CHAPTER 3

RESEARCH METHODOLOGY

3.1. GENERAL

The World Bank model framework to study policy reforms is used for the successful completion of the proposed hypothesis and to describe the problem statements. An interdisciplinary approach is adopted for designing the methodology, analysis and interpretation. World Bank toolkit used at the international level and are well accepted by researchers and academia alike.

3.2. FRAME WORK OF THE STUDY

The World Bank Model prescribes four major tools for analysing the existing policy by in which reforms can be suggested. They are 1) stakeholder analysis 2) political mapping 3) network analysis and 4) transaction cost analysis. The World Bank Model is an institutional one which is vetted across the policy parleys. The significance is that this model is not based on any theoretical model proposed by an individual. In the context of this study, stakeholder analysis, network analysis and transaction cost analysis are used. Political mapping is not considered as it is beyond the scope of this study.

To understand Health care provisions and spending pattern of the needy and poor are very crucial elements to critically examine the success rates and gaps in the existing system. National Health Policy of 2002 and subsequent National Rural Health Mission (NRHM) 2005 have set specific goals to attain the high standards of health care sector in India. The
Millennium Development Goals set for 2015 is also another milestone that these policies should facilitate to achieve in the set deadlines.

Research Methodology has built the basic premise on important policy papers and mission statements such as National Health Policy (NHP) of 2002, National Rural Health Mission (NRHM) 2005 and Millennium Development Goals (MDG) 2015.

The study has been carried out in three phases;

**Phase 1:** Literature review and understanding the various social security schemes in India. From the secondary research, it has been revealed that health care is the most important element in social security schemes in India. Based on the understanding, a questionnaire was prepared and administered in Chennai slums focusing on the health care issues. Results were analysed.

**Phase 2:** Analyzing the phase 1 results, an in depth study was organized to understand Rashtriya Swasti Bhima Yojna (RSBY). Another questionnaire was prepared and administered in the slums of Cochin. Stake holders’ interviews with the accredited hospitals of RSBY in Cochin were also conducted. Results were analyzed.

**Discussion Phase:** From the Phase 1 and Phase 2 studies, certain patterns are identified and established by the Government data and relevant secondary research materials. Secondary research data has also delved with the successful community health insurance schemes operated and managed by Yashasvini Trust Karnataka, Karuna Trust Karnataka and SEWA Gujarat. A comparative study with the telecom sector has been visualized.
An overall understanding helped to suggest the recommendations and a new policy framework as suggested by World Bank policy study toolkit. Various methods are used for the analysis as given below

- Secondary Research
- Qualitative Research
- Comparative Study
- Systematic Review
- Meta-Analysis

3.3 STEPS TAKEN FOR THE STUDY

- A study among urban poor (both 1 tier and 2 tier) is considered as samples. A sample of slum dwellers in Chennai and Cochin are selected.

- An interview method with health care providers who administer Rashtriya Swasti Bhima Yojna (RSBY)

- Personal interactions with stakeholders in health care sector to understand their requirements, demands and grievances to provide health provisions in an improved way.

- A focus study on RSBY schemes in Cochin to measure its success and failures supported by the Government data.

- Secondary resources like case studies, books, publications, journals, magazines, e resources and so on are utilized for the successful completion of the study.
• Analysis of the secondary data of micro insurance schemes offered by Yashasvini Trust Karnataka, Karuna Trust Karnataka and SEWA Gujarat

• Analysis is done using SPSS

3.4. PROBLEM STATEMENTS

• Statement 1: Health care security is a universal multi function that depends on various operating determinants.

• Statement 2: Affordable health care premium depends on differential pricing

• Statement 3: Lack of health care infrastructure affects the success of health insurance schemes.

3.5 RESEARCH METHODOLOGY OF THE SURVEYS

3.5.1 Research Methodology for Survey 1 (Phase 1)

Target population: Urban poor in Chennai slums

The slum survey conducted in Chennai is based on face to face interviews. A total of 492 respondents were interviewed for the study. This sample size allows reliable estimates to be produced for the larger groups of urban poor population

Pilot Study

Previous experience and the available literature review on the matter eased out the researcher from the responsibility of conducting a pilot study. Available documents and Government census figures helped to identify the issues in the sector. The present study aimed at the urban poor since the
represented the vulnerable target population surrounded by the better availability of health care facilities.

Sample Size

The goal of survey research is to take a sample representative of a population. The sample data is later generalized and concluded for population within prescribed limits of error. Further, in this section we arrive at adequate sample size for 36,589 (in 2006) slum dwellers across Chennai, Tamil Nadu.

The slum data is considered to be continuous in nature, and the slum population is around 36,589 (2006 projection based on 2001 census). The distribution of slum is across Chennai and keeping in mind the logistic cost and time a representative sample was drawn based on 4 zones in Chennai. 1 per cent sample which is 365 was drawn from the population, assuming only 75 per cent response rate of the representative sample additional 25 per cent respondents (125) where interview to minimize the standard error. In total 492 samples were interviewed from 4 zones in Chennai. Questionnaire was developed and administered.

Objectives of the Study

1. To find out the health care cost distribution for various provisions
2. To understand the preference for private and public health care systems and reasons
3. To analyse the relation between the income and health care costs
4. To find out the empirical evidences for the linkages between the preference in treatment style and different kind of diseases and ailments

5. To arrive at the choices of the poor people regarding the readiness to spend money on health care provisions.

Hypotheses

SERIES 1

H0 : There is no relationship between income and health care expenditure
H1 : There is a relationship between income and health care expenditure

SERIES 2

H0 : There is no relationship between perceptions on health care avenues and health care consumption.
H1 : There is a relationship between perceptions on health care avenues and health care consumption.

SERIES 3

H1 : Cost of health care expenditure varies for different sections of urban poor that in turn is a result of their affordability. Therefore, there is a relationship between health care expenses and socio economic background of patients.
H0 : There is no relationship between health care expenses and socio economic background of patients.
SERIES 4

H0 : There is no relationship between the type of ailment and the cost of health care

H1 : There is a positive relationship between the type of ailment and the cost of health care

SERIES 5

H1 : Availability of health services plays a significant role in influencing people’s decision to seek care. There is a positive causal relationship between health care accessibility and health care expenditure

H0 : There is no relationship between accessibility and health care expenditure.

SERIES 6

H0 : there is no relationship between the health care expenditure and primary care health care

H1 : there is a positive relationship between the health care expenditure and primary health care

3.5.2 Research Methodology for Survey 2 (Phase 2)

Target population: Urban poor in slums in Cochin

The slum survey conducted in Cochin is based on face to face interviews. A total of 100 respondents were interviewed for the study. This sample size allows reliable estimates to be produced for the larger groups of urban poor population
Sample Size

The sample size was 100 households of BPL category from Thammanam and Elamkulam villages of Ernakulam district in Kerala. Majority of the villagers are employed in informal jobs as tailors, daily wage labours, house maids etc. Though they are defined as villages, they very much constitute Urban Poor definition as they belong to Cochin city agglomeration and live in the fringes of Cochin Corporation area.

Objectives of the Study

1. To analyze and evaluate the health insurance policies in rural and urban India that includes a detailed study of public as well as community health insurance schemes /policies meant for BPL group. The study focuses on the features, shortcomings, impact of insurance coverage on the health of poor etc.

2. To formulate an alternative community health insurance model for BPL group on the basis of analysis and evaluation of primary and secondary data.

3.5.3 Research Methodology for Survey 3 (Phase 2)

Target Population: RSBY Administered Hospitals in Cochin

Focus group discussions with ten RSBY administered hospitals in Cochin were done in Survey 3 of Phase 2.

Sample Size

Ten RSBY administered hospitals were selected for conducting the survey
Objectives of the Study

Results from secondary data and from the first two phases are analysed and corroborated. Subsequently the research is narrowed down to focus on the following issues in Phase 3 studies.

1. Low enrolment rates
2. Accessibility issues
3. Issues with transparency and false claims from hospitals
4. Low claim ratio

Findings from the secondary research and from the first two phase surveys have led to this phase of the study with Hospital managements and other stake holders involved in the health insurance schemes. Stake holders’ interviews and focus group discussion were conducted in order to understand the challenges in the sector. Method used here is more descriptive in nature.

1. To understand the challenges with the claim process (steps involved for hospitals) related to health insurance practices
   i. Registration:
   ii. Swipe and block the money during admission.
   iii. Hit again during discharge
2. To comprehend the obstacles with the reimbursement process
3. To estimate the Out of pocket payments and the claim ratios
4. To arrive at the premium level that insured is ready to pay
5. To comprehend the challenges with communication among stakeholders
6. To validate the challenges with false claims
7. To understand the challenges in monitoring and evaluation
8. To comprehend enrolment process
9. To grasp the importance of the package
10. To figure out the challenges with awareness of insurance among urban poor