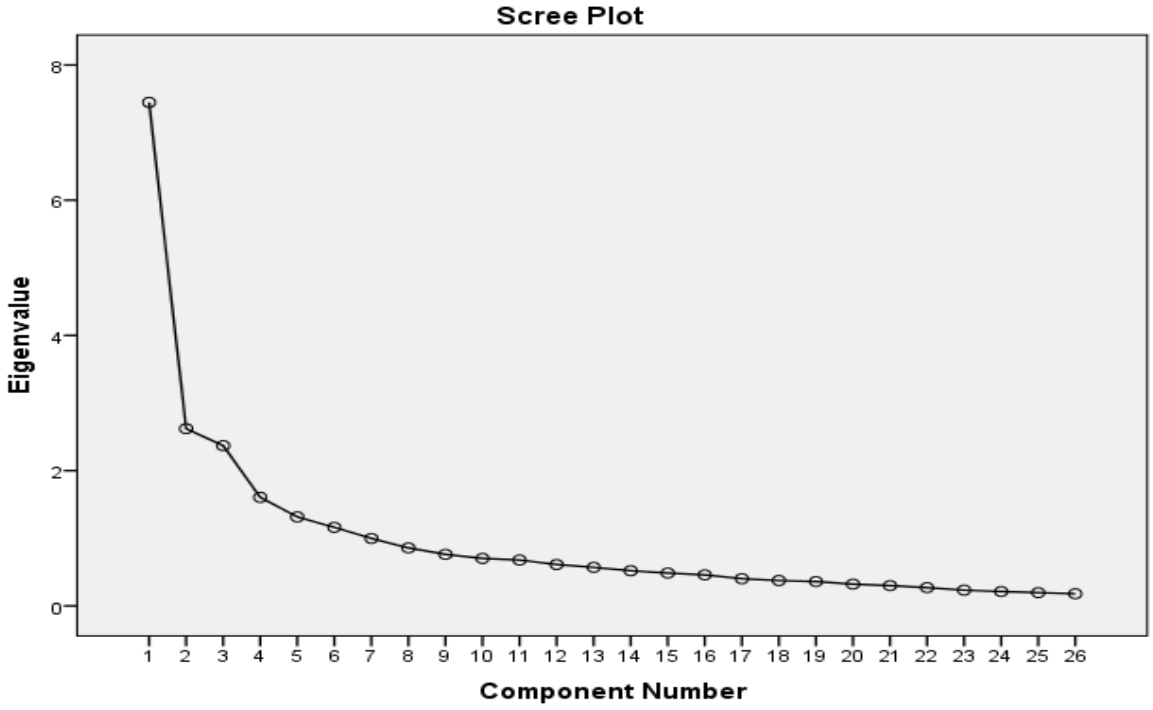

Figure 1 Scree Plot

The figure-1 shows the scree plot which involves the eigen value up to 7 and the component number up to 26.

Table 6 Component Matrix of the study

Component Matrix[a]						
	Component					
	1	2	3	4	5	6
Quality care relate health service	.798	-.009	.132	-.216	.025	.109
Prompt healthcare service	.783	.053	.146	-.202	.027	.062
Co payout ratio	.774	-.031	.109	-.041	-.216	.167
Process claim easy	.759	.014	.015	-.009	-.202	.038
Timely claim	.756	-.111	.026	.030	-.120	.208
Hospital staff appropriate behavior	.742	-.024	.076	-.170	.036	.059
Full claim settlement	.735	.015	.155	.045	-.233	.182
Enrollment	.730	.092	-.128	.082	-.094	-.292
Post care services	.699	-.061	.051	.093	-.278	.138
Hospital staff provide details	.669	.072	.087	-.174	.187	-.075
Network hospital available	.629	.147	.131	.077	.225	.004
healthcare services	.587	.212	-.015	.349	.263	.024
healthcare risk coverage	.476	.274	-.032	.444	.231	-.091
Knowledge	.471	.138	-.396	.173	-.271	-.359
Private Hospital	-.183	.735	.447	.043	-.176	-.017
Hospital Quality care	-.348	.702	.393	.077	-.211	.064
Public Hospital	-.390	.674	.397	.112	-.153	-.016
Hospital visit due to accidents	.080	.529	-.396	-.440	.276	.254
Hospital stay	.057	.504	-.401	-.338	.354	.275
Hospital visit due to health status	.065	.487	-.259	-.350	-.229	-.132
Own Money	-.077	-.142	.722	.040	.172	.120
Borrowing money	.089	-.188	.709	-.321	.020	-.018
Employer	.217	.024	.061	.435	.360	.334
Information sources	.069	.168	-.378	.334	-.387	.288
Government healthcare Scheme	.456	.048	.130	-.340	.060	-.502
Save and invest for health expenses	.329	.282	.044	.333	.350	-.407
Extraction Method: Principal Component Analysis.						
a. 6 components extracted.						

In **Component Matrix** table **Principal Component Analysis metho**d is used. there are 6 components in quality care healthcare service that start from .798 to .109, In healthcare service promptly start from .783 to 0.062, Inamount to get service in Hospital start from to .167, In who are aware about the process of claim start from .759 to .038, fully settled within time start from .756 to .208, In Hospital staff behaved in proper manner start from .742 to .059, In amount to get service in hospital start from .735 to .182

Table 7 Rotated Component Matrix of the study

Rotated Component Matrix						
	Component					
	1	2	3	4	5	6
Co payout ratio	.824	-.050	.048	.049	-.043	.001
Quality care relate health service	.795	-.127	.129	-.160	.138	.063
Full claim settlement	.794	.032	.076	.070	-.089	-.052
Prompt healthcare service	.771	-.071	.171	-.157	.142	.097
Timely claim	.768	-.170	.091	.078	-.033	-.094
Process claim easy	.754	-.067	.140	.121	-.033	.100
Post care services	.737	-.054	.063	.167	-.145	-.025
Hospital staff appropriate behavior	.713	-.156	.158	-.115	.115	.078
Enrollment	.581	-.117	.411	.197	-.040	.313
Hospital staff provide details	.578	-.120	.302	-.194	.182	.145
Network hospital available	.528	-.013	.428	-.119	.108	-.053
Hospital Quality care	-.178	.886	-.025	-.016	.064	-.029
Private Hospital	-.043	.885	.080	-.081	.074	.053
Public Hospital	-.255	.855	.038	-.048	.028	-.007
Save and invest for health expenses	.074	.070	.751	-.030	-.011	.113
healthcare risk coverage	.289	.066	.655	.161	.013	-.135
healthcare services	.424	-.008	.592	.096	.080	-.189
Borrowing money	.241	.144	-.190	-.696	-.215	.055
Information sources	.123	.109	-.083	.668	-.006	-.201
Own Money	.042	.217	-.022	-.615	-.288	-.288
Knowledge	.316	-.099	.318	.511	-.062	.393
Hospital visit due to accidents	.048	.077	.003	.097	.870	.053
Hospital stay	-.002	.046	.075	.102	.845	-.041
Government healthcare Scheme	.342	-.077	.250	-.282	.040	.576
Employer	.141	-.045	.364	.001	.028	-.572
Hospital visit due to health status	.085	.264	-.078	.244	.404	.441
Extraction Method: Principal Component Analysis. Rotation Method: Varian with Kaiser Normalization.						
a. Rotation converged in 16 iterations.						

In Rotated Component matrix [a] there are 6 components in pay some amount to get service in Hospital start from .824 to .001 , In quality care healthcare service start from .795 to .063 , In amount to get service in hospital start from .794 to -.052 , In healthcare service promptly start from .771 to .097 , In fully settled within time start from .768 to -.094 , In aware about the process of claim start from .754 to .100 , In better post care services start from .737 to -.025 , In Hospital staff behaved in proper manner start from .713 to .078 , In The process to enroll is easy .581 to .313 , In , Hospital staff provide all information start from .578 to .145 , in network hospital easily accessible to get benefit start from .528 to -.053. Indonesia's average out-of-pocket spending should be reduced through the Non-contributory insurance for low-income families in comparison to middle and high income households' contributory insurance (Aizawa, 2019). People purchase health insurance mainly for the co payout ratio, Quality care healthcare services and full claim ratio.

Conclusion

A majority county has the high rate out of pocket expenses which lead the poverty and other challenges in the country. The other sources of the healthcare finance are significant to reduce the out of pocket expenses in the poor and developing countries. The policy makers provide healthcare subsidy and healthcare scheme their under privileged section of the people to fulfill their healthcare need. The individual pay their own money mainly to fulfill their healthcare needs. The under privileged section of the people fulfill their healthcare needs through the state and central government healthcare scheme like MA card and Ayushman card. The private health insurance coverage increases in the last few decades after the liberalization, privatization and globalization policy in India. The key variables of co payout ratio, Quality care healthcare services and full claim ratio are significant for the perception of the individual having health insurance.

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