

**EFFECTIVENESS OF YASHASVINI SCHEME IN HEALTH INSURANCE -
A STUDY AT MYSURU TALUK, MYSURU**

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ABSTRACT

The yashasvini health insurance mainly prefer to rural farmers ,the logic targeting the below poverty line families and there selection is evidently followed as it excludes the genuinely need beneficiaries from the Yashasvini insurance. Yashasvini health insurance scheme is only for rural people. The main reason of this scheme facilitating the lower cost medical treatment facilitating to the rural people .

INTRODUCTION

The government provides health insurance in the Yashasvini scheme is seven location or situated in four Indian state ,Tamilnadu , Maharashtra , Karnataka , Bihar .previous of information on willingness to pay of health insurance in India. 730 network hospital having tie up with the yashasvini scheme it involved the development of health index.

CONCEPTUAL FRAME WORK

The former chief minister of Karnataka S.M .Krishana formally launched the yashivinico operative former health care scheme become operational in 2013and available to co operative former via net work hospital spread accords the state of Karnataka. It is one of the largest community based self funded health insurances scheme in Karnataka state government. thisscheme offered the 823 surgical procedure to formers and their family members to lower cost.The various state governments also initiated various health insurance scheme for the low income people,leading to increase in government expenditure on health.

The beneficiaries need to contribute a small amount of money every year to avail health facilities in the "contributory scheme". It provides facility to cost effective medical treatment to eligibility to contributing the sum fixed amount in membership of under co-operative society member.

THE CHARACTERISTIC OF YASHASVINI SCHEME

- The yashasvini scheme each enrollment period for the scheme starts from July to October every year
- The family of the is main member of rural co-operative society can avail the benefits offered under the scheme
- Meet once in three months to take important policy decision review funds availability and disbursement under the scheme
- provides all medical facility to the beneficiaries under the scheme subject to conditions every year the beneficiaries of this scheme must pay a fixed amount of annual contribution for financial year 2017 - 2018 Rs 300 is the member contribution for rural yashasvini and for urbanyashasvini it is 710/-

YASHASVINI HEALTH SCHEME IN KARNATAKA

This is a self funded scheme that works on the collective ability of the masses enrolled in this plan. Management support service provider (MSP) through network hospital implement cashless hospitalization under this scheme. The yashasvini beneficiary approaches the Network hospital. Rural health care currently being promoted by various state government in country. Yashasvini co-operation farmer health care scheme was introduction by the state government of Karnataka to provide health insurance coverage for various medical ailments at an affordable price. As per the approved empanelment criteria, the trust identifies and approves Network hospital to provide medical or surgical Facilities. Benefits of the scheme are available only at the network hospitals recognized by the trust. Based on the diagnosis if the surgical intervention is required hospital admits the patients and send pre-auth request to the MSP online with proof of documents. Karnataka implementation to the 730 network hospital in private and Gov. .In case of emergency, the coordinating officer of the network hospital will take undertaking letter from the beneficiary or his/her ward that in case he/she is not covered under the scheme the cost of the surgery will be paid

by the beneficiary only. Trust arranges payment to network hospitals through MSP within forty five days of the receipt of the bill from the network hospital.

REVIEW OF LITERATURE

Amit.kumarsahoo et.al(2007): This research article is a found that health insurance had no impact out-of-pocket spending or on utilization among the poor. Their result also showed that health insurance was increasing the risk of out-of-pocket expenses. The main expenditure per treatment was also lower for scheme members. They used National health service survey data of china and difference-in-differences with matching method to obtain impact estimates. One is to increase the quality and quantity of services and make public health facilities more accessible to the general public. They are also alternatively labeled as mutual health organization, medical aid societies, medical aid scheme or micro-insurance schemes. The main characteristics of this scheme is that they are run on a non-profit basis and they apply the basic principle of risk sharing.

SayemAhmed et.al(2013): This scheme examination exhibits that CBHI plan for easygoing workers is likely to assemble human administration use from MTP. Further, a case sparing favorable position examination can be coordinated to watch the money related feasibility of this arrangement before scaling up. These sorts of plan should be consideration for scale up in various part of country as easy going territory experts rules the worker market of Bangladesh. Yashasvini is a social advancement to give social security to helpful agriculturists in Karnataka. Ensuring restorative administration for easy going section workers is a test for archiving UHC in various LMICs and CBHI designs can possibly address this test.

Ruth Koren et.al(2005): This study focus on willingness to pay health insurance among rural and poor person. It covers 7 location in 4 state for survey. Outcome of its study is small household willing to pay less amount per person, agree to pay about 150 per person when household size count six persons and above. Poor people who are least bother about their health, it is difficult to face their huge expenditure in matters of health, to eradicate this obstacles the central and state government song agreement with

commercial insurers to cover certain segments of their population of certain cost generating illness. Some scholars claimed that the bidding game may suffer from interviewer bias[28] that can sometimes be grouped with other socially indicated biases called "warm glow"[29.30].

It mainly analysis difference between an insured cohort to an uninsured cohorts and across location. it has covered 4931 samples in which 3663 randomly selected in which household respondent to this study willingness to pay of 3024 were valid respondents.

Drvenkatesh and NP Narayan(2017-2018): In this research article is sample area taken in the Mysore district it considered the different variables towards health insurance among the rural and poor persons difficult to face there huge expenditure in future in matter of health. The present study analyzed the objectives of effectiveness of Yashasvini scheme beneficiaries. in this research article examines the empirical study towards the general public perception. The article author evaluate the responsiveness of health insurances.

SCOPE OF STUDY

To study effectiveness of Yashasvini scheme, which sponsored by government of Karnataka for rural people. The population for study contains farmers from rural areas. And also informal workers with in the mysore district studying the sample area systematically selected the questionnaire are distributed and collecting the required information regarding the effectiveness of scheme towards the formers .this study concentrated on effectiveness of Yashasvini scheme to rural farmers within mysore district.

RESEARCH OBJECTIVE

- To study the conceptual study of Yashasvini scheme
- To examine the effectiveness of Yashasvini scheme for framers in mysore district
- To study the cultural states of Yashasvini scheme for framers in mysore district
- Effectiveness of Yashasvini Health Insurance scheme

Beneficiaries are utilizing te medical trained health care providers among the rural formers and informal workers

RESEARCH HYPOTHESIS

The effectiveness of Yashasvini scheme has greater impact upon the formers, if the formers had positive impact about implementation yashasvini scheme will be in successful. If the former has negative impact then the yashasvini scheme will not be successful.

H₀:There is no effectiveness of yashasvini scheme to formers

H₁: There is a effectiveness of yashasvini scheme to formers

RESEARCH METHODOLOGY

1 .Research design

In the present study research has been applied to identified the effectiveness of yashasvini health plan for the sample of 100 respondent are selected on the basis of convenience sampling method to measure the awareness level of the scheme. primary data has been collected with the help of questioners, difference statistical tool like descriptive statistic, T-test, ANOVA, has been used to test the research hypothesis with the help of spss.21.

2.Population and sampling technique

Population:Our study covers the mysuru district formers in rural area. It includes the total area of an a present study of myoretaluk ,mysore district of Karnataka has been considering the study of population. In mysore we can't identified the extra population of the formers so we considering the 100 respondents using the non-probability sampling method convinces method regarding the Yashasvini scheme.

Sampling techniques: The convenience sampling techniques has been adopted in the present study for the sample size of 100 respondents which are selected on the basis of a members of an effectiveness of Yashasvini scheme health care scheme.

Questionnaire:The structured questionnaire was constructed with 5 important demographical factors which influence the difference dimension of these study. The structured questionnaire contain 5 important dimensions with 5 items which comprehensively support him analyzing the research objectives. Five point liker scale has been used in the questionnaire for measuring the effectiveness of Yashasvini health care scheme. (5-Strongly agree, 4-Agree, 3-Netural, 2-Disagree, 1-Strongly disagree) The necessary data for analysis is collect through their questionnaire distributing to the target respondent.

Data collection: The collection of data of the empirical research has been adopted in the studyresearch.so with the help of structured questionnaire i.e. actual response of the respondent is collected that is primary data. Secondary data is like research article from generals, magazines, news paper,and from particular website has been referred for framing the review of literature and conceptual framework for the study .

Research gap and problem statement: The effectiveness of Yashasvini health insurance scheme is an a satisfaction and effectiveness is like a pillars of achieving the Yashasvini scheme. But there is some important factors effect the satisfaction level of beneficiaries.

- Getting surgical hospital treatment procedure some terms and conditions must condition must be applied to beneficiaries and hospitals
- This scheme is available only in tie – up

RESULT AND DISCUSSION

Testing of Hypothesis

One way ANOVA was used to test the effectiveness of Yashasvini scheme in rural areas

Ho: There is no significant difference in gender with effectiveness of yashasvini scheme

H₁: There is a significant difference in gender with effectiveness of Yashasvini scheme

Table-1					
Result of ANOVA for difference between Age and Yashasvini scheme					
Derivative information	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	59.786	3	19.929	1.097	.368
Within Groups	472.214	26	18.162		
Total	532.000	29			

(Source: Field survey) *p-value is significant at >0.05 level

The table 1 shows the result of ANOVA. According to the ANOVA result the null hypothesis is accepted by rejecting the alternative hypothesis or there is no significant difference between the gender . Effectiveness of Yeshasvini scheme has (p) value is above 0.05 and stands at 0.368 and F value is 1.097 .above analysis give the evidence the existence of significant difference among the gender group in the effectiveness of Yashasvini scheme.

Ho: There is no significant difference in age with effectiveness of Yashasvini scheme '

H₁:There is a significant difference in age with effectiveness of Yashasvini scheme

Table -2					
Result of ANOVA for difference between Age and Yashasvini Scheme					
Derivative information	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	101.750	3	33.917	2.050	.132
Within Groups	430.250	26	16.548		
Total	532.000	29			

(Source:Field survey) *p-value is significant at >0.05level

The table 2 shows the result of ANOVA . According to the ANOVA results the null hypothesis is accepted by rejecting the alternative hypothesis of there is no significant difference between the ages. Effectiveness of Yeshasvini scheme has (p) value is above 0.05 and stands at 0.132 and F value is 2.050. above analysis give the evidence the existence of significant difference among the age group in the effectiveness of Yashasvini scheme.

Ho: There is no significant difference in family with effectiveness of Yashasvini scheme

H₁: There is significant difference in family with effectiveness of Yashasvini scheme

Table -3					
Result of ANOVA for difference between family and Yashasvini Scheme					
Derivatives information	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	283.733	3	94.578	9.905	.000
Within Groups	248.267	26	9.549		
Total	532.000	29			

(Source: Field survey) *p-value is significant at<0.05 level

The table 3 shows the results of ANOVA. According to the ANOVA results the research hypothesis is accepted by rejecting the null hypothesis of there is significant difference between the families. Effectiveness of Yashasvini scheme has (p) value is below 0.05 and stands at 0.000 and F value is 9.905 .above analysis give the evidence the existence of significant difference among the family group in the effectiveness of Yashasvini scheme.

Ho: There is no significant difference in income with effectiveness of Yashasvini scheme

H₁: There is a significant difference in income with effectiveness of Yashasvini scheme

Table-4

Result of ANOVA for difference between income and Yashasvini Scheme

Derivatives information	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.682	1	.682	.036	.851
Within Groups	531.318	28	18.976		
Total	532.000	29			

(Sources: Field survey) *p-value is significant at >0.05 level

The table 4 shows the result at ANOVA . According to the ANOVA result the null hypothesis is accepted by rejecting the alternative hypothesis of there is no significant difference between the income. Effectiveness of Yashasvini scheme has (p) value is above 0.05 and stands at 0.851 and F value is 0.036. Above analysis give the evidence the existence of significant difference among the income group in the effectiveness of Yashasvini Scheme.

Ho: There is no significant difference between occupations and YashasviniScheme

H₁: There is significant difference between occupation and Yashasvini Scheme

Table-5

Result of ANOVA for difference between Occupations and Yashasvini Sheme

Derivatives information	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	59.786	3	19.929	8.079	0.000
Within Groups	296.333	52	57,026		
Total	532.000	29			

(Source : Field survey) *p-value is significant at <0.05 level

The table 5 shows the results of ANOVA. According to the ANOVA results the research hypothesis is accepted by rejecting the null hypothesis of there is significant difference between occupation. Effectiveness of Yashasvini Scheme has (p) value is below 0.05 and stands at 0.00 and F value is 8.079. above analysis give the evidence the existence of significant difference among the Occupation group in the effectiveness of Yashasvini Scheme .

Table no- 06 Descriptive table						
SL NO	Particulars	N	Mean	Std Deviation	Std Variance	Range
1	Yashasvini Scheme					
1.1	The formalities of issuing the scheme easy	30	1.9333	0.94443	0.892	2.00
1.2	Nature of this scheme easily understandable	30	1.6667	0.47946	0.230	1.00
1.3	It clear and transparent term and condition specified	30	2.3333	1.09334	1.195	4.00
1.4	This scheme is for unorganized sector labor	30	2.6000	0.72397	0.524	3.00
1.5	Yashasvini scheme available at low cost	30	1.9333	1.25762	1.582	4.00
			2.0933	0.89976	0.884	2.80
2	Satisfaction level					
2.1	Have you satisfied in getting treatment	30	2.3333	1.09334	1.195	4.00
2.2	Have you satisfied in structure of this scheme	30	1.8667	0.62881	0.395	2.00
2.3	Have you satisfied in financial assistance in this scheme	30	2.1333	1.04166	1.085	3.00
2.4	Have you satisfied the benefit to family member	30	2.6000	1.22051	1.490	4.00
2.5	Have you satisfied the hospital facilities	30	2.6667	1.02833	1.057	4.00

	provide under this scheme					
			2.3200	1.00263	1.044	3.4
3	Impact of yashasvini scheme on health care					
3.1	People response towards yashasvini scheme	30	3.5333	0.89955	0.809	3.00
3.2	Increased the getting convenient health care facility	30	3.6000	1.27577	1.628	4.00
3.3	Increase health care facilities in rural unorganized sector Labour	30	3.4667	1.16658	1.361	4.00
3.4	Yashasvini registration expand towards other non cooperation society	30	3.6667	1.21296	1.471	4.00
3.5	All types of surgeries have been getting in network hospital	30	3.7333	0.78492	0.616	3.00
			3.60132	1.06795	1.177	3.60
4	Comparison of Yashasvini scheme					
4.1	Positive think about the scheme to other people	30	2.1333	1.04166	1.085	3.00
4.2	Friends and relatives register for the scheme	30	2.6000	0.72397	0.524	3.00
4.3	Comparison of Yashasvini scheme with other government scheme	30	2.6667	1.15470	1.333	3.00
4.4	Comparison of treatment facilities available under Yashasvini scheme towards other government scheme	30	2.7333	1.20153	1.444	4.00
4.5	Frequently of benefit received under this scheme	30	2.6000	1.22051	1.490	3.00
			2.5466	1.06847	1.174	3.20
5	Factor influencing for registering					

	Yashasvini scheme					
5.1	Self motivation	30	2.2000	0.92476	0.855	3.00
5.2	Recommended by family member	30	2.8000	0.84690	0.717	3.00
5.3	My friend suggestion	30	1.9333	0.86834	0.754	2.00
5.4	My spouses suggestion	30	2.4667	0.97320	0.947	4.00
5.5	My neighbors	30	2.8000	0.92476	0.855	3.00
			2-4400	0-90759	0-825	3-60s
				0.90759	0.825	3.60

FINDINGS AND DISCUSSION

Yashasvini Health Insurance Scheme have 3% less probability of facing impoverishment due to expenditure from lines than expenditure .HHs belonging to socio-economically advanced member.Majority respondent are male where there is no age limit.

CONCLUSION

In recent year, the government of Karnataka has been promoting Yashasvini health insurance scheme. The financial risk protection for health services. Moreover, under this scheme the risk pool is comprised of BPL population with least ability to pay. Health insurance programmer by various state and central government is a welcome step; therefore health insurance should be universalized in order to improve the health index. Even though it is a government insurance beneficiary are getting accurate treatment as per the policy frame under this scheme.

Yashasvini health insurance scheme are to be become more attractive and socially relevant. Government must address this issue by putting in place a better regulatory framework over and above what is currently available under the insurance regulatory and development authority.

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