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| Interview Number |
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|  |
| WILLINGNESS TO PAY FOR HEALTH INSURANCE |
| AMONG PLHIV IN INDIA |
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| **INDIVIDUAL QUESTIONNAIRE** |
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| INSTITUTE OF ECONOMIC GROWTH, DELHI |
| POPULATION SERVICES INTERNATIONAL-CONNECT, BANGALORE |
| INDIAN INSTITUTE OF PUBLIC HEALTH, GANDHINAGAR |
| **2011** |
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| |  |  |  | | --- | --- | --- | | **Section 1: Survey Information** |  | **CONFIDENTIAL**  For research  Purposes only | |
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| 1. Interview No. | | | | | | |  |  |  | | --- | --- | --- | |  |  |  | | | | | | | | | |
| 2. Date of interview | | | | | | Date | | | Month | | Year | | | |
| |  |  | | --- | --- | |  |  | | | | |  |  | | --- | --- | |  |  | | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | |
| 3. Name of the city/town | | | | | |  | | | | | | | | |
| 4. Site of interview | | | | | |  | | | | | | | | |
| 5. Name of interviewer | | | | | |  | | | | | | | | |
| |  | | --- | | **Section 2: Background** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. Age | | | | | |  |  | | --- | --- | |  |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 2. Gender | | | |  |  | | --- | --- | | Male | 1 | | Female | 2 | | Others | 3 | | | | | | | | | | | | |  | | --- | |  | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 3. Marital Status | | | |  |  | | --- | --- | | Currently married, living together | 1 | | Currently married, not living together | 2 | | Divorced/ Separated | 3 | | Widowed | 4 | | Not married | 5 | | Not married, living together | 6 | | | | | | | | | | | | |  | | --- | |  | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 4. Education (highest degree completed) | | | | |  |  |  |  | | --- | --- | --- | --- | | Not literate | 1 | Literate, no formal education | 2 | | Primary school (1-5 standard) | 3 | Secondary school (6-10 standard) | 4 | | Vocational course done after 10th | 5 | Higher secondary (11-12 standard) | 6 | | Bachelor’s degree | 7 | Master’s degree or above | 8 | | Other (specify) | 9 |  |  | | | | | | | | | | | |  | | --- | |  | |
|  | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | |
| 5. Currently working | | | | |  |  |  | | --- | --- | --- | | Yes | 1 | →Q.8 | | No | 2 |  | | | | | | | | | |  | | --- | |  | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 6. Reason for not working | | | |  |  |  | | --- | --- | --- | | Quit because of illness / Frequent hospital visits | 1 |  | | Expelled from the job due to HIV status | 2 |  | | Cannot find suitable job | 3 |  | | Side-effects of treatment | 4 |  | | Never worked | 5 | →Sec. 3 | | Student | 6 | →Sec. 3 | | Other (specify) | 7 |  | | | | | | | | | | | |  | | --- | |  | | |
|  | | | | | | | | | | | | | | |
| 7. If not working now, period of last employment | | | | | | | | Month   |  |  | | --- | --- | |  |  | | | Year   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | | | |
|  | | | | | | | | | | | | | | |
| 8. Occupation (For both currently and previously working) | | | | | | | | | | | | |  | | --- | |  | | | |
|  | | |  |  |  |  | | --- | --- | --- | --- | | Government sector | 1 | Private sector | 2 | | Public sector | 3 | NGO | 4 | | Self employed | 5 | Other (specify) | 6 | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |
| 9. Describe nature of work (please write the exact occupation for both currently and previously working) | | | | | | | | | | | | | | |
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| |  | | --- | | **Section 3: Information on housing arrangement and assets** | | | | |
|  | | | |
| 1. Living arrangements | |  |  |  |  | | --- | --- | --- | --- | | Staying alone | 1 | Staying with family | 2 | | Staying with friends | 3 | Staying in a care home | 4 | | Other (specify) | 5 |  |  | | | |  | | --- | |  | |
|  | | | |
| 1. Kind of dwelling[[1]](#footnote-2) | |  |  | | --- | --- | | Pucca house, owned by family | 1 | | Pucca house, not owned by family | 2 | | Semi Pucca house, owned by family | 3 | | Semi Pucca, not owned by family | 4 | | Kachcha house, owned by family | 5 | | Kachcha house, not owned by family | 6 | | Other (specify) | 7 | | |  | | --- | |  | | |

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| 1. Ownership of assets, at the time of HIV infection |
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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Assets | |  |  |  | | --- | --- | --- | | **Yes** | 1 |  | | **No** | 2 | → Next asset |   a. Did you own singly or jointly any of these assets when your infection was detected? | b. Have you sold/pledged/mortgaged any of these assets since then?   |  |  | | --- | --- | | **Yes** | 1 | | **No** | 2→ Next asset | | c. Why did you sell? (Up to 3 reasons)   1. Health expenses - own 2. Health expenses - family 3. Transport expenses for treatment 4. Living expenses   School fees   1. Wedding or other ceremony 2. No use for it 3. Acquired a new one 4. Others (specify) | | | | 1 | 2 | 3 | | T V |  |  |  |  |  | | VCR/VCP/DVD player |  |  |  |  |  | | Motorbike |  |  |  |  |  | | Bicycle |  |  |  |  |  | | Car |  |  |  |  |  | | Refrigerator |  |  |  |  |  | | Microwave |  |  |  |  |  | | Gold / Silver ornaments |  |  |  |  |  | | Livestock |  |  |  |  |  | | Major agriculture implements |  |  |  |  |  | | Land |  |  |  |  |  | | House |  |  |  |  |  | | Others (Specify below) |  |  |  |  |  | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | |
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| |  | | --- | | **Section 4: Information on Infection** | | | | | | | | |
|  | | | | | | | |
| 1. Since when have you known you are infected? | | | Month   |  |  | | --- | --- | |  |  | | | Year   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
|  | | | | | | | |
| 1. Are you on ART? | | |  |  |  | | --- | --- | --- | | Yes | 1 |  | | No | 2 | →Q.7 | | | |  | | --- | |  | | | | |
|  | | | | | | | |
| 1. When did you first start **regular** ART? | | | Month   |  |  | | --- | --- | |  |  | | | Year   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | | |
|  | | | | | | | |
| 1. Did you ever stop ART since you were on regular therapy? | | |  |  |  | | --- | --- | --- | | Yes | 1 |  | | No | 2 | →Q.7 | | | | | | |  | | --- | |  | |
|  | | | | | | | |
| 1. How many times did you stop and resume your treatment? (take only the no. of times resumed) | | | | |  | | --- | |  | | | | |
|  | | | | | | | |
| 1. Why did you stop treatment? (Up to 3 reasons) | | |  |  | | --- | --- | | Doc/nurse not good | 1 | | Financial burden | 2 | | Too far to travel | 3 | | Was feeling better | 4 | | Fear of disclosure | 5 | | Advised by doctor | 6 | | Side effects too strong | 7 | | Forgot to take medicine | 8 | | Other (specify) | 9 | | | | | |  |  |  | | --- | --- | --- | |  |  |  | | |
|  | | | | | | | |
| 1. Is/was your spouse / live-in partner HIV positive?(cross-check with marital status in SECTION 2) | | |  |  |  | | --- | --- | --- | | Yes | 1 |  | | No | 2 | →Q. 9 | | Don’t’Know | 3 | →Q. 9 | | NA | 4 | →Sec. 5 | | | |  | | --- | |  | | | | |
|  | | | |  | | | |
| 1. Is/was he/she on ART? | | |  |  | | --- | --- | | Yes | 1 | | No | 2 | | | |  | | --- | |  | | | | |
|  | |  | |  | | | |
|  | |  | |  | | | |
| 1. Do you have children? | | |  |  |  | | --- | --- | --- | | Yes | 1 |  | | No | 2 | →Sec. 5 | | | |  | | --- | |  | | | | |
|  |  | | |  | | | |
|  |  | | |  | | | |
| 1. Number of children | Male | | | Female | | | |
|  | |  |  | | --- | --- | |  |  | | | | |  |  | | --- | --- | |  |  | | | | |
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| --- | --- |
| 1. Age and HIV status of children (verify with the number of children in response given above) | |
| **Male** | **Female** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Age | HIV Positive   |  | | --- | | Yes.......................1 | | No........................2 | | Not tested yet.......3 | | Don’t Know…….4 | | |  |  | |  |  | |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Age | HIV Positive   |  | | --- | | Yes.......................1 | | No........................2 | | Not tested yet.......3 | | Don’t Know…….4 | | |  |  | |  |  | |  |  | |
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| |  | | --- | | **Section 5: Treatment History** | | |
|  | |
| 1. How many distinct visits to the OPD did you make for your own illness in the last one year? | |
| |  | | --- | | None……....................1 | | 1-3 times......................2 | | 4-6 times.....…….........3 | | more than 7 times……4 |  |  | | --- | |  | | |
|  | |
| 1. How many distinct episodes of HOSPITALIZATION have you had in the last one year?(including the illnesses reported in the previous question) | |
| |  | | --- | |  | | |
| ↵ ‘0’ if none  If ‘0’→ Q. 5 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Please indicate details of medical treatment received as **INPATIENT** during the last 365 days (Up to three episodes) | | | | | | | 3.1 | No. of the IPD case | | **1** | **2** | **3** | | 3.2 | Condition diagnosed | |  |  |  | | 3.3 | Total expenditure during IPD visit (In Rs.) | |  |  |  | |  | 3.3.1 | Medicine |  |  |  | |  | 3.3.2 | Diagnostic tests |  |  |  | |  | 3.3.3 | Transportation, local |  |  |  | |  | 3.3.4 | Hospitalisation |  |  |  | |  | 3.3.5 | Consultation |  |  |  | |  | 3.3.6 | Non-hospital related stay, food etc. |  |  |  | |  | 3.3.7 | Transport (back and forth) |  |  |  | | 3.4 | Source of Financing (if more than one source, put a comma) | |  |  |  | | Self-saving ……………………………1  Self-borrowing ………………………..2  Selling/pledged/mortgaged……………3 (→Q.3.5) (verify with assets given in section 3)  Insurance coverage – employer ……….4  Insurance coverage - self-purchased......5  Insurance coverage - govt. sponsored ...6  Other (specify)………………………....7 | |  |  |  | | 3.5 | Details of assets sold /pledged/mortgaged (Specify the asset and put down the value of sale) | |  |  |  | | 3.5.1 |  |  |  |  | | 3.5.2 |  |  |  |  | | 3.5.3 |  |  |  |  | | 3.5.4 |  |  |  |  | | 3.5.5 |  |  |  |  | | Note: Please write “DK” if respondent cannot remember and the data is missing. In case itemized expenditures cannot be recalled, please attempt to elicit the total expenditure and report under 3.3.  Write zero (0) if the service has been used, but there is no expenditure incurred. | | | | | | |

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| 1. Do you think the financial burden of expenses for these hospitalizations is high for you? | | | | | | | | |
|  | | | | | |  |  | | --- | --- | | Yes | 1 | | No | 2 | | Can’t say | 3 | | |  | | --- | |  | | | |
|  | | | | | |  | | |
| 1. Are you currently part of any medical insurance programme that covers HIV related expenses? (Please verify from Q.3.4) | | | | | | | | |
|  | | | | | |  |  | | --- | --- | | Yes | 1→Q.8 | | No | 2 | | Don’t Know | 3 | | |  | | --- | |  | | | |
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|  | | |
|  | | | | | | | | |
| 1. Are you willing to join an insurance programme that covers hospitalization? | | | | | | | | |
|  | | | | |  |  | | --- | --- | | Yes | 1→ Sec. 6 | | No | 2 | | Don’t Know | 3 | | | |  | | --- | |  | | | |
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| 1. Reasons for non-willingness to join an insurance programme? | | | | | | | | |
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|  | **(END if ‘No’ in Q.6 above)** | | | | | | | |
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| 1. Are you satisfied with your current insurance? | | | | | |  | | |
|  | | | | | |  | | |
|  | | | |  |  |  | | --- | --- | --- | | Very satisfied | 1 | → **END** | | Somewhat satisfied | 2 | →Q.9 | | Indifferent | 3 | → Sec 6 | | Not satisfied | 4 | → Q.9 | | Do not know(never used) | 5 | → Sec 6 | | | | |  | | --- | |  | | | |
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|  | | | | | |  | | |
| 1. What are the reasons why you think your current insurance programme is less than optimal (up to 3 reasons possible)? | | | | | | | | |
| 1. | |  | | | | | |  |
| 2. | |  | | | | | |  |
| 3. | |  | | | | | |  |
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| |  | | --- | | **Section 6 : Willingness to pay for health insurance among PLHIV** | | | | | | |
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| ***Now I am going to explain an arrangement that will offer financial protection from hospitalisation expenses arising due to any illnesses, including HIV.***  ***(Interviewer: please explain each of these points in detail to the respondent).*** | | | | | |
|  | | | | | |
| 1. Health insurance is a contract through which by paying a nominal amount beforehand, one can be assured of relatively large sum of money in case of medical emergencies that requires hospitalization | | | | | |
|  | | | | | |
| 2. The payment and protection is for a specified time limit, which is generally a year. After completion of the term, one needs to renew the policy by re-paying the premium. | | | | | |
|  | | | | | |
| 3. If you have purchased the policy, the payment system is likely to be cashless i.e. you mostly need not pay anything at the time of taking treatment at specified hospitals. | | | | | |
|  | | | | | |
| 4. The health insurance policy that is offered will cover hospitalisation expenses up to Rs. certain amount (for example, Rs. 30,000) at a certain annual premium. | | | | | |
|  | | | | | |
| 5. There is no commercial standard health insurance policy currently available in India that also covers HIV related hospitalisation expenses. | | | | | |
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|  |  | | | |  |
|  |  | | | |  |
| 1. If a health insurance policy that offers a coverage for up to Rs. 30,000 per year for hospitalization at a premium of Rs. 2000 is offered to you, would you be willing to buy it? | | | | | |
|  | | |  |  | | --- | --- | | Yes | 1 🡪 Q. 4 | | No | 2 | | | |  | | --- | |  | | |
|  | | | |  | |
| 1. If a health insurance policy that offers a coverage for up to Rs. 30,000 per year for hospitalization at a premium of Rs. 1500 is offered to you, would you be willing to buy it? | | | | | |
|  | | |  |  | | --- | --- | | Yes | 1 🡪 Q. 5 | | No | 2 | | | |  | | --- | |  | | |
|  | | | |  | |
| 1. If a health insurance policy that offers a coverage for up to Rs. 30,000 per year for hospitalization at a premium of Rs. 1000 is offered to you, would you be willing to buy it? | | | | | |
|  | | |  |  | | --- | --- | | Yes | 1 🡪 Q. 5 | | No | 2🡪 Q. 5 | | | |  | | --- | |  | | |
|  | | | |  | |
| 1. If a health insurance policy that offers a coverage for up to Rs. 30,000 per year for hospitalization at a premium of Rs. 2500 is offered to you, would you be willing to buy it? | | | | | |
|  | | |  |  | | --- | --- | | Yes | 1 | | No | 2 | | | |  | | --- | |  | | |
|  | | | |  | |
| 1. How much is the maximum you would be willing to pay each year for this policy that offers hospitalization coverage for up to Rs. 30,000 per year? | | | | | |
|  | | | |  | | --- | |  | | | |
|  | | |  | | |
| 1. What will be your source of funds for purchasing such an insurance policy? | | | | | |
|  | | |  | | --- | | Self – saving........................1 | | Self – borrowing.................2 | | Selling of asset...................3 | | NGO/Govt. help.................4 | | Employer sponsored...........5 | | Other (specify)....................6 | | | |  | | --- | |  | | |
|  | | | |  | |
| 1. If OPD is covered, would you be willing to pay more as premium? (Interviewer, use the maximum WTP as indicated in Q.5 to ask this question) | | | | | |
|  | | |  |  | | --- | --- | | Yes | 1 | | No | 2 | | | |  | | --- | |  | | |
|  | |

1. **Pukka: concrete/cemented roof and floor, Semi-pukka: either one not concrete, Kuccha: neither concrete/cemented** [↑](#footnote-ref-2)