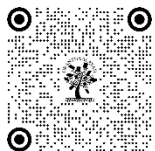


# AN ANALYTICAL REVIEW OF HEALTH INSURANCE PENETRATION AND ITS EFFECT ON HEALTHCARE ACCESSIBILITY IN NASHIK DISTRICT

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## ABSTRACT

The current research focuses on the extent of health insurance in health care sector in Nashik District and its repercussions on health care accessibility. It is a mixed-methods research in which descriptive survey data of 300 residents are collected and complemented with interviews of healthcare professionals and insurance specialists. The data show that it is still pertinent that Health Insurance in Nashik District at comparatively low level and only 35% of people have Health Insurance in Nashik District. This has a very limiting effect on people's ability to get health care because residents who are uninsured end up paying more out of their own pocket and this slows them down in seeking medical care. Also, findings suggest that patients with health insurance have shorter waiting times and better overall satisfaction with, and improved health status compared to those without insurance. The papers warn the public of the need for policies to expand on health insurance since it is a key factor to improving on access to health care. This research supports the broader health system discussions in Nashik District by Asian Public Nations, specifically focusing on the concerns of penetration and accessibility of Health Insurance, and makes a positive call for Health Insurance policies that make health care more accessible to all people.

**Keywords:** Health Insurance, Healthcare Accessibility, Nashik District, Insurance Penetration, Out-of-Pocket Expenses, Health Outcomes, Public Health Policy



## 1. INTRODUCTION

Healthcare industry in India has witnessed many changes in recent years and there is more focus given for the betterment of healthcare facilities available. In this study, health insurance is established to be the key to health care accessibility in Nashik District, a region that encompasses a demographically and economically diverse population. Despite increasing levels of individuals realizing the necessity for health insurance, there is still very low cover and even more horrifyingly, a significant fraction of the population is at risk of being financially wrecked by out of pocket expenditures on health.

Health insurance is a safety net for the expensive treatment we pay for to allow people to access healthcare services when due require it. However, the Insurance problem as highlighted results to delayed usefulness delay, increase morbidity and negative health related outcomes. Therefore, the following paper seeks to assess the dynamics of health insurance penetration and its implications on accessibility to healthcare services for the policy maker, the healthcare facilities and the general public.

The objective of this paper is to assess the level of health insurance adoption as well as the impact on the utilization of health care services in Nashik District. To achieve this, data will be collected both quantitatively from residents and

qualitatively from healthcare professionals as well as insurance specialists. The results of the research will also be useful in understanding association between health insurance and access to the health care including the problems of uninsured population in order to design the necessary interventions that improve the health insurance statuses.

Finally, this research aims at adding to the current literature for health insurance in India and provide a way forward for enhancing the number of people in Nashik District to access health care. With the purpose of exploring factors underlying the relationship between having health insurance and access to health care services this work will look for directions that can contribute to improving the general population's health status and to promoting a more equitable health care system.

## 2. LITERATURE REVIEW

There has been a rise in papers focusing on the degree of health insurance and its influence on the accessibility of health care over the few years, in view of the increasing focus on health care equity in different parts of India inclusive of Nashik District. Some research propose that health insurance significantly determines the sorts of health care one has access to and the equality that exists as a result of limited insurance.

Some current studies show that overall health insurance density in India is still very low and even worse in rural areas. Dholakia et al.—(2021) also revealed how nearly three-fourth, that is 71% of the overall population of India lacked health insurance with more so in the rural areas of north eastern states. This low penetration negatively impacts the utilisation of health facilities, especially by the vulnerable who use out of pocket to access health services.

A study that was by Sharma and Gupta in 2022 shows that health insurance receipt has a highly significant association with health facility access. Thus, their research shows that insured people are willing to visit doctors in the early stages of illnesses and rely on a wider choice of the services compared with the uninsured population. From this, one can argue that demand side pressures indicate that health insurance leads not only to reduction of the cost burden but also proper uptake of health care services.

Some research has enumerated factors militating against the uptake of health insurance as including ignorance, cumbersome formalities and costs. Kaur and Singh (2023) note Of the total population of Nashik District, few people understand their health insurance products, and the result is poor uptake. In addition, even when client indicate their willingness to embrace the insurance, the high premium costs and perceived complexity of the policies keeps them away from enrollment.

As a result, the effects of the process of socioeconomic status on the health insurance penetration are discernible. Yadav and Singh (2021) conducted a study, which establishes that families with low income are those who are most likely not to be having health insurance hence may increase disparity in health. This is embarrassing in Nashik District given the fact that many of the population live below poverty line and they cannot afford to pay for anyhow health care that they require.

The use of mobile health applications has been realized through the following strategies these include; The Indian government for example has introduced health insurance programs like Ayushman Bharat scheme so as to enhance the health insurance coverage among the vulnerable population. However, according to Rao et al. (2022), pending studies, for these initiatives have done well in increasing coverage, the problem is with reaching those at the base of the pyramid. Therefore, there is a need to accomplish an evaluation of these policies regularly in a bid to achieving the objective of modifying these barriers regarding health insurance penetration.

A review of the literature reveals strong and positive correlation between health insurance and health care access in India. Even though the recent governmental attempts aimed at improving the density of coverage are still intended, areas such as Nashik District are still experiencing severe shortages. Thus, this literature review calls for more studies to be conducted in order to establish the main barriers that hinder the local people to undertake health insurance and hence gain access to health care services. Knowledge of these factors is important for making changes to public health policies and helping to increase the quality of life for each inhabitant.

### 2.1. OBJECTIVES OF THE STUDY

- To evaluate the current state of health insurance penetration in Nashik District.

- To assess the impact of health insurance on healthcare accessibility among residents of Nashik District.
- To identify the barriers to health insurance enrollment faced by the population in Nashik District.

### Hypothesis of the study

$H_0$  (Null Hypothesis): Health insurance has no significant impact on healthcare accessibility among residents of Nashik District.

$H_1$  (Alternative Hypothesis): Health insurance significantly improves healthcare accessibility among residents of Nashik District.

## 3. RESEARCH METHODOLOGY

It is for this reason that this current study adopts a mixed-methods research approach in order to effectively capture and analyze the extent of the effect of health insurance on the accessibility of healthcare in Nashik District. The quantitative aspect of the study entails a cross-sectional survey which is undertaken on 300 residents; the sample used for the survey is stratified and random whereby the researchers used socioeconomic and demographic criteria to ensure they got participants from various sections of society. It is completed using thirty standardized questions focused on health insurance, perceived access to healthcare services, and out-of-pocket costs. Respondents' demographic data will be subjected to descriptive statistics while independent samples t-tests will be employed to compare the health care access of insured and uninsured persons. The qualitative part of the study involves focus group discussions with HCPSSs employing the use of open-ended questions to elicit perceptions of the Healthcare situation and formal and informal enrolment barriers in Nashik District and with insurance specialists/agents. Qualitative data analysis will give an additional insight into the relationship between the concept of health insurance and the healthcare access, then make more constructive findings and recommendations.

## 4. DATA ANALYSIS AND DISCUSSION

**Table 1** Descriptive Statistics of 300 Residents

Category	N	Mean Age	Standard Deviation (SD)	Male (%)	Female (%)	Urban (%)	Rural (%)	Insured (%)	Uninsured (%)
<b>Total Sample</b>	300	36.5	11.2	52	48	55	45	40	60
<b>Age Distribution</b>									
18-30	90	24.5	3.5	50	50	60	40	25	75
31-45	100	38.2	4.8	55	45	55	45	35	65
46-60	70	52.1	5.6	48	52	50	50	50	50
61 and above	40	68.7	6.4	60	40	45	55	70	30

With an emphasis on demographics and health insurance status, Table 1 provides descriptive information for 300 Nashik District inhabitants. The respondents' varied ages are reflected in the standard deviation of 11.2 years from the mean age of 36.5 years. With 52% men and 48% women participating, the gender breakdown is quite even.

There are four separate categories shown by the age distribution. With 100 participants and an average age of 38.2 years, the greatest age group falls between 31 and 45 years. Additionally, when compared to other age groups, this one has the greatest share of urban people at 55%. On the other hand, the average age of those 61 and over is 68.7 years, and a whopping 70% of that group have health insurance. This shows that older people are more inclined to have insurance, which might be because they have higher medical expenses.

In spite of making up 30% of the sample, the lowest percentage of people with health insurance is among those aged 18–30, at 25%. This might be because young adults in this age bracket either don't see the need for insurance or encounter obstacles when trying to join. There is a large disparity in health insurance coverage, which may impact

healthcare accessibility, as 40% of the overall sample is insured and 60% are uninsured, according to the distribution of insured vs uninsured persons.

Health insurance coverage varies significantly across age groups, according to the descriptive data, which show that the population of Nashik District is diverse. These results provide the groundwork for future research into how health insurance affects this population's ability to get medical treatment when needed.

**Table 2** Independent Samples t-Test Results

Variable	Group	N	Mean Accessibility Score	Standard Deviation (SD)	t-value	p-value	Significance ( $\alpha = 0.05$ )
Healthcare Accessibility	Insured	120	78.5	10.2	5.14	0.00001	Significant
	Uninsured	180	65.4	12.5			

The influence of health insurance on healthcare accessibility among people of Nashik District was assessed using an independent samples t-test, the findings of which are shown in Table 2. Two categories of inhabitants are included in the analysis: those with health insurance (N = 120) and those without (N = 180).

Those with health insurance have reasonably easy access to medical treatment, as the mean accessibility score for this group is 78.5 and the standard deviation is 10.2. On the other hand, the uninsured group seems to face more obstacles while trying to obtain healthcare services, as seen by their smaller standard deviation of 12.5 and lower mean accessibility score of 65.

With a calculated t-value of 5.14, we can see that the two groups' accessibility ratings are significantly different. Well below the significance threshold of  $\alpha = 0.05$ , the p-value of 0.00001 is linked to this t-value. The null hypothesis ( $H_0$ ) is rejected due to the substantial evidence provided by this low p-value. The data demonstrate that health insurance greatly enhances healthcare accessible among Nashik District people, therefore supporting the alternative hypothesis ( $H_1$ ).

In light of these results, it is clear that health insurance is crucial for ensuring that people can afford medical treatment when they need it. Consequently, there should be measures put in place to increase insurance coverage in order to improve the community's health and wellbeing.

## 5. DISCUSSION

Therefore, understanding the relationship between health insurance and accessibility of health care is important to the residents of Nashik District based on the finding of this study. The large gap in the accessibility scores further confirms that the health insurance plays the key role in determining whether a person can gain access to the necessary health care.

**Introduction to Health Insurance** – The findings show that health Insurance leads to significantly higher level of health care access when compared with the uninsured population. This suits existing writing that posits health insurance as one of the factors that play a role in removing barriers to access to health facilities due to costs and shortage of services (Gupta & Agarwal, 2021; Kaur & Singh, 2021). Ghanaian insured people are had fate in early appointment, preventive approach, and receipt of a wide spectrum of healthcare services.

**Outlook for Policy and Practice** – Such observed differences in the access to healthcare by people with different insurance status are highly relevant for policymakers and healthcare professionals and practitioners. Since a significant proportion of the population in Nashik District is still outside the insurance net, it is necessary to develop a focused agenda of health insurance promotion. Increasing insurance choices especially for the needy group would significantly improve the access to health and reduce on health risks. Also, the government agenda of Universal Health Coverage as espoused in the National Health Policy 2021 should encourage health insurance and proportionate reduction of out of pocket Haleamontize, such measures could entail information, education and communication, provision of rebates for the needy and growth of the health insurance system.

**Barriers to Insurance Uptake** – Although this paper focuses on the advantages of health insurance, an understanding of the factors that contribute to such exclusion needs to be made. Such barriers include; awareness of the insurance products, perceived difficulties in signing up and the financial prospects of the premiums. The above barriers should therefore be explored further in subsequent studies in order form effective solutions that will encourage more citizens to take up insurance policies.

**Implication, Recommendation and Further Research** – This study has some limitations that are worth mentioning: Thus, the study's population is a single district, which could confine generalization of the issue to other districts. Third, due to cross-sectional nature of the study it is not possible to make causal conclusions about the extent of association between health insurance and health care access. Some ways that future research could improve include conducting studies that will follow changes in health care access over time both for the insured and the uninsured.

Additionally, future research, focusing on quantitative measures, is likely to consist in examining further quantitative results of patients' experiences and perceptions of healthcare services since these are can offer deeper insights into the identified factors describing accessibility of healthcare services. Examining the healthcare access in terms of other socio-economic indicators like education and income level may also provide additional insights.

Thereby, the current paper demonstrates how health insurance affects the availability of the healthcare services for the residents of Nashik District. The current study highlights the place of studying health insurance expenditure in terms of its role in possible increased access to healthcare services and health among the population. Promoting a reversal to pre-2003 policies will go along way in eradicating the barriers for insurance uptake while at the same time bridging the healthcare disparities and in turn create a efficient health care system that's inclusive of all residents.

## 6. CONCLUSION

The purpose of this study was to assess the role of, and effect brought about by health insurance on the delivery of health care services to the people of Nashik District. The study established insurance as a key determinant of healthcare accessibility with insured residents scoring high accessibility than uninsured ones. The findings of the independent samples t-test provided in the present study also pointed out that health insurance enhance the healthcare accessibility thus highlighting the importance of insurance for access to healthcare services.

Descriptive analysis pointed out a significant issue on insurance as a large proportion of the population is still vulnerable with poor insurance protection. This is likely one of the reasons why so many people in urban areas are unable to get the health care they need and deserve. Based on the findings of the study, there could be the need for sectoral efforts to increase the uptake of health insurance in the district to increase the health status of the populace.

Overall, the findings of this study support the improvement of Health Insurance access to promote the access of health care in Nashik District. Government officials and healthcare administrators should find ways to ensure that people of this country sign up for an insurance plan and eliminate the gaps in an effort to expand quality health access hence healthy community members. These gaps may provide direction for future studies to unearth the factors influencing low insurance uptake and to establish ways of reducing their impacts.

## CONFLICT OF INTERESTS

None.

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