



RASHTRIYA SWASTHYA BIMA YOJANA; A SOCIAL INNOVATION IN THE FIELD OF HEALTH CARE- A STUDY

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Abstract

Social innovation denotes to the strategy and execution of innovative interpretation that infers abstract method, invention or organizational modification which eventually targets to expand the prosperity and well-being of individual and communities. Social innovation is not the entitlement or honor of any organizational form or legal structure. It is the process of developing and implementing new effective solution to solve social or environmental issues. Whether these come from national policies, governmental or non-governmental entities, such solutions should meet current social needs better than it has done before. Social innovation in health as an initiative, offers a means by which universities, agencies and government institution can nurture, encourage and support local responses to everyday needs and constrains to access health services. The purpose of this article is to find out the awareness level of beneficiaries towards Rashtriya Swasthya Bima Yojana in Neyyatinkara Taluk of Thiruvananthapuram district of Kerala. The objective of this study are to realize the Rashtriya Swasthya Bima Yojana a social innovation in health care and to study the awareness level of beneficiaries and to find out the difficulties faced by them and finally suggest the measures for successful implementation of Rashtriya Swasthya Bima Yojana Scheme.

Keywords: Social innovation, Rashtriya Swasthya Bima Yojana, Health insurance, Health Initiative, National policies.

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Introduction

Social innovation offers an exclusive chance to step back from a restricted mode of thoughtful about social enterprises, business engagement and kindness and to recognize instead of inter connectedness of various features and stack holders. These challenges

require innovative ways of applying new technology along with new forms of organization, new network process to build human and social capital, and new proletarian based solution. Universal health insurance coverage emphasis the value of the community-based transfer of health facilities to ensure that



underserved population has access to care. Dominant countries face challenges associated with the continued incidence of transmittable diseases of poverty and other determined health problems, makes infrastructure resources and the availabilities of health services leads to maintainable and accessible need of innovations in health sector. Rashtriya Swasthya Bima Yojana is India's first social innovation in health care programme.

Review of Literature

Dina Balabanas et.al.(2021) Social innovation is a multidimensional concept that has been studied from different theoretical streams and viewed through different paradigmatic lenses. Beyond regarding social innovations as tangible output or solution, created to address unmet societal needs. Social innovations at its core challenges the underlying cultural value of the dominant system. Social innovation thus holds potential to alter the root issue responsible for system not delivering their intended objectives to society as a whole.

Pallavi Seth and G.N. Patel (2014) Rashtriya Swasthya Bima Yojana seems to be a better one as it would help the policy makers to find efficiency of the DMU's and we got the peer to follow them. So that the performance can be improved for the inefficient DMU's. Simultaneously, this study has derived how much output can be increased to increase the performance of the scheme.

Ann Mary John et.al.(2016) Rashtriya Swasthya Bima Yojana is a right pill for poor people. Today's medical expenses are very high and it cannot be affordable for low and middle income people. Free medical services increase the health status and standard of living of the people. It is a right choice especially at the time of inflation. From this study it is clear that Rashtriya Swasthya Bima Yojana protects Below Poverty Line household from catastrophic health expenditure and promotes health seeking behavior in them.

Statement of the Problem.

Social innovation is helping to solve some of the world's most persuasive difficult

with new answers. In the course of creating solution it is also extremely changing beliefs, basic practices, resources and social power structure. In recent years, there has been an explosion of projects, organizations, business and research studies aimed at solving problems stopping from the unreachability or lack of people around the world. In this scenario innovation in health care become more important. Rashtriya Swasthya Bima Yojana gains the access to health insurance protection enabling them to secure defensive among appropriate emergency care helping all of society.

Objectives of the study.

- ❖ To know about Rashtriya Swasthya Bima Yojana a social innovation in the field of healthcare.
- ❖ To study about the awareness level of beneficiaries towards Rashtriya Swasthya Bima Yojana scheme.
- ❖ To find out the difficulties faced by the beneficiaries towards Rashtriya Swasthya Bima Yojana scheme.

Hypothesis

- ❖ There is no significant association between Education and awareness level of beneficiaries.
- ❖ There is no significant association between occupation and awareness level of beneficiaries.
- ❖ There is no significant association between monthly income and awareness level of beneficiaries.

Research Methodology

The present study is a descriptive research work based on both primary and secondary data. Required primary data has been collected through a well-structured questionnaire and personal interview schedule from the beneficiaries of Rashtriya Swasthya Bima Yojana with special reference to Neyyattinkara Taluk of Thiruvananthapuram district of Kerala. The convenience sampling method has been adopted to select the respondents. The sample size is 150 respondents for the purpose of the



study. Required secondary data has been collected from the source like websites of government, various publications, Reports, Journals, books etc. Percentages, Chi-square test, Weighted Average Method are used as statistical tools to analyse the primary data, and p value was kept significant at the level of 0.05.

Rashtriya Swasthya Bima Yojana

Rashtriya Swasthya Bima Yojana is provide financial protection against catastrophic health cost by reducing out the financial burden, and to improve access to quality healthcare for below poverty line households of pocket expenditure for hospitalization and other vulnerable group in the unorganized sector. It is recognized that health insurance is one way of providing protection to poor households against the risk

of health spending leading to poverty. The poor are unable or unwilling to take up health insurance because of its cost, or lack of perceived benefits. Organizing and administering health insurance, especially in rural areas, it is also different. Recognizing the need of social security to these workers, the central government has introduced Rashtriya Swasthya Bima Yojana. It provides for cashless insurance for hospitalization in public as well as private hospitals. The annual insurance cover is for a maximum amount of ₹30,000 for a family of five including the worker, spouse, children and dependent parents. The beneficiaries have to pay an annual registration charge of ₹ 30 per family and the state government is to pay the rest of the premium together with the administrative cost.

Table No1: Socio Demographic Variables of Respondents. (N=150)

Variables	Respondents (Percentage)
Age (years)	
Below 20	18(12)
20-30	27(18)
30-40	39(26)
Above 40	66(44)
Gender	
Male	68(45.4)
Female	71(47.3)
Others	11(7.3)
Religion	
Hindu	61(40.7)
Christian	48(32)
Muslim	41(27.3)
Education	
Illiterate	21(14.1)
Matriculation	32(21.3)
Higher Secondary	36(24)
Graduate	41(27.3)
Post Graduate	20(13.3)
Occupation	
Government Employee	21(14.1)
Private Employee	39(26)
Farmers	31(20.7)
Housewife	59(39.2)
Monthly Income (Rs.)	
Below 15,000	28(18.7)
15,000-25,000	31(20.7)



25,000-35,000	47(31.3)
Above 35,000	44(29.3)

Source: Primary Data

A total of 150 respondents were taken as sample size and out of the total respondents 44 percentage were in the age group of above 40 years, followed by 30-40 years of age 26 percentage and 18 percentage of respondents were in the age group of 20-30 years of age and 12 percentage respondents in the age group of below 20 years of age. Female constitute 47.3 percentage and male were 45.3 percentage and others were 7.3 percentage. 40.7 percentage of respondents were Hindus while Christians were 32 percentage and Muslims were at 27.3 percentage.

Majority of the respondents (27.3 percentage) were graduate and 24 percentage of respondents were higher

secondary level and 21.3 percentage were completed their matriculation and 14.1 percentage were illiterate and 13.3 percentage were completed the post- graduation. 39.2 percentage were house wives and followed by 26 percentage respondents were private employees and 20.7 percentage respondents were farmers and 14.1 percentage were government employees. Majority of the respondents were in the income group of 25,000 to 35,000 and, 29.3 percentage were in the income group of above 35,000 and 20.7 percentage were in the income group of 15,000 to 25,000 and 18.7 percentage were in the income group of below 15,000.

Table 2: Awareness level of beneficiaries towards Rashtriya Swasthya Bima Yojana Scheme

Awareness of the beneficiaries	Respondents (percentage)
Yes	128(85.3)
No	22(14.7)

Source: Primary data

Table 2 shows that 85.3 percentage of respondents have awareness about Rashtriya Swasthya Bima Yojana and 14.7 percentage has no awareness about it.

Table No: 3 Difficulties faced by the beneficiaries of Rashtriya Swasthya Bima Yojana Scheme.

Beneficiaries opinion	Respondents(percentage)
Yes	81(54)
No	69(46)

Source: Primary data

Table 3 represents that majority of the respondents face some difficulties from the scheme and 46 percentage did not face any difficulties from the scheme.

Table No.4: Beneficiaries awareness towards Rashtriya Swasthya Bima Yojana Scheme

Variables	Total	Awareness towards the scheme		Chi-square value	Table value
		Yes	No		
Education					
Illiterate	21(14.1)	15(11.7)	6(27.3)	4.173	9.487
Matriculation	32(21.3)	28(21.8)	4(18.2)		
Higher secondary	36(24)	31(24.3)	5(22.7)		
Graduation	41(27.3)	37(28.9)	4(18.2)		
Post-graduation	20(13.3)	17(13.3)	3(13.6)		



Occupation					
Government employee	21(14.1)	16(12.5)	5(22.7)	8.820	7.814
Private Employee	39(26)	33(25.8)	6(27.3)		
Farmers	31(20.7)	23(17.9)	8(36.4)		
Hose wife	59(39.2)	56(43.7)	3(13.6)		
Monthly Income					
Below 15,000	28(18.7)	20(15.6)	8(36.4)	6.992	7.814
15,000-25,000	31(20.7)	26(20.3)	5(22.7)		
25,000-35,000	47(31.3)	44(34.4)	3(13.6)		
Above 35,000	44(29.3)	38(29.7)	6(27.3)		

Figure in Parenthesis indicate percentage

Since, the calculated chi-square value of both education and monthly income of respondent with awareness level about the Rashtriya Swasthya Bima Yojana is less than the table value, the hypothesis is accepted. Hence, there is no significant associations were found between education and monthly income of respondent with awareness level about the Rashtriya Swasthya Bima Yojana. But calculated

chi-square value of occupation of the respondent with awareness level about Rashtriya Swasthya Bima Yojana is more than the table value, the hypothesis is rejected. Hence, there is a significant association were found between occupation of the respondent with awareness level about Rashtriya Swasthya Bima Yojana

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Table No:5

Problems faced by the respondents towards Rashtriya Swasthya Bima Yojana scheme

Problems faced by the Respondents	Weighted Mean	Rank
Low insurance coverage	3.40	I
Exclusion of AYUSH Scheme	2.97	IV
Coverage only for hospitalized cases	2.99	III
Lack of out patients services	3.20	II
Shoddy treatment for BPL patients	2.80	V

Source: Computed Data

Table no: 5 reveals that Low insurance coverage score 3.40 and hold first rank. Lack of outpatients coverage score 3.20 and hold second rank, coverage only for hospitalized cases score 2.99 hold third rank and exclusion of AYUSH scheme score 2.97 and hold fourth rank and shoddy treatment for BPL families score 2.80 and hold fifth rank.

Findings

- ❖ Majority of respondents are in the age group of above 40 years.
- ❖ Most of the respondents are females.

- ❖ Majority of the respondents are from Hindu religion.
- ❖ Most of the respondents are graduates.
- ❖ Majority of the respondents are house wives.
- ❖ Majority of the respondents are in the income group of above Rs 35,000.
- ❖ Most of the respondents have awareness towards Rashtriya Swasthya Bima Yojana.
- ❖ Majority of the respondents felt that insurance coverage is less in Rashtriya Swasthya Bima Yojana scheme.



- ❖ The calculated chi-square value of both education and monthly income of respondents with awareness level about the Rashtriya Swasthya Bima Yojana is less than the table value, the hypothesis is accepted. Hence, there is no significant association between education and monthly income of respondents with awareness level about the Rashtriya Swasthya Bima Yojana. But calculated chi-square value of occupation of the respondents with awareness level about Rashtriya Swasthya Bima Yojana is more than the table value, the hypothesis is rejected. Hence, there is a significant association between occupation of the respondent with awareness level about Rashtriya Swasthya Bima Yojana
- ❖ Low insurance coverage score 3.40 and hold first rank. Lack of outpatients coverage score 3.20 and hold second rank, coverage only for hospitalized cases score 2.99 hold third rank and Exclusion of AYUSH scheme score 2.97 and hold fourth rank and shoddy treatment for BPL families score 2.80 and hold fifth rank.

Conclusions and Suggestion

Social innovations are merely solutions to problems. They deliver inventive and unconventional methods to address complex and wicked difficulties which we have not been able to solve despite our best attempts. Social innovation in the health requires introduction of effective and accessible strategies in those areas where infectious diseases are endemic, there are often few resources and limited capacity. Under Rashtriya Swasthya Bima Yojana people gained health insurance protection that enable them to secure preventive and timely emergency care benefit to all the persons. It also suggests that government should give more awareness and encourage them to adopt such type schemes for poor people also

introduce such a new innovation in the field of health care.

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