

Awareness and Utilization of Health Related Government Schemes by the Below Poverty Line (BPL) Families in Ahmedabad City

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Abstract: The government has implemented many schemes for Below Poverty Line (BPL) families to help them in times of need for health care services. In this study questions were asked for both central as well as state government health related schemes for the BPL families. Out of 120 families studied, 81 (67.5%) families were utilizing one or more BPL schemes. Only 53 (44.2%) families had knowledge regarding Rashtriya Swasthya Bima Yojana (RSBY) and 58 (48.3%) families knew about Kasturba Poshan Sahay Yojana (KPSY). The Gujarat government scheme Mukhyamantri Amrutam (MA) yojana was known to 78 (65%) families. The overall knowledge about all government schemes was low and thus the utilization was even lower reflecting the relatively lower health status in the BPL families.

Keywords: Below Poverty Line families, Government Schemes, Awareness, Utilization

1. Introduction

Poverty line is the level of income to meet the minimum living conditions. Government of India uses the below poverty line (BPL) benchmark which is an economic benchmark and poverty threshold. It is used to identify families and households with economic disadvantage. Such families are in need of government assistance and aid.¹ The Suresh Tendulkar committee defined the poverty line for Indians in 2011 on the basis of monthly spending on food, education, health, electricity and transport. As per their estimate, a person who spends less than Rs. 27.2 in rural areas and less than Rs. 33.3 in urban areas in a day are defined as living below poverty line.²

The central as well as state governments have implemented various schemes for the BPL families. Few of the central government schemes for BPL families are Janani Suraksha Yojana (JSY), Rashtriya Swasthya Bima Yojana (RSBY), Central Government Health Scheme (CGHS). In Gujarat, the state government has implemented schemes like Mukhyamantri Amrutam (MA) yojana, Chiranjivi Yojana, Balsakha yojana and Kasturba Poshan Sahay Yojana (KPSY) in addition to the central government schemes.

Schemes like JSY and Chiranjivi Yojana promotes institutional deliveries and cash assistance by the government.³ On the other hand the RSBY and MA yojana are health insurance schemes wherein, on payment of a token premium, a family receives health insurance for a certain amount.⁴ The government of Gujarat encourages private practitioners to help the government in providing services to the needy through their participation in Chiranjivi yojana and Balsakha yojana.

Objectives

- 1) To find out level of awareness about health related schemes in BPL families.
- 2) To find out the level of utilization of different health related schemes in these families.

2. Methodology

This cross sectional study was carried out in Paldi and Vasna area of Ahmedabad city. A total of 120 BPL families were interviewed after taking the verbal consent of the head of the household. A questionnaire was explained and filled by asking the questions to assess the level of awareness about various government health related schemes and their utilization in the BPL families.

3. Observations

The most important criteria for the study was availability of the BPL card in the family. In response to the question about the process to apply and get the BPL card, 056 (46.7%) families found the process difficult, while 64 (53.3%) families found it easy. Out of 120 families studied, 81 (67.5%) families were utilizing one or more of the health related government schemes. This also coincide with the fact that 84 (70%) families answered that they get the guidance and help from the government health worker of their area for the government schemes. Majority (89.2%) respondents cited the health workers (MPHW/ FHW / ASHA) as their source of knowledge for the schemes.

The knowledge about various government scheme in these families and utilizations of these schemes by the families are summarized in Table 1 and Table 2 respectively.

Table 1: Knowledge about different government schemes (n=120)

Government scheme	Knowledge about scheme	
	Yes	No
Janani Suraksha Yojana	62 (51.7%)	58 (48.3%)
Rashtriya Swasthya Bima Yojana	53 (44.2%)	67 (55.8%)
Mukhyamantri Amrutam Yojana	78 (65%)	42 (35%)
Chiranjivi Yojana	68 (56.7%)	52 (43.3%)
Kasturba Poshan Sahay Yojana	58 (48.3%)	62 (51.7%)

Table 2: Utilization of government schemes by the families with knowledge regarding scheme

Government scheme	Utilization of scheme		Total
	Yes	No	
Janani Suraksha Yojana	45 (72.6%)	17 (27.4%)	62
Rashtriya Swasthya Bima Yojana	38 (71.7%)	15 (28.3%)	53
Mukhyamantri Amrutam Yojana	57 (73.1%)	21 (26.9%)	78
Chiranjivi Yojana	46 (67.6%)	22 (32.4%)	68
Kasturba Poshan Sahay Yojana	45 (77.6%)	13 (22.4%)	58

4. Discussion

The level of awareness was highest for the MA yojana (65%) and lowest for RSBY (44.2%) indicating high knowledge about the state government scheme as compared to central government scheme. The level of awareness was 51.7% for JSY, 56.7% for Chiranjivi yojana and 48.3% for KPSY.

Amongst the families with knowledge about any health related schemes, the highest level of utilization was for KPSY (77.6%) followed closely by MA yojana (73.1%), JSY (72.6%) and RSBY (71.7%). The utilization of Chiranjivi yojana was 67.6% which was lowest amongst the five schemes.

In this study, it was found that utilization of RSBY was 71.7% which is similar to 71.8% in Kerala as studied by Philip et al.⁵ The JSY awareness was found 51.7% which was 78.3% in Bangalore as studied by Reddy et al.⁶ The utilization of JSY was found 72.6% which was found 73% in Aligarh in the study by Priya et al.⁷ aba

5. Conclusions

Although both state and central governments have proposed and implemented different schemes for the benefit of the BPL families, the awareness is very low among the target population. But, it was also seen that the utilization of the schemes were high among the families with the knowledge about the schemes. Overall, the utilization of any scheme was very low due to unawareness about the schemes.

6. Recommendation

Based on the findings of the study, it can be recommended that more activities are required to bring awareness about different schemes for better utilization and high benefit to the eligible families. This in turn can improve the overall health status in this population.

7. Limitation

The study was conducted in a small sample so the findings cannot be generalized.

References

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