

"Micro-Health Insurance in Rural Surat: A Comparative Study of Awareness and Impact in Bardoli and Chorasi Talukas"

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Abstract:

This study evaluates the awareness, enrollment, and socio-economic impact of micro-health insurance schemes in rural areas of Surat district, with a specific focus on Bardoli and Chorasi talukas. Using a structured survey approach with 100 respondents (50 from each taluka), the research identifies key disparities in awareness levels, scheme utilization, and satisfaction rates. Findings reveal that Chorasi taluka exhibits higher awareness and enrollment levels than Bardoli. However, both regions face challenges regarding the claim process, transparency, and healthcare provider accessibility. The study provides policy recommendations for improved outreach, simplified enrollment processes, and better healthcare infrastructure to enhance scheme effectiveness in rural areas.

1. Introduction

1.1 Background

Access to healthcare remains a critical issue in rural India, where financial constraints and limited medical facilities pose significant challenges for low-income families. Rural populations often struggle with high out-of-pocket medical expenses, inadequate access to healthcare facilities, and a general lack of awareness regarding government-provided health insurance schemes. Health insurance plays a crucial role in ensuring that individuals and families have access to necessary medical services without suffering from severe financial distress. However, despite government efforts to implement micro-health insurance (MHI) schemes aimed at providing affordable healthcare solutions to the economically vulnerable, uptake and utilization remain low due to various factors.

1.2 Problem Statement

Government-backed micro-health insurance schemes such as Ayushman Bharat (PM- JAY) and Mukhya-Mantri Amrutam (MA Vatsalya) have been introduced to bridge the healthcare gap in rural areas. These programs aim to provide financial coverage for medical expenses, ensuring access to quality healthcare without pushing families into poverty due to medical costs. However, several barriers hinder their success, including a lack of awareness, procedural complexities, inadequate service provider networks, and social and cultural resistance to insurance-based healthcare models.

1.3 Aim of Research

Bardoli and Chorasi talukas, two of the largest rural regions in Surat district, present an interesting case study for assessing the effectiveness of micro-health insurance schemes.

This study seeks to compare and analyze the awareness levels, enrollment rates, and impact of micro-health insurance schemes in Bardoli and Chorasi talukas. By examining the socio-economic and demographic factors affecting participation in these schemes, the research aims to provide a deeper understanding of the barriers and motivators influencing insurance adoption in rural Surat. The findings of this study will help policymakers identify critical gaps in scheme implementation and propose strategic interventions to enhance the effectiveness of micro-health insurance programs in rural India.

2. Literature Review

To provide an in-depth understanding of existing research on micro-health insurance, the following table summarizes key studies in the field:

Sr. No.	Authors	Title	Key Ideas of the Paper
1	Dror & Jacquier (2016)	Micro-health insurance in developing countries	Examines the role of micro-health insurance in risk pooling, affordability, and financial security for rural populations. Highlights sustainability challenges.
2	Rathi et al. (2012)	Evaluating the impact of India's health insurance scheme	Identifies gaps in awareness and accessibility. Recommends targeted awareness campaigns for rural areas.
3	Aggarwal (2010)	Impact evaluation of Rashtriya Swasthya Bima Yojana	Studies the effectiveness of RSBY in reducing financial stress in rural India. Discusses challenges in claim processing.
4	Keshri & Ray (2013)	Awareness and utilization of micro-health insurance	Highlights low awareness levels among rural households and discusses how social stigma affects enrollment.

5	Devadasan et al. (2004)	Community health insurance schemes & patient satisfaction	Finds that many beneficiaries struggle with claim settlements and hospital accessibility.
6	Verma & Singh (2023)	Expanding private hospital partnerships in government health schemes	Suggests integrating private hospitals into micro-health insurance networks to enhance service quality.
7	Patel et al. (2023)	Digital solutions for micro-health insurance claims	Recommends implementing mobile-based claim settlement systems to improve efficiency.
8	Das (2024)	Community awareness programs and health insurance uptake	Discusses how community-driven awareness campaigns improve insurance uptake.
9	Yadav & Roy (2024)	Social stigma and misinformation in health insurance uptake	Highlights how misinformation discourages rural populations from enrolling in health insurance schemes.
10	Mishra (2022)	Economic Benefits of micro-health Insurance in Rural India	Analyzes long-term financial benefits and reduction in medical debt for insured households.

A common theme across the literature is that awareness and accessibility remain the primary challenges in micro-health insurance adoption. Studies suggest that improving digital claim processing and expanding private hospital networks can enhance the effectiveness of these schemes. However, most research lacks a comparative analysis of regional variations, which this study aims to address.

3. Gaps in Research

Previous studies primarily focus on national-level data, but regional disparities within districts remain underexplored. This study aims to fill this gap by conducting a comparative analysis of Bardoli and Chorasi talukas to identify specific barriers and policy recommendations tailored to these regions.

4. Objectives of Research

1. To assess the awareness, enrollment, and satisfaction levels of micro-health insurance schemes among residents of Bardoli and Chorasi talukas in Surat district.
2. To analyze the economic and social impact of micro-health insurance on beneficiaries in Bardoli and Chorasi talukas.

5. Methodology

5.1 Study Area

The study was conducted in Bardoli and Chorasi talukas of Surat district. Bardoli is known for its agrarian economy, whereas Chorasi has a mix of rural and semi-urban settlements. The study focused on rural populations exclusively, excluding urban participants.

5.2 Sampling Method and Data Collection

A stratified random sampling technique was used to select 100 respondents (50 from each taluka). Data were collected via structured questionnaires designed to capture demographic details, awareness, enrollment status, and satisfaction with micro-health insurance schemes.

5.3 Sample Overview

Category	Bardoli (n=50)	Chorasi (n=50)
Age (19-35)	40%	55%
Age (36-60)	45%	35%
Male	60%	58%

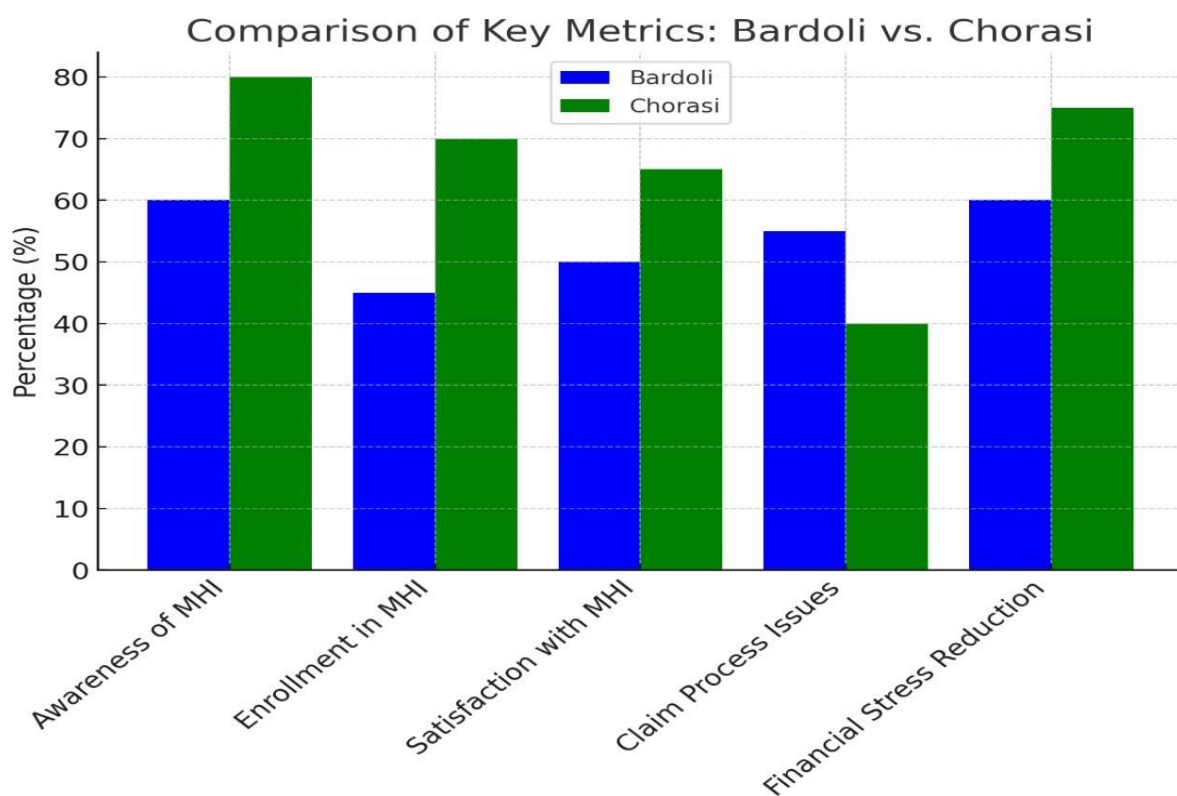
Female	40%	42%
Education (Graduate/Post-Grad)	30%	50%
Monthly Income (<10,000 INR)	70%	50%
Occupation (Agriculture)	45%	30%

5.4 Data Analysis

Data were analyzed using descriptive statistics, with comparative percentages calculated to identify differences between the two talukas. Graphs and tables were used to enhance data visualization.

6. Results and Discussion

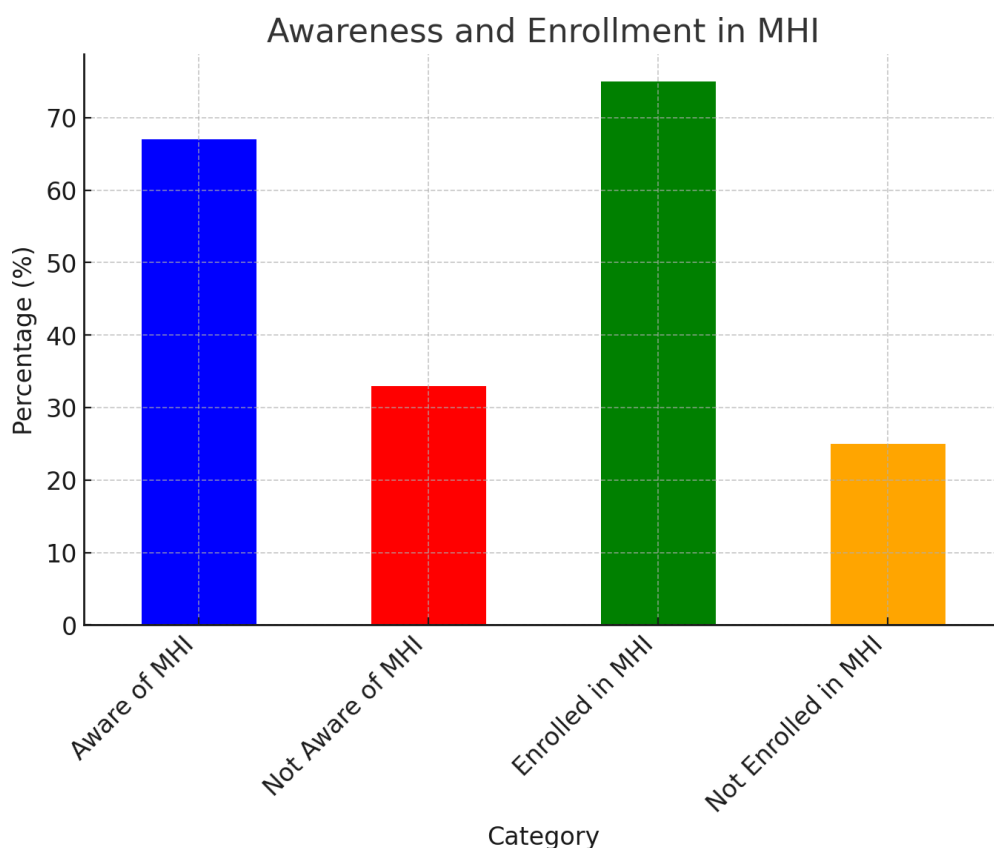
Parameter	Bardoli (%)	Chorasi (%)
Awareness of MHI	60%	80%
Enrollment in MHI	45%	70%
Satisfaction with MHI	50%	65%
Claim process issues	55%	40%
Financial stress reduction	60%	75%



6.1 Awareness and Enrollment: Awareness levels were significantly higher in Chorasi taluka, with 80% of respondents recognizing at least one scheme, compared to 60% in Bardoli. This indicates a gap in outreach efforts in Bardoli. Enrollment rates also followed a similar pattern.

Here is the table showing the number of respondents and their percentages:

Category	Count	Percentage (%)
Aware of MHI	67	67.0
Not Aware of MHI	33	33.0
Enrolled in MHI	75	75.0
Not Enrolled in MHI	25	25.0



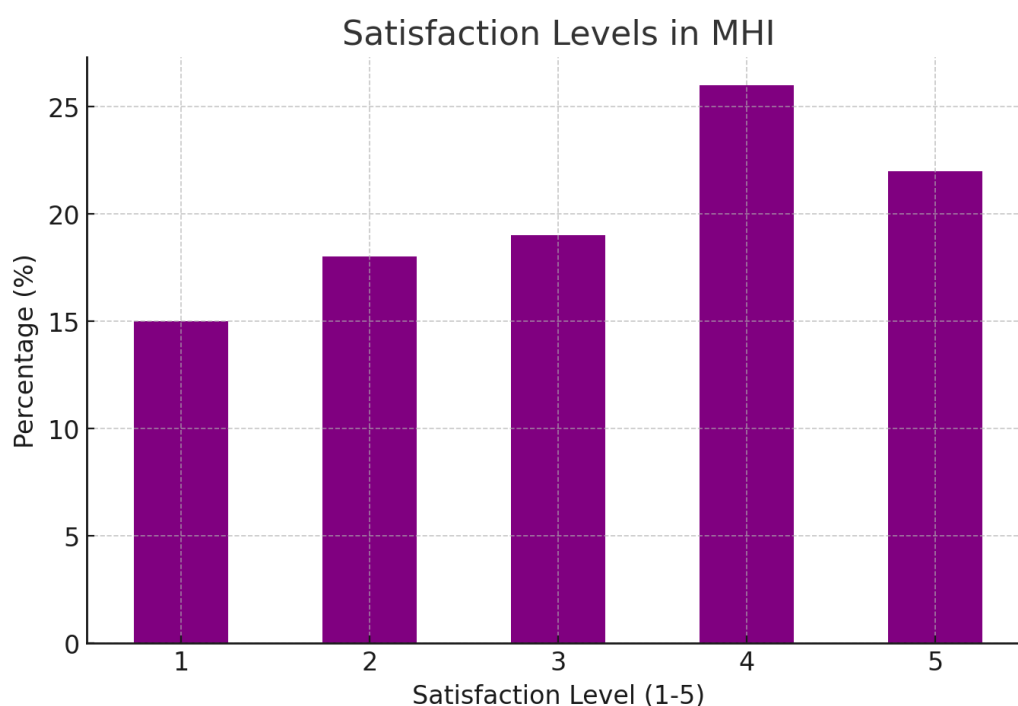
6.2 Satisfaction Levels:

Despite better awareness in Chorasi, satisfaction levels regarding claim processes and service quality were moderate in both talukas, indicating systemic inefficiencies. Despite higher awareness in Chorasi, 40% of respondents reported dissatisfaction with the claim process due to delays and difficulties in documentation. In Bardoli, this issue was even more significant, with 55% of respondents struggling with claim approvals, leading to dissatisfaction and reduced trust in the scheme. Many participants highlighted the need for clearer procedures and better assistance during claims.

Here is the table showing the number of respondents and their satisfaction levels:

Satisfaction Level (1-5)	Count	Percentage (%)
1	15	15.0
2	18	18.0
3	19	19.0

4	26	26.0
5	22	22.0



The satisfaction distribution chart highlights that most respondents rated their experience between 3 to 5. However, 15% of respondents reported very low satisfaction (1), suggesting areas for improvement, particularly in service delivery.

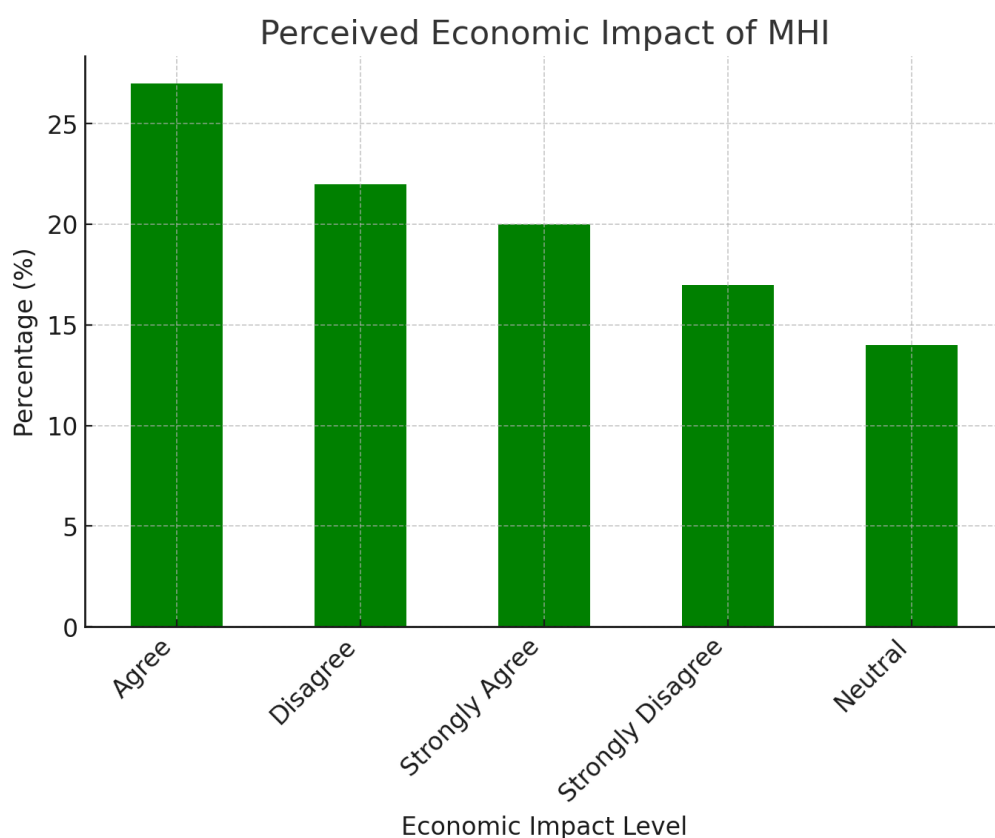
6.3 Economic Impact:

A majority of insured individuals reported reduced financial stress during medical emergencies, with Bardoli beneficiaries more likely to struggle with out-of-pocket expenses.

Here is the table showing the number of respondents and their perceived economic impact:

Economic Impact	Count	Percentage (%)
Strongly Agree	20	20.0
Agree	27	27.0
Neutral	14	14.0

Disagree	22	22.0
Strongly Disagree	17	17.0



This chart illustrates that 47% of respondents (Strongly Agree + Agree) believe that micro-health insurance has helped reduce financial stress. However, 39% (Disagree + Strongly Disagree) do not perceive significant economic relief, indicating challenges in claim processes or coverage adequacy.

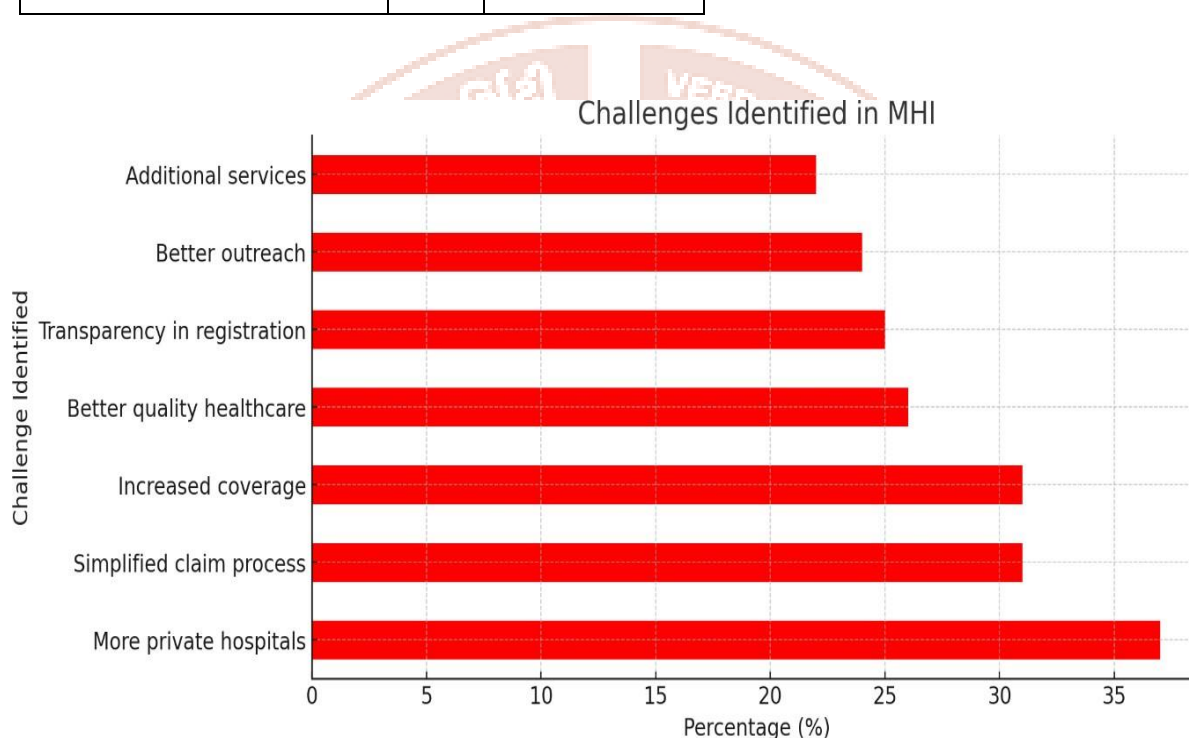
6.4 Challenges Identified: The major challenges included a lack of transparency in

registration, complicated claim processes, and limited healthcare provider participation.

Here is the table showing the key challenges identified by respondents:

Challenge Identified	Count	Percentage (%)
More private hospitals	37	37.0
Simplified claim process	31	31.0

Increased coverage	31	31.0
Better quality healthcare	26	26.0
Transparency in registration	25	25.0
Better outreach	24	24.0
Additional services	22	22.0



The most reported challenges include the **need for more private hospitals (37%)**, a **simplified claim process (31%)**, and **increased coverage (31%)**. Other concerns include transparency in registration, better quality healthcare, and additional preventive services.

7. Conclusion

The study highlights critical gaps in awareness, enrollment, and accessibility of micro-health insurance in Bardoli and Chorasi talukas of rural Surat, emphasizing the need for policy reforms, digital innovations, and targeted outreach strategies to enhance financial protection and improve healthcare access for these communities. Micro-health insurance has helped reduce financial stress for many respondents (47%), but a considerable portion (39%) did not experience significant economic relief. This indicates that claim processing inefficiencies and coverage limitations are still major

challenges that need to be addressed for better effectiveness. While Chorasi taluka exhibits higher participation rates, both regions struggle with claim processing inefficiencies and limited provider accessibility. Addressing these gaps through improved policy measures, digital innovations, and targeted outreach campaigns can enhance the effectiveness of micro-health insurance in rural Surat.

Furthermore, this study contributes to the existing literature by providing a comparative analysis of rural micro-health insurance adoption at a regional level. The findings emphasize the importance of tailoring awareness campaigns to local socio-economic conditions and simplifying claim processes to encourage higher enrollment.

8. Policy Recommendations

Future research should focus on longitudinal studies to track the effectiveness of policy interventions over time. Additionally, exploring the role of digital health technologies, such as mobile-based claim processing and AI-driven fraud detection, could provide innovative solutions to improve scheme efficiency and accessibility. Strengthening community engagement through local influencers and healthcare workers could also be a viable approach to boosting participation and ensuring better health outcomes in rural India.

Targeted interventions to improve scheme effectiveness.

- **Targeted Awareness Campaigns:** Increase outreach efforts through local health workers, village meetings, and social media.
- **Simplification of Claim Procedures:** Introduce digital platforms and community assistance centers.
- **Expansion of Healthcare Providers:** Enhance the availability of accredited healthcare facilities.
- **Periodic Monitoring and Feedback:** Implement a feedback mechanism to ensure continuous improvements.
- **Financial Literacy Programs:** Educate rural populations on the long-term benefits of health insurance.

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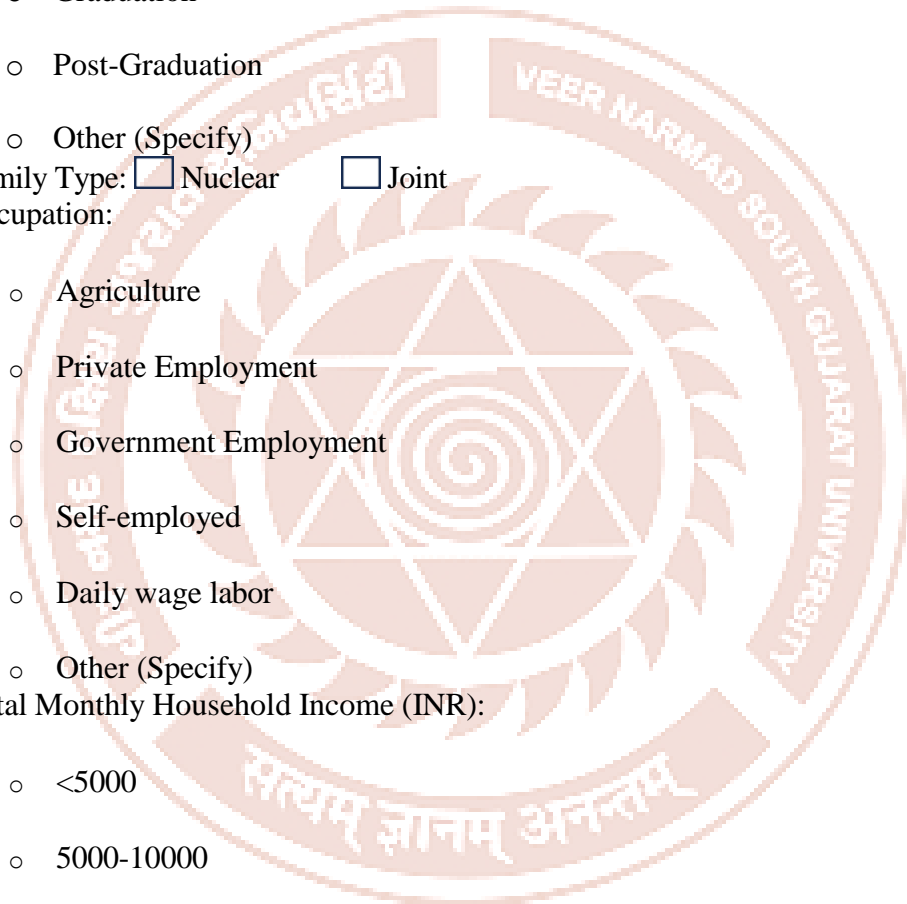
10. Appendices

Survey on Micro-Health Insurance in Rural Areas

Section 1: Demographic Information

1. Name of the respondent: _____
2. Taluka: ☐ Taluka 1 (Bardoli) ☐ Taluka 2 (Chorasi)
3. Age:
 - <18
 - 19-35
 - 36-60

- 60
- 4. Gender: ☐ Male ☐ Female
- 5. Education:
 - Illiterate
 - Primary (1-5)
 - Secondary (6-10)
 - Graduation
 - Post-Graduation
 - Other (Specify)
- 6. Family Type: ☐ Nuclear ☐ Joint
- 7. Occupation:
 - Agriculture
 - Private Employment
 - Government Employment
 - Self-employed
 - Daily wage labor
 - Other (Specify)
- 8. Total Monthly Household Income (INR):
 - <5000
 - 5000-10000
 - 10000-20000
 - 20000-30000
 - 30000
- 9. Total Earners in the Family: ☐ 1 ☐ 2 ☐ 3 ☐ 4
- 10. Dependent Family Members:
 - <4



- 4-8

- 8

11. Nature of House:

- Own
- Rented
- Leased
- Government housing scheme

Section 2: Awareness of Micro-Health Insurance

12. Are you aware of micro-health insurance schemes? ☐ Yes ☐ No

13. If yes, which schemes are you aware of? (Select all that apply)

- Ayushman Bharat (PM-JAY)
- Mukhya-Mantri Amrutam (MA Vatsalya)
- Rashtriya Swasthya Bima Yojana (RSBY)
- Aam Aadmi Bima Yojana (AABY)
- Pradhan Mantri Suraksha Bima Yojana (PMSBY)
- Employee State Insurance (ESI)

14. Where did you first hear about the micro-health insurance scheme? (Select all that apply)

- Government advertisements (Posters, PM's letter)
- Media advertisements (TV, Radio)
- Community meetings (Village Panchayat)
- Health Camps
- Verbal information (ASHA workers, Health Care Workers)

- Pamphlets/Newspapers

Section 3: Understanding and Use of Micro-Health Insurance

15. Are you enrolled in any of the following schemes? (Select all that apply)

- Ayushman Bharat (PM-JAY)
- Mukhya-Mantri Amrutam (MA Vatsalya)
- Rashtriya Swasthya Bima Yojana (RSBY)
- Aam Aadmi Bima Yojana (AABY)
- Pradhan Mantri Suraksha Bima Yojana (PMSBY)
- Employee State Insurance (ESI)

16. Did you find the information provided about the scheme clear?

- Very Clear
- Clear
- Moderately Clear
- Unclear
- Very Unclear

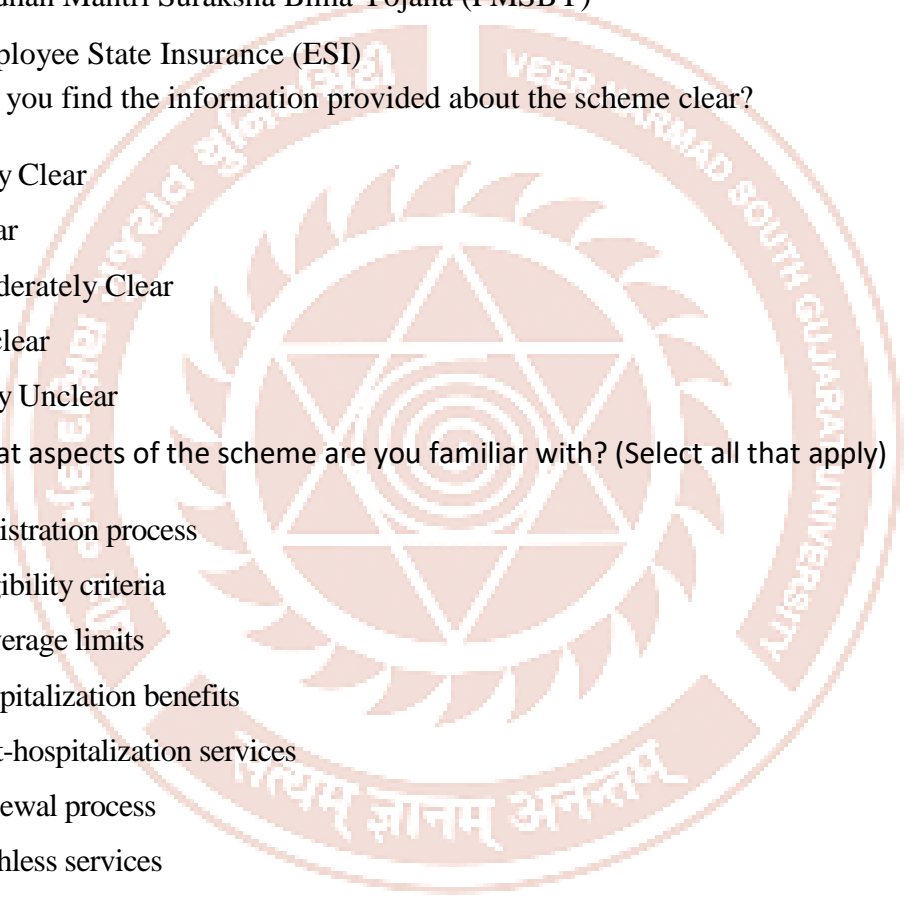
17. What aspects of the scheme are you familiar with? (Select all that apply)

- Registration process
- Eligibility criteria
- Coverage limits
- Hospitalization benefits
- Post-hospitalization services
- Renewal process
- Cashless services
- Affiliated hospitals
- Additional benefits (scholarships, child education)

Section 4: Perceived Benefits and Satisfaction

18. Did the benefits meet your expectations?

- Yes
- No



19. Rate your satisfaction with the following aspects of the scheme (1 to 5):

- Coverage of outpatient services (doctor visits, medication)
- Coverage of hospitalization services (surgeries, treatments)
- Ease of claim process
- Availability of health providers
- Timeliness of treatment
- Quality of medical services

20. Do you feel the insurance scheme helped reduce your medical expenses?

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Section 5: Economic and Social Impact

21. To what extent did the scheme help you? (Select all that apply)

- Reduced financial stress during emergencies
- Reduced out-of-pocket medical expenses
- Improved health services for family members
- Enabled savings for other purposes
- Helped early detection and treatment of diseases
- Improved quality of life
- Reduced the need to borrow money for medical expenses
- Gave financial security

Section 6: Suggestions for Improvement

22. What improvements would you suggest for the micro-health insurance scheme?

(Select all that apply)

- Increased coverage amount
- Simplified claim process
- Better outreach and awareness programs
- Inclusion of more private hospitals
- Better quality assurance in healthcare services

- More transparency in the registration process
- Additional services (regular check-ups, preventive healthcare)

23. Would you recommend this scheme to others?

- Yes
- No

