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### Abstract

The purpose of this paper is to study of awareness about social health orientation, and family care orientation proportional to healthcare schemes in Ahmedabad of Gujarat state. Data were collected from 95 respondents and analyzed, with convenience sampling method for exploratory research design. Limitation of study do not include sample from other cities and results of this study is applicable to only this city.

**Keywords:** Health Scheme, Healthcare schemes, Health Budget, Family care orientation, Social Health Orientation, Awareness, Ahmedabad.

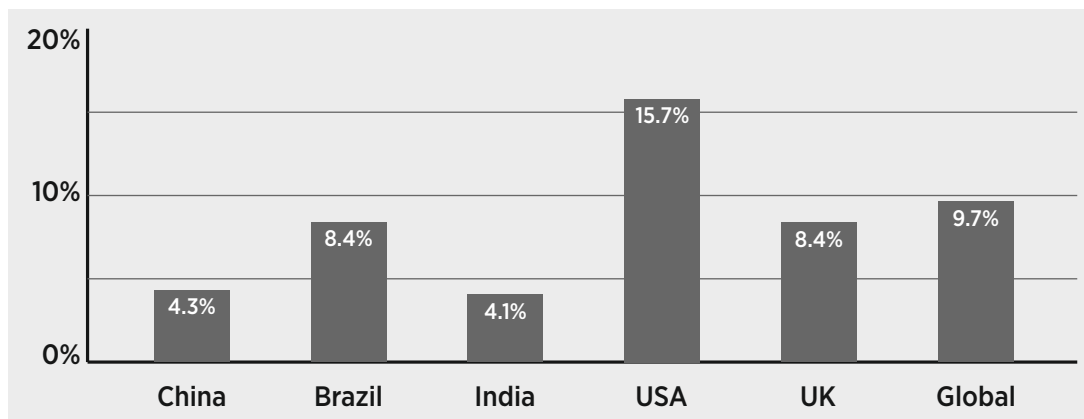


### Introduction

The Healthcare industry of India is at very good position and upcoming years would be more beautiful where it will grow. However, when we compare the expenditure on healthcare sector of India with others, in terms of public funds and private sources, it is at the lowest side of the list of all countries and there are plenty of challenges needs to be identified and to be solved. These challenges are like financial support, skilled workforce, quality of patient care services and easy accessibility of healthcare services.

At present about millions of Indians do not have proper access to healthcare facilities. In most developing countries out-of-pocket payments is the major reason behind the disturbance of financial budget of family. For this reason, countries must find a way to encounter the OPP part and develop some financial and health protection of people. In the current scenario spending on health is lowest where private sector is providing majority of healthcare which is the major reason behind the out-of-pocket expenditure. In current situation, government is spending fewer amounts on healthcare per person in rural area as well as urban area of the country. 80% of opp sows that those who are not able to pay higher, they also go for better healthcare services in private sector.

**Figure : 1 Public spending on healthcare**



(Source: World Bank reports 2012)

At national and state level, government sector focuses on launching of innovative public health policies/schemes to improve health needs of people and ultimately achieve goal of health for all. Government of Gujarat has recently launched two such innovative schemes in health sector. Immunization, Ayushman bharat, Shishu suraksha yojna all are having objective of health for all.

### **Healthcare in Gujarat**

Comparative figures of major health and demographic indicators are as follows :

**Table 1: Health profile of Gujarat State comparing with India figures**

<b>Indicator</b>	<b>Gujrat</b>	<b>India</b>
Total population (In crore) (Census 2011)	6.03	121.01
Decadal Growth (%) (Census 2011)	19.17	17.64
Infant Mortality Rate (SRS 2013)	36	40
Maternal Mortality Rate (SRS 2010-12)	122	178
Total Fertility Rate (SRS 2012)	2.3	2.4
Crude Birth Rate (SRS 2013)	20.8	21.4
Crude Death Rate (SRS 2013)	6.5	7
Natural Growth Rate (SRS 2013)	14.3	14.4
Sex Ratio (Census 2011)	918	940
Child Sex Ratio (Census 2011)	886	914

## Literature Review

“During my visit here today, I saw a presentation about various programs run by the states government in the health-care sector. I am satisfied to see that Gujarat government is taking up various programs to ensure that everyone get health-care services and Central government is working towards replicating many such programs and schemes of Gujarat across India., Union health minister J.P.Nadda” (The Financial express, Published: January 31, 2016)

### Awareness

Swati Dattatray Kedare (2012) conducted a study about buying pattern of health insurance and she carried out by comparing different health insurance companies and found that the awareness preference has been increased, group have more concentrated on making advertising and information support for the population. According to Jangati Yellaiah, 2012 health insurance awareness in Andhra Pradesh is because of News Paper was the higher rating as source of information for making awareness of health insurance and they find awareness of health insurance would be increased with higher education.

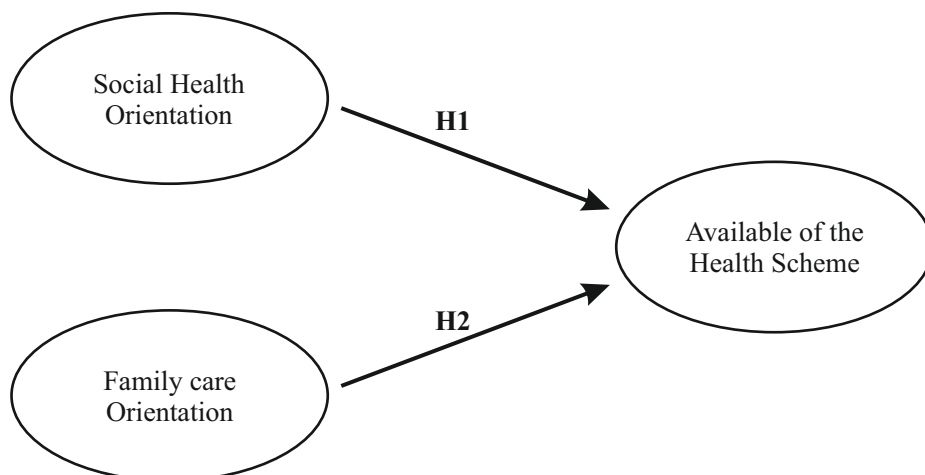
Vartika Saxena (2012) has studied the job profile of ASHA and social responsibility of them. And concluded ASHA should be as per stipulated criteria and they should be responsible about their major role of motivator and health activist for creating awareness in the society.

**H1 :** There is positive relationship between Social Health Orientation and Availability of health scheme.

A study about family support and health status of elderly people by Muhammad Shoaib (2011) with the help of variables like provision of health care services on time, look after the injuries of respondent, facing weakness by respondent, facing illness that shows for making a health scheme stronger this thing should be consider.

**H2 :** There is positive relationship between family care orientation and availability of health Scheme.

**Figure 2: Model 1**



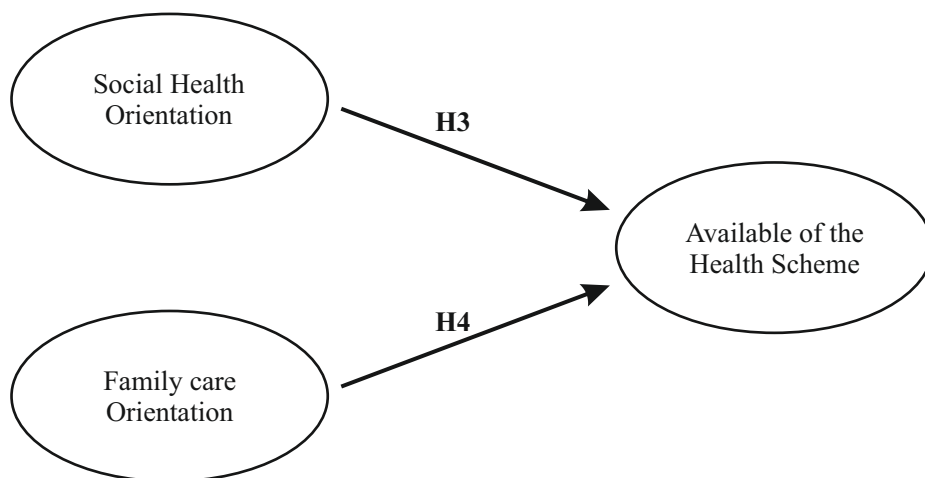
A study for awareness of benefits of mother care schemes by Government among women visiting clinics for mother care in a rural hospital in Karnataka, by A.R.Johnson et. al 2015, where they have asked many questions about the awareness of all health schemes of related to maternal health and found that awareness among women who are mother or to be mother about important of Benefit of Schemes are specifically targeted to reduce death ratio of mother and newborn child like Janani Suraksha Yojna and Janani Shishu Suraksha Yojna were low.

**H3 :** There is positive relationship between social health orientation and benefits of health scheme-mother care.

Sonia Tiwari et. al (2014) conducted a study about the awareness of mother and child health services in rural Madhya Pradesh, where she studied that awareness, availability, accessibility of services and at affordable costs in a rural area are major reason behind the good health practice and utility of mother and child health services.

**H4 :** There is positive relationship between family care orientation and benefits of health scheme-mother care.

**Figure 3: Model 2**



The study about health insurance awareness by B. Reshmi et al. (2007) by means of asking various questions to sample of 242 peoples to measure the awareness of the health insurance and found 64 percent people having awareness about the health insurance and child care awareness.

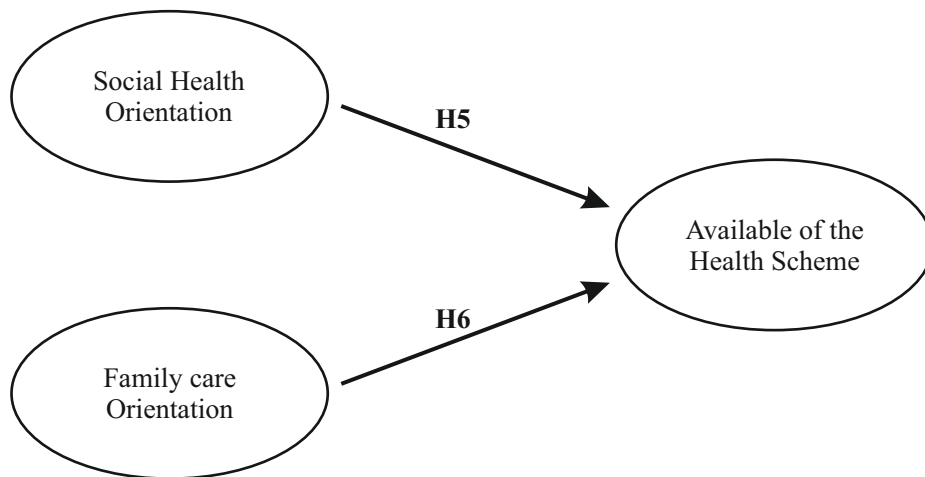
**H5 :** There is positive relationship between social health orientation and benefits of health scheme-child care.

The study of Chiranjeevi yojna by Manoj Mohanan , 2014 about the launching of scheme and its expansion in the state. The scheme have major benefit to mothers is cash doles. The program pays the designated private hospitals 1600 Indian rupees per delivery. In exchange, the program expects the hospitals to offer free deliveries. According to Stenberg et al(2010) government is spending less on health care in most of middle-income countries is below minimum need. He also mentioned these countries have to minimum spend \$54 per capita for a basic requirement of

healthcare services, despite they are spending half of what they have to spend on healthcare services.

**H6 :** There is positive relationship between family care orientation and benefits of health scheme-child care.

**Figure 4: Model 3**



### **Research Methodology**

It was a questionnaire based cross sectional study of respondents at government hospitals by convenience sampling working at Ahmedabad. Total population of 230 respondents was requested to fill-up the questionnaire, whereby 151 respondents were covered from Ahmedabad city. A questionnaire on self-rated level of social health orientation, family care orientation, utility orientation and opinions was self-developed. The evaluation of questionnaire was done by qualified research supervisor. A convenience sampling of respondents was done and contacted face to face to fill the questionnaire.

The questionnaire was designed for an cross sectional study on respondent's family care orientation, priority for the health of family, health budget of the family and roles of Social Health Activists on awareness of health schemes governed by state government i.e. Janani Shishu Suraksha Yojna, Beti Vadhavo Abhiyan and Immunization. The questionnaire was composed of 24 multiple choice questions on Likert scale measurement and one open ended questions, which we estimated would take around 10 min to complete.

### **Data analysis and Findings**

There were many respondents who were from different castes that matters a lot about the family perception and attitude for the priority of health and awareness of health schemes. Education plays a major role for positive perception about health care and family care. People were asked about the roles and responsibility of social health activists in their society and many of agree that they are having a major duty of social health and they are performing it with responsibility. Following

figures shows the data.

### Demographic Profile of the Respondents

**Table 2: Respondents Profile.**

Variable	Category	Frequency	Percentage(%)
Gender	Male	95	62.91
	Female	56	37.08
Age (Years)	25-35	42	27.81
	35-45	61	40.40
	45-55	31	20.53
	More than 55	17	11.25
Religion	Hindu	67	44.37
	Muslim	61	40.40
	Christian	23	15.23
living in	Joint	91	60.26
	Nuclear	60	39.74
Community /Caste	ST	47	31.13
	SC	37	24.50
	OBC	41	27.15
	General	26	17.22
Economic Condition of Family	Below Poverty Line	99	65.56
	Above Poverty Line	52	34.43

Demographic profile of respondent says, there are majority respondents who are male. There were mix numbers of respondents from different castes. Majority of them were Hindus and Muslims. People coming to hospital were living in joint family and 65% were from below poverty line (refer table 2).

## Reliability Analysis

**Table 3: Construct Reliability**

Variable	No. of items	Cronbach's Alpha ( $\alpha$ )
Social Health Orientation	6	0.890
Family Care Orientation	4	0.658
Availability of the health scheme	4	0.893
Benefits of the health scheme (mother care)	3	0.956
Benefits of the health schem (child care)	3	0.664

Cronbach's alpha is calculated for each construct. As suggested by Nunnally (1967, 1978), higher than 0.7 of Cronbach's alpha is indicating that scale is reliable. Here it shows that there are 5 constructs whereby the Cronbach's Alpha ( $\alpha$ ) is above 0.6 (table 3). It shows all constructs are reliable.

## Regression Analysis

**Table 4: Model fit statistics**

Dependent Variable	Model	Sum of square	DF	Mean Square	F	Sig.
<b>Availability of Health scheme (Model1)</b>	Regression	25.749	2	12.875	111.725	.0001 <sup>a</sup>
	Residual	17.055	148	.115		
	Total	42.804	150			
<b>Benefits of Health Scheme Mother Care (Model2)</b>	Regression	40.341	2	20.171	76.787	.0001 <sup>a</sup>
	Residual	38.877	148	.263		
	Total	79.219	150			
<b>Benefits of Health Scheme Mother Care (Model3)</b>	Regression	10.353	2	5.177	61.824	.0001 <sup>a</sup>
	Residual	12.393	148	.084		
	Total	22.746	150			

\* Sig. at  $p < 0.05$

**Table 5 : Model Summary**

<b>Dependent Variable</b>	<b>R</b>	<b>R square</b>	<b>Adjusted R Square</b>	<b>Standard Error of the estimate</b>
Availability the health scheme (Model 1)	.776 <sup>a</sup>	.602	.596	.3395
Benefits of the Health Scheme- Mother care (Model 2)	.714 <sup>a</sup>	.509	.503	.5125
Benefits of the Health Scheme- Child care (Model 3)	.675 <sup>a</sup>	.455	.448	.2894

**Table 6: Coefficients**

<b>Dependent Variable</b>	<b>Model</b>	<b>Unstandardize coefficients</b>		<b>Standardize Coefficients</b>	<b>T</b>	<b>Sig.</b>	<b>VIF</b>
		<b>B</b>	<b>Std., Error</b>	<b>Beta</b>			
Availability the health scheme (Model 1)	constant	3.464	.305		11.347	.001	
	SHO	-.521	.058	-.475	-9.052	.001	1.022
	FCO	.854	.065	.686	13.087	.001	1.022
Benefits of the Health Scheme- Mother care (Model 2)	constant	-1.423	.461		-3.088	.002	
	SHO	.608	.087	.408	7.008	.001	1.022
	FCO	.895	.098	.529	9.091	.001	1.022
Benefits of the Health Scheme- Child care (Model 3)	constant	1.913	.260		7.351	.001	
	SHO	-.050	.049	-.062	-1.012	.313	1.022
	FCO	.617	.056	.681	11.103	.001	1.022

\* **Sig. at p>0.05**



Table 4 Shows that all three models are statistically significant with the value of 0.01 as per requirements it should be less than 0.05 and it fulfills the criteria. It means in all three proposed research models, all given independent variables have significant impact on dependent variable. In Table 5, standard error of estimation explains how accurate value of dependent variable can be measured. The smaller the error value, better the prediction of independent variables. Here we found minimum error in all three models.

In the above table 5 and table 6 details of regression analysis is described and measure of awareness is given by the coefficients of determination denoted by R Square. For Model-1 R-Square value is 0.602 which shows 60.2 % variance is explained in Availability of health scheme by two in dependent variables. For Model-2 R-Square value is 0.509. Which Shows 50.9 % variance is explained in Benefits of health scheme by two in dependent variables. For Model-3 R-Square value is 0.455. Which Shows 45.5 % variance is explained in Benefits of health scheme by two in dependent variables. F test is also significant with value of 0.00 which allows research scholar to determine significance of all three models.

Both models are significant it means it shows the positive relationship with dependent variables Availability of health scheme, benefits of the health scheme-mother care and benefits of the health scheme-child care. Family care orientation consist of priority for the health of family and health budget of the family which shows positive relationship with dependent variables except in last model one variable, social health orientation, founded non-significant. Social health orientation consist of roles and responsibility of health activist, here respondents are at state level hospital they might from different geographical region of the state and many districts have poor root level implementation of system and it might because of higher expectation from the health activists , actually which is not a part of their duty. VIF value of all variables in all models was more than one which indicates all independent variables are not correlating to each other.

### **Limitation of the study**

- The study has been carried out with limited sample size, hence on the basis of it, whole population cannot be predicted.
- The study has limited sample area. Therefore, it cannot be applicable for whole state.

### **Discussion and Conclusion**

According to the present study, respondent's education and type of family is playing a major role in family health orientation. Again the education level of head of the family, decision taker, is always affecting the utility of health schemes. Whether he or she is aware of health schemes or not. Media plays an important role in creating the awareness about anything and we have also found here that many of samples have media as the source of information about the health schemes.

Post marked service is the terminology can be used anywhere, when end user is concern. Here we have asked samples about the schemes and its response where people have questions about the satisfaction of the services and some have negative response and worst experience about the services they received and what they had expected. The roles and responsibility of Health activists is also playing a major role, to educate about health and take care of mothers and children. If the back bone like Health activist is strong the awareness of the schemes would be very high in the society

Spending on health or reserving for the health is the big question for many families; in such cases the awareness about the schemes and availability of the schemes can help them to encounter out of pocket expenditure. The Priority for the health of family like regular checkup and health insurance etc can also improve the quality of life. And awareness of the scheme can help people to decide to utilize the schemes by government. And if they are utilizing the scheme the quality of life automatically improved as there would be no Out-of-Pocket expenditure.

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## Contents

### Articles

Alliance Motives in Small and Medium Scale Enterprises in Pharmaceutical Clusters <i>Kunal Mankodi, Mahendra Sharma</i>	01-10
Brink Foods Pvt. Ltd. - Sales and Promotional Strategy <i>Hiren J. Patel, Amit Patel, Rachita Jayswal, Rajen Purohit</i>	11-16
Expansion of digital payment adoption using task-technology fit and trust <i>Chinmay Baxi, Jayesh D. Patel</i>	17-27
A Comprehensive Study of Performance Management Practices and Their Effectiveness in Indian Banking Sector <i>Ram Kumar Balyan</i>	28-36
Comparative Analysis of Service Quality Dimensions and Passenger Satisfaction for BRTS between Rajkot and Surat City <i>Vaibhav Kadia, Hiren J. Patel</i>	37-45
An empirical study of awareness of various health care schemes in Gujarat state <i>Paras Rajdev, Hiren J. Patel</i>	46-56



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