An Analysis of the Obstacles in front of Rural Social Insurance Using Analytical Network Process (ANP) in Hamedan County

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Abstract

Purpose: The purpose of this study is to identify the preventive factors and current obstacles in the path of providing necessary conditions and requirements to promote this kind of insurance for achieving sustainable rural development.

Methodology: This study is a practical research, which has a qualitative nature. The study population includes policyholders and insurance brokers and experts of the field in Hamadan City. Sampling was performed in a purposeful and regulated manner according to the people's mastery and the knowledge of the subject using the snowball technique. The main method of the Grounded Theory data collection is in-depth interview with the study population, which after interview with 60 experts (n = 13), brokers (n = 17) and policyholders (n = 30) the theoretical saturation is achieved. In the next step, in order to determine the relationships between problems and prioritize them in line with problem resolving, the ANP method is used.

Findings: According to the obtained results, problems were classified into 11 basic concepts among which the managerial – executive problems, socio – economic problems and institutional dissonance are the most important and the most fundamental problems facing the development of rural social insurance, respectively.

Constraints: conservatism in interviews and difficult access to some of the subjects and some information in line with the main objective of the study are the most limitations in doing this research.

Practical Implications: According to the research findings, setting the current and future plans which are based on the actuary and the economic and social realities of rural communities that are in line with the government's commitment to its legal obligations towards policyholders, revising administrative regulations and the rules of insurance fund, organizing and coordinating the activities and services in each of the areas of insurance, protection and relief, more cooperation and coordination between health insurance and rural social insurance, monitoring the activities of brokers and paying more attention to the rights of the mentioned people as major arms of the Insurance Fund in rural areas, wide advertising and making targeted television and radio programs in order to   required culture – building in the rural community regarding pension are necessary measures to sustain the process of rural social insurance.

Authenticity: Considering the crucial importance of social insurance to increase the security and improve the quality of rural life and because of the vulnerability of these areas to geographic and climatic conditions and also the kind of living and their less ability to deal with accidents, in this study, for the first time, problems and challenges of rural social insurance have been prioritized with a holistic view and base on the ANP method.

Keywords: Social Insurance, Rural Community, Obstacles, Hamadan County.

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1. Introduction

Over the past years, international organization and governments have made efforts to decrease poverty; however, despite such efforts, a large number of people in different parts of the world live in poverty and distress. Therefore, poverty is what makes it necessary to have a pervasive social security program (Kalateh Rahmani, Moslemi, Nobakht Haghighi, Hassanpour & Alvand, 2003). *Principles of Social Security,* as a tool to redistribute income, establish and ensure social justice and promote security and peace of mind and self-esteem in individuals, can play a significantly important role in the protection of society against all risks of economic, social and cultural crises in a way that today these principles are known not only as "tools and development platforms" but also as one of the goals of "sustainable development" (Badini & Esmati, 2012). Social security in Iran is founded on two systems: non-collaborative (supporting) and collaborative (insurance). Collaborative social security is a "social insurance" according to which one can benefit from the social security if he or she pays the premium, and often requires one to have a job or a family relation with the job practitioner (Badini, Esmati, & Koolivand, 2010). Actually, the concept of social insurance is used to describe transitional programs aiming to eliminate or mitigate different types of hazards at life cycle of people. In other words, to merge or prorate risks are the main idea of insurance and require combing the risks many people face, and this is performed by paying premium to a joint fund (Hardaker, Huirne, Anderson, & Lien, 1997; Feldstein, 2004).

Despite several decades of effort at different areas of social security in Iran, yet, a significant part of the Iranian people, especially the rural people do not have access to this security network and its services. Nowadays, due to the role of villages at economic, social and political development processes at local, regional, national and international scales, and considering the consequences of under-development in rural areas, such as widespread poverty, increasing inequality, high population growth, unemployment, immigration, etc., it is necessary to pay more attention to rural areas, even more than urban areas (Azkiya & Ghaffari, 2013). That is why welfare and social security in such areas are more important. Accordingly, Rural Social Security Fund was established in 2005 to decrease some of the challenges, and improve the conditions necessary for the consolidation of the active population at villages and promote the quality of their life. It is optional to get rural social insurance, and as the villagers' income is not known, the applicant should choose one the 8 income levels to pay the premium, they should pay 5% of their income for social insurance every year. To support the villagers and nomads, the government also pays a double amount of the premium to the rural social insurance fund. The commitments of the rural social security fund to the insurer include paying benefits for aging, general disability caused by accident while working, general disability not caused by work and enjoyment of the dependents remainings from insurance coverage (Morshedi, 2010; Shafiei Zadeh, Mojaradi, & Karami Dehkordi, 2012). Based on the latest information, in 2015 the rural social insurance fund covered nearly 1350000 people which on average include about 35 percent of the Iranian villagers (Rural Social Insurance Fund, 2015). Brokers of the Fund are usually Village Assistance Bureaus (Dehyaris). However, rural cooperatives, Cooperative of Village Assistance Bureaus (Dehyaris), and Cooperative of rural production and other individuals can also become the broker of the Fund. In proportion to the premium collected, the Fund pays a portion of the premium (up to 5%) to the broker for their services they provide (Morshedi, 2010).

Ten years after the establishment of the rural social insurance fund, the statistics and reports suggest that social insurance and the number of rural insurers have been developing in a relatively low speed, and it is just facing some obstacles and various deterrents. Some of the difficulties are internal and have to do with structure of the Iranian rural community; the other problems have to do with restrictions imposed from outside the rural areas. Therefore, considering the high importance of the rural social insurance in increasing the security and promoting the villagers' quality of Life, it is necessary to recognize the available deterrent factors and obstacles, and make ground for conditions necessary to promote such kind of insurances in line with realization of rural sustainable development.

1. 2. Theoretical Framework

A variety of research has been conducted in Iran and other countries about the social insurance and

the issues facing this type of insurance. Some of them are discussed in the following lines:

Qi-wen, Hui-fang and Li-na (2012) have investigated the strategies adopted for development of new system of social insurance at rural areas of China. The findings show that one of the most important difficulties is the unwillingness of the youth and the middle-aged to get social insurance, while the elderly are more willing to get insurance mainly because of financial independence, reliance to agricultural lands and children, and inadequate level of insurance services. Inadequate subsidy and poor management system of rural social insurance are among other difficulties.

Luczka and Jablonska (2007) examined the population of Poland society with regard to individual social insurance of the farmers. The results show that rural areas of Poland face with the aging issue which has resulted in increased migration in fertility age, increased marriage age, decreased registered marriage, high unemployment rate, improper family control policies, giving higher priority to higher education and getting employed, and accordingly lower birth rate and higher life expectancy, which result in longer periods of getting insurance benefits, and improper relationship between the number of insurers and the pensioners whose persistence leads to inconsistency of rural insurance system. According to Ramesh (2007) in rural areas of India, villagers basically agree with the idea of insurance. However, they should afford the premium, and the insurance should provide a good coverage against the hazards. The study summarizes various relevant factors (number of individuals employed in each family, activities outside the farmlands, job variety, productive assets) into one item called economic capability of the households that was introduced as the acceptability of social insurance as the first factor.

Chen and Yang (2014) in a comparative study examined the access level of rural and urban immigrants to social insurance in China. The results show that urban immigrants compared to rural immigrants have a higher chance to get employed and receive social insurance benefits. In fact, urban immigrants are more familiar with job agencies and these results in decreased asymmetry of information between employers and employees. Nevertheless, rural immigrants have limited access to information about employment contracts and organizational aids from job agencies and labor unions.

Kazemipour (2003) in a study about the evolutional background of social insurance in Iran, has investigated the obstacles in the way of development of social insurances from the perspective of experts by using Delphy technique. The results show that the main obstacles hindering the development of social insurance in order of importance are: the lack of research to find the root causes, complexity and insufficiency of regulations, lack of awareness from insurance services, poverty and economic bottlenecks, poor performance of Social Security Organization, reliance on familial and popular support, lack of conformity between services and the needs of people, weak advertising, absence of proper cultural backgrounds, problems in macro-structure of the society, lack of urban life structure in Iran and not taking the future into account.

Rezvani and Azizi (2012) investigated the challenges facing rural social insurance in Iran and concluded that some of them are structural and administrative and others are the result of the conditions in the target community. Some of the structural and administrative challenges were: the lack of proper regulations, lack of adequate and suitable advertisement and publicity, distrust in insurance agents, people's inadequate information about the benefits of the insurance, financial inability of the policy holder in paying the premium especially in less developed areas. In provinces with a high human development index, the number of the insured compared to the eligible people is significantly higher.

Shafiei Zadeh, Mojaradi, and Karami Dehkordi (2012) found that effective factors in institutionalizing the social insurance at villages of Kaboudarahang County could be categorized according to results of factor analysis in cognitive-normative, cultural-social and regulative categories. The cognitive factor included increased knowledge and awareness, education through mass media, ongoing relationship between the agents and the insured, access to agents and meeting the expectations of the insured by the rural social insurance fund and the agents. The socio-cultural factor, which constitutes the cultural and social background of the rural society, includes the favorable attitudes towards social insurance, confidence building, social capital, legitimacy and the sense of necessity. The regulative factor includes adequate and appropriate rules and regulations about social insurance.

2. Methodology

2. 1. The study area

Hamadan County situated in the central region of Hamadan province with an area of 4084 square kilometers occupies 21% of the total area of the province. This County is in 48°35' E and 34°52' N from the Greenwich meridian. According to the latest administrative divisions, it consists of two districts (central and Shera), 9 rural districts (Dehestan) and 118 villages, with a population of 651, 821 people, which comprise 37% of Hamedan population (Figure 1). With regard to social insurance, villagers and nomads living in Hamadan province, rank the second in the country and currently 63000 rural households of the province are covered by this type of insurance, out of which 9639 were policyholders in 15 brokerage departments in rural areas of Hamadan County (Rural Social Insurance Fund, 2015).
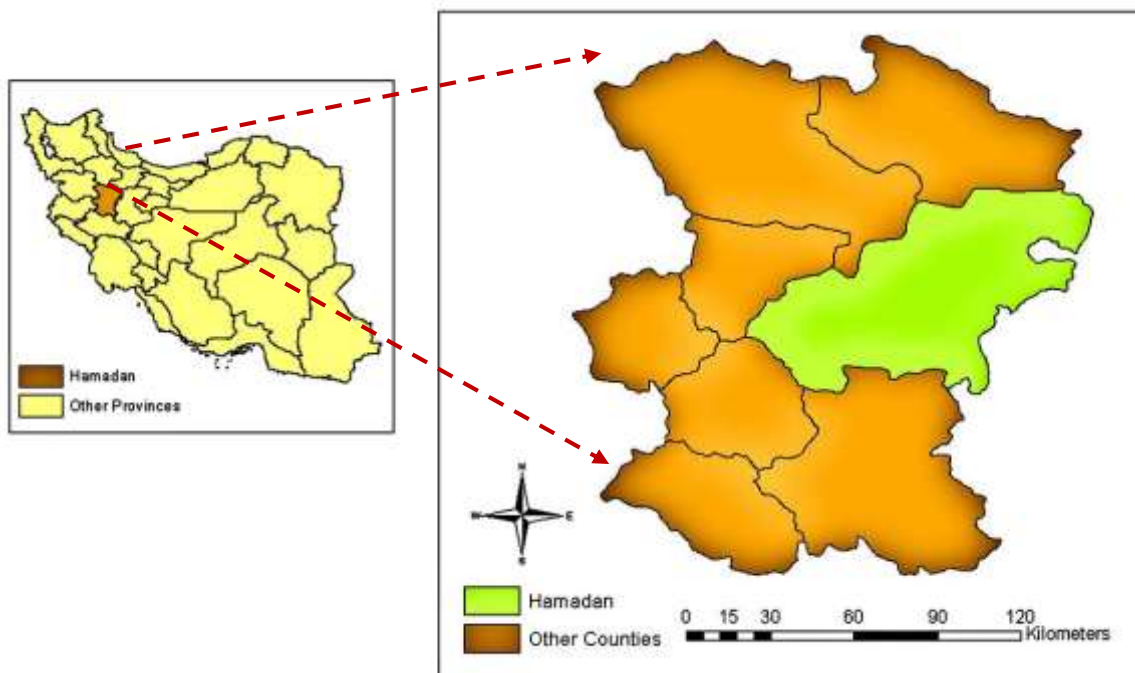

Figure 1- The study area
Source: General Governor of Hamadan County (2015)

2. 2. Method

This research is an applied qualitative one. In order to provide a clear picture of the challenges rural social insurance face in the form of a model, grounded theory was employed. This qualitative approach is a study based on inductive approach that systematically and in several stages, examines the phenomena in their natural positions (Adib Haj Bagheri, Parvizi, & Salsali, 2010). Sampling process in a qualitative research is of non-probable, targeted or regulated. In this regard, based on their proficiency and knowledge of the subject, 60 people were selected using snowball sampling which included 17 brokers, and 30 insured and 13 insurance experts from Hamadan County. In this research, in-depth interviews with the population were the main method used for data collection. The interviews continued until theoretical saturation. At this stage, the researcher finds that the next statistical samples do not provide any new information about the topics and issues, and the interviews do not produce any new thing.

In general, grounded theory method consists of three stages that are open coding, axial coding and selective coding. In open coding, data are broken down into their smallest units and the researcher reviews the data line by line, and recognizes their processes, and assigns a code to any proposition , then tries to recognize the maximum number of codes to make sure that information is thoroughly examined (Adib Haj Bagheri, Parvizi, & Salsali, 2010). The axial coding process requires constant comparison of data. The researcher compares the coded data and by merging similar ones, identifies the relationship between the sub-classes and forms new classes from new concepts (Ghobadi, Papzan, Zarafshani, & Garavandi, 2012). The selective coding stage is the process of integration and

refinement of classes, in which the researcher finally extracts a theory from the relations among categories resulted from previous levels, and delivers a theoretical presentation for the phenomenon (Fetherston & Kelly, 2007). In this study, the three stages were conducted by Nvivo software. Therefore, each of the interviews conducted were fed into the software in MS Word file format, and were coded for analysis (Figure 2). After the texts were coded, the analysis, combination and integration of the codes were conducted, and 11 original concepts were extracted in the form of nodes. In Figure 3, a part of the main themes and sub-themes is displayed in a tree node (in the software, the frequency of sub-themes are listed in reference). To ensure the validity and reliability of the data, in addition to theoretical sensitivity of the researchers in collecting the data, we used some specific criteria of qualitative research, including credibility and conformability. In order to increase the credibility, we used review by participants, and they approved or improved them. At the end, the resulting code and the central classification along with a designed pattern were presented to five certified experts of rural social insurance who had participated in the interview in order to review and approve them.

In the next stage, in order to determine the relationships between the problems and to prioritize them to get them solved, Analytical Network Process (ANP) was employed. Network analysis model consists of four main stages: the first stage involves determining the appropriate criteria and variables relevant to the subject. In this study, to extract the main categories in the form of the problems, the grounded theory was used. The second stage, involved determining the relations between the elements and clusters, and DEMATEL method. DEMATEL method can identify the interdependence between system elements through causal diagrams (Khakpour, Ghanbari, & Eyne Salehi, 2013). In this regard, at first, the problems of rural social insurance were put into matrix tables and were presented to 30 experts and brokers through questionnaires. In these tables, to determine the relationships, they were weighted based on 1-5 scales. Score 5 means an element (as the independent variable) has a large influence on the other element (as the dependent variable) and gradually inclines towards a score of 3 or 4, the extent of the effect decreases. The results of the questionnaire were normalized in MS Excel, and processed in Matlab to obtain the whole relations matrix, and the final results were acquired using MS Excel. After obtaining the relationships and dependencies between the criteria, the third stage involves paired comparisons between elements and clusters in order to determine the initial coefficients using Super Decisions software package. At this point, the output of the software is in the form of different matrix tables that should be answered by the experts for final valuation. 1-9 scale was the basis of the judgment which was provided by Saati. Paired comparisons was conducted based on an independent criterion called the control criteria. The results of the questionnaire was analyzed using Copeland method.

Figure 2- Encoding of the interviews in Nvivo
Source: research findings

Tree Nodes		
Name	**Sources**	**References**
ethics of the profession	0	0
Name	**Sources**	**References**
Giving unrealistic promises by some brokers in order to attract the insurer	3	3
To pay pension based on personal taste	5	5
Socio- economic	0	0
Name	**Sources**	**References**
Aging populations and rising life expectancy rate	6	6
Decreased fertility rate	3	3
Giving higher priority to providing basic needs over insurance	18	18
Low credibility in target population	18	18
Low level of awareness and lack of insurance culture in rural communities	30	30
Migration of young people from rural areas to urban ones	10	10
Poverty	25	25
Reliance on kinship systems	4	4
Unemployment and underemployment in rural areas	15	15
Training	0	0
Name	**Sources**	**References**
Dominance of protectionist attitudes over human development-based approaches	2	2
Inattention to the principles of insurance marketing and weaknesses of the scientific app	4	4
Lack of training for brokers	6	6
Unfamiliarity of some brokers with the procedure required to get disability benefits in me	10	10
Motivational and attitudinal	0	0

Figure 3- A view of the main concepts and sub-themes in the Software nvivo
Source: research findings

This method determines which of the values ranges from 1 to 9, for each of the criteria, is selected as the value selected by experts. After determining the final value of each comparison, the weights obtained from questionnaires are fed into Super Decisions software. The fourth stage, involves formation of Super matrix and determining the final coefficients of the elements. The Super matrix calculation is conducted in three levels. The matrix obtained in the first step is called the 'Initial Super Matrix' or 'non-weight super matrix'. This matrix is multiplied peer to peer by the matrix of group weights and forms the 'weight matrix'. In the next stage, based on Markov chains, the Super matrix is multiplied by itself so that its rows approach to a constant number. The matrix acquired as a result of multiplying the weight matrix by itself is called the limited matrix, in which the values of each row are equal (Faraji Sabok Bar, Salmani, Fereydooni, Karim Zadeh, & Rahimi, 2010; Momeni & Sharifi Salim, 2015). After calculation of limited super matrix, the final step is to compute the results of clusters' matrix, and normalize the coefficients of the elements in limited super matrix by coefficient of clusters and identifying the priority of the elements.

3. Theoretical Foundations

From the 1970s onwards, many development economists and even social scientists, have broadly focused on the issue of poverty and its persistence, because the effects and outcomes of development in the past few decades have unevenly been distributed, and a majority of less developed and developing countries have not benefited the growth and development plans (Khosh Chehreh, 2006). In fact, the terms "welfare" and "Security", especially with the prefix of "social", are words derived from modern development in human society that have entered the new paradigms from human thought. It is a paradigm that looks at the earth rather than the Heavens, and due to the breakdown of economic and social relations and the introduction of "man" as the centerpiece of life on earth as well as attention to his needs, alongside growing sense of common humanity and the bond between social life and density in urban areas, we find it necessary to pay more attention to social welfare and social security (Yazdani, 2003). In general, approaches and theories about welfare, in accordance with the division of general sociology, are mainly classified into "collectivist" and "individualistic" attitudes, and consequently, some resolutions have been formed based on them. Advocates of individualistic approach believe that welfare improvements only result from buying and selling in the market or through the production mechanisms of products (products used by the general public) which are desirable for people, but are not available in the market. Advocates of collectivist approach are those that interpret the

welfare necessities from a collective perspective. From such a perspective, there are a range of social values that must be upgraded independent from the powers of the people. From that perspective, the collective phenomena are compared in terms of how they can reduce poverty and exclusion and promote equality, and provide tools and machinery based on the performance related to raising the amount of material goods (Mirhosseini & Noorbakhsh, 2001). There are two main attitudes towards the provision of welfare for members and classes of society that are originality inspired by two schools of individualism and collectivism. One of these two approaches is "restorative theory" upon which, for provision of social welfare, the people of the community should be free to invest in this area as they wish, and the government could intervene where it has a reconstructive role, and the private sector is responsible for the main task. On the contrary, there is a theory known as institutional theory that maintains that the government and affiliated public institutions are mainly responsible for provision of welfare. Accordingly, the government is obliged to provide social welfare through planning, policy making and the implementation of various social service programs (Zahedi Asl, 2002), one of the most important intellectual foundations of this theory is based on Hegel's ethical theory of the state. Arthur Schlesinger defines welfare state as: a system in which the government agrees to underwrite certain levels of employment, income, education, medical, social security and housing for all its citizens. In another definition, Herbert Lehman believes welfare state is the state in which people are free to develop their individual talents and receive fair rewards in return for the efforts they make, and earn their bliss and happiness, without the fear of starvation, homelessness, or getting oppressed because of their race, faith or color (Zahed, 2006). In fact, the welfare state means that there are deliberate and clever policies for providing at least a minimum standard of living for all and to promote equality in opportunities of life, and there is no doubt about the need to focus all the attention of all official institutions on providing public services (Barr, 1998).

Rural social welfare is an ongoing dynamic and stable process, leading to the creation of necessary conditions for empowerment of rural people through the government and civil institutions and organizations responsible for the continuous improvement of quality of life (Eftekhari, 1999:9),

and on the other hand, it is a solution for spatial balance, and realization of social justice and social stability (Heydari Sareban, 2014). Social security is a subset of the social welfare and a tool in social policy (Yazdani, 2003) that is composed of two words "social" and "security". The word "security" implies protection against the risks and hazards, and the word "social" signals its relation with the society in traditional, historical and geographical aspects (Panahi, 2006). One of the most important policies in this regard, is the implementation of an efficient insurance system. In fact, the strategy of social insurance is a type of economic sanctions from the community for people who are insured. In this strategy, the participation of the population under the protection entails the payment of premium, and the individuals concerned with the basis of the relevant events, or accident or fulfillment of the terms stipulated in the insurance (such as unemployment, sickness, disability, old age), according to certain rules and regulations deserve support either in cash or from the insurance company (Panahi, 1998).

4. Results

4.1. Grounded Theory

In general, the research results show that 83 codes were extracted from the transcript of the interviews, and after analysis, they were classified into 11 original concepts (Table 1).

Socio-Economic Problems- Based on the findings, socio-economic issues are among the challenges the rural social insurance face with at the macro level. In this context, the most important issues are the aging population and the migration of young people from rural areas to urban ones. Some experts argue that the phenomenon of aging and increased life expectancy in rural areas, have prolonged the period they receive pension for disability, illness and retirement. Others argue that migration of the youth from rural areas, reduced birth rate, and increased aging population have created a demographic imbalance whereby the population which should provide the resources required for social security system, has declined. Poverty and giving higher priority to the basic needs over insurance, are among other issues. In this regard, rural farmer argue that: "our job is a seasonal one, one year the crop is good, one year it might be bad; the cost of living is so high that there is no room for thinking about insurance and retirement. Zeraat Kish and Mirzaei (2016), Luczka and Jablonska (2007) and Karim (2015)

also point to the impact of this factor in the development and acceptability of the insurance.

Structural and Infrastructure Problems- As the results show, some of the structural and infrastructural problems facing the development of the rural social insurance are: poor communication infrastructure, inappropriate site selection for some brokerage departments and lack of access to banks and online services in some rural areas. Jianguo (2006), and Sharifi and Hossieni (2009) also found that structural and fundamental factors are effective in promoting the insurance.

Motivational and Attitudinal Problems- Some of the problems of the development of the rural social insurance have to do with the negative attitudes towards this type of insurance among the villagers. One of insurance policyholders said: *"due to difficult conditions set for retirement, and as there is no pensioner in the village, and there are just some families who receive annuity after the insurer is dead, this kind of insurance among the rural people is known as death insurance".* Studies conducted by Muze and Vevere (2006), and Teymoori, Isfahani, Amarayi and Jamshidi (2014) also confirm the effect of important motivational and attitudinal issues on development and acceptability of insurance.

Institutional Disorganization- Today, rural social security is claimed by various institutions and organizations without ensuring a minimum of coordination. The interference of the activities of the 'Welfare organization', and 'Imam Khomeini Relief Committee' with rural social insurance are clear examples. This has created an overlap and loss of funding and various abuses. In this case, one of the agents said that in the first year, 'Imam Khomeini Relief Committee' cooperated with rural social insurance fund, and paid the premiums up to two years. But after two years, they stopped the payments, and due to the interruption and not having informed the insurers, the family of the deceased did not receive any annuity in this period. Another problem is related to the activities of brokers. One of the brokers argued: "Unfortunately, brokers do not have any leverage in Village Assistant (Dehyar) or rural council, so that they can promote insurance, thus, rural people gradually and slowly trust insurance brokers". Another issue is the lack of cooperation and coordination between the 'Health Insurance' and rural social insurance fund. One of the officials stated: "Regarding the insurance, villagers mainly seek medical services, they knew almost nothing about insurance services in the field of pension and disability benefits". Madani (2003) and Sarookhani (2003) found that institutional disorganization was one of the main challenges that the comprehensive system of welfare and social security face with in Iran.

Table 1- The results of Grounded Theory
Source: Research Findings, 2016

Row	Sub-classes	Main categories
1	Low credibility in target population	Socio-economic
	Reliance on kinship systems	
	Decreased fertility rate	
	Aging populations and rising life expectancy rate	
	Migration of young people from rural areas to urban ones	
	Poverty	
	Low level of awareness and lack of insurance culture in rural communities	
	Giving higher priority to providing basic needs over insurance	
	Unemployment and underemployment in rural areas	
2	Inappropriate site selection for some brokerage departments	Structural and infrastructure
	Lack of access to banks in some areas	
	Dispersion of rural areas and poor communications infrastructure	
	Lack of Internet access in most rural areas	
3	Unwillingness of the youth to insurance themselves	Motivational and attitudinal
	Lack of trust in the rural social insurance compared to Social Security	

Table 1- Continuation

Source: Research Findings, 2016

Rows	Sub-classes	Main categories
	The villagers seek instantaneous benefits while there is no immediate benefits in this kind of insurance	Motivational and attitudinal
	Lack of economic needs in the rural community for social insurance	
	The negative impact of subsidies on the need for insurance	
	To consider this type of insurance as death insurance	
4	Lack of cooperation and coordination between health insurance and the rural social insurance	institutional disorganization
	The uncertainty created for the insured by 'Imam Khomeini Relief Committee' and 'Welfare Organization', and irregular payment of premiums by these two organizations	
	Interfere in activities of Rural Social Insurance and 'Imam Khomeini Relief Committee' and 'Welfare Organization'	
	The absence of insurance broker in the meetings of the rural district governor office (Bakhshdari) to promote insurance	
	Lack of legal leverage for Village Assistant (Dehyars) and rural Council to help the brokers	
	Lack of attention to the relationship between the insurance sector and relief and support sectors	
5	The absence of advertisement in media, especially the national media	
	lack of face to face communication between the brokerage departments and villagers	
	Inadequate familiarity of the policyholders with the rules and regulations	
6	Lack of government commitment to pay its share of the premium of The villagers in case of drought and lack of product sales	Executive Management
	Lack of practical measures to pay unemployment benefits in the villages	
	The small number of insurance agencies dedicated for nomadic areas	
	Inattention to hard work of insurance in nomadic areas	
	Dissatisfaction of the policyholders with the Medical Commission about disability	
	Lack of identification cards issued for the agencies	
	The possibility of changing the brokerage departments and lack of job security for brokers	
	The lack of incentives for active agents	
	Change of CEO and change in the process of the rural social insurance fund	
	Lack of valuation system for the activities of brokers	
	To consider the copy of payment receipt as the contract and lack of trust in the brokers	
	Not issuing license for brokerage departments	
	Uncertainty of the brokerage departments about the premium paid by the insured	
	Lack of independent medical commission	
	The slow pace of issuing ID cards for the insured	
	The long procedure of filing for registration	
	Lack of adequate supervision of the activities of brokers	
	Lack of medical examinations of insured at the time of membership	
	Unstable policies	
	Disorganized officials and non-enforcement of the laws	
	Inattention to long-term planning	
	Limited rate of return on capital invested in the rural social insurance fund	
	Improper use of resources in the rural social insurance fund	
	The lack of any comprehensive statistical system or automation system	
7	High workload and lack of time necessary in Village Assistance Bureaus (Dehyaris)	Lack of human resources
	Manpower shortage in agencies	
	Shortage of manpower in the headquarters of the provinces	
8	Giving unrealistic promises by some brokers in order to attract the insurer	The ethics of the profession
	To pay pension based on personal taste	

Table 1- Continuation

Source: Research Findings, 2016

Rows	sub-classes	main categories
9	Low income of pensioners	Finance and Credit
	Mismatch in eight proposed income levels and target population	
	Lack of specific budget to pay two-thirds of the state's share for the villagers' premium	
	Low income of the social insurance brokers compared to insurance brokers of the private sector	
	The lack of necessary incentives among brokers to attract new insurers	
	Increased workload in brokerage departments due to the electronic system of registration and no change in fees	
	Failure to timely pay the brokerage fees	
	The absence of ATM Card Reader in brokerage departments	Finance and Credit
	Uncertainty in how to deduce tax from the fees of the brokerage departments	
	Improper management and use of financial resources at the macro level	
10	Unfamiliarity of some brokers with the procedure required to get disability benefits in medical commission of the social security	Training
	Lack of training for brokers	
	Inattention to the principles of insurance marketing and weaknesses of the scientific approaches in decision-making and planning	
	Dominance of protectionist attitudes over human development-based approaches	
11	High retirement age and lack of motivation required to pay premium	Legal
	To remove the age limit to get insurance coverage	
	To make this type of insurance optional	
	Weakness and ambiguity in some laws and administrative regulations	
	Lack of credibility and advantage of rural health insurance card	
	Lack of health insurance	
	Migration of the villagers to urban areas which blocks their insurance due to non-approval by rural council	
	To expand insurance coverage to clients of 'Imam Khomeini Relief Committee' and 'Welfare Organization' and female-headed households	
	To expand insurance coverage to bus and truck drivers, and suburban transportation drivers and towns with a population less than 20000.	
	To expand insurance coverage to clients in the agricultural sector who are subject to labor law	
	The large number of high-risk policyholders	

Advertisement and Publicity- As the results show, lack of sufficient advertisement and publicity is one of the problems rural social insurance fund faces with. One of the brokers said: *"the villagers know little about the services of social insurance in the field of pension and disability, and this is not institutionalized in rural areas. As this type of insurance is an optional one, we need more extensive advertisement and publicity"*. Another relevant problem, in this regard, is the lack of familiarity of insurance policyholders with laws and regulations. For instance, to receive pension, at least one year should pass from signing the insurance contract, if the insurer dies of old age in this period, his or her family would not be eligible to get annuity. However, this kind of lack of knowledge has created some misunderstanding among the villagers. Armand and Motamed (2012), Shahiki Tash, Yazdani, and Gholipour Balasy (2015), and Khodaverdizadeh, Khodaverdizadeh and Masoomzadeh (2014) also confirm the essential role of advertisement system and publicity in development and acceptance of insurance.

Management and Executive Problems - Based on the research findings, management and executive problems are the most important challenges the rural social insurance face. One of the issues is the lack of independent medical commission for disability which has created discontent among the majority of the insurance policyholders. In this regard, one of the brokers said: *rural social insurance has a joint medical commission with the Social Security Organization, and it does not have independent medical staff; rural social insurance*

fund does not even have a medical expert among its staff to check the medical documents of the insurers. Nevertheless, the conditions of mandatory and optional insurances and their payments are different, and an independent medical commission should be established.

Another issue which might affect the future's stability of the rural social insurance is the lack of medical examination at the time of entry for new applicants. One of the insurance experts argues*: "the removal of the age restriction to get this type of insurance can cause serious problems in the long term although it seems to be a type of advantage. Currently, more than 300,000 heads of household, who are over 60 years old and are member of rural social insurance fund, have not been examined to ensure their health and determine the rate of disability at the time of entry. The rural social insurance only tries to get higher number of clients without considering the distribution of risk. This is not acceptable in any insurance logic, while in Social Security Organization, the health conditions in all age groups should be examined when becoming a new client of the Organization".*

Regarding the implementation of laws and adherence to primary principles, one of the agents stated: *"according to the statute of the rural social insurance fund, the government is committed to pay the villagers' share of premium when they face drought or when the sales of their product is not good. However, unfortunately so far the government has failed to meet its commitment.* Another task of rural social insurance is to take practical measures to pay unemployment benefits in rural areas. However, it seems that it has been totally ignored. Qi-wen, Hui-Fang and Li-na (2012), Zhang, Wang, Wang and Hsiao (2006), and Navid Bakhsh, Moghadasi and Moradi (2013) in their studies have regarded management and executive problems as one of the underlying factors hindering the development of insurance.

Lack of Human Resources

Lack of human sources in the brokerage departments and the headquarters of the provinces is one of the major problems hindering the development of the insurance. In this regard, one of the experts argued: *"due to high workload in Village Asisistane Bureaus (Dehyaris) and lack of time or incentives, village assisstants (Dehyars) give little importance to rural social insurance".* Mahmoodi and Pirmoradi (2014) and Shafiei Zadeh, Mojaradi and Karami Dehkordi (2012) have also confirmed

the impact of this factor in the development of the insurance.

Ethics of the Profession- Some brokers give incorrect information and false promises to increase the number of insurers. In this regard, one of the insured persons said: *when we were registering they told us, according to the law, with at least 60 years of age and having paid your premium for 10 years, you can get retired and receive pension. But, currently we got to know that this law still is in the parliament and it is not ratified yet, and has a long way to be implemented.* Rezvani and Azizi (2012), and Sharifi and Hosseini (2009) have also confirmed that lack of confidence to brokers is one of the problems hindering development and acceptance of insurance.

Financial and Credit Problems- One of the important problems hindering development of rural social insurance is the lack of attention to the management of fiscal resources and expenditures in the macro level. One of the insurance experts argued: as the majority of members are low-income farmers, and the government guarantees the payment of deficit in time of crisis, therefore, there is no such concern about affecting the balance of resources and expenditure and the provision of necessary funds to pay the annuity of the current insured and future pensioners. On the other hand, the government also seems not to have any structured plans for dealing with financial and social crises. Another issue in this regard is the low level of pension. One of the experts stated: eight income levels have been defined which are not in proportion with the conditions of the target community. Actually, the insurers are willing to pay higher premium. As one of the complaints of the insurance policyholders is the fact that the pensions they receive, is too low with respect to the cost of living and inflation".

Another problem is the low income of the insurance agents compared to agents of the private sector, and the fact that the rural social insurance fund does not provide them with financial support. One of the agents argued that: "*the brokerage fee in this type of insurance considering the particular conditions of rural areas and many other difficulties compared to private insurance companies, in which 25 percent of the premium is allocated to brokerage fee, is very poor, as it is about 15 percent of the premium in rural social insurance".* One of the Dehyars also stated that brokers are the arms of insurance in rural areas, and the main burden is on their shoulders. But unfortunately the rural social insurance fund has not

paid any particular fund to brokerage departments to equip their offices, even sometimes they fail to pay their due income, and leave no incentives to attract more insurers. Chen and Yang (2014), and Armand and Motamed (2012) in their studies note that financial and credit problems are among the challenges the development of insurance face with.

Training Issues- In this regard, we can note that some brokers do not properly know the conditions and procedure of the medical commission about disability. One of the insured clients said in this regard*: "after going through a long procedure in the brokerage department, the medical commission of Social Security Organization stated that the percentage of your disability is not high enough to become a pensioner."* This could be a dissuading factor for the rural social insurance. Tian and Li (2011), and Armand and Motamed (2012) have also emphasized on holding training courses to update the knowledge of the agents and improve the performance of the insurers.

Legal and Regulatory Problems- One of the most important problems facing rural social insurance is legal and regulatory nature. In this regard, the most challenging issues are the high retirement age and the hard conditions set for retirement. One of the agents stated that: in the present circumstances, for the retirement, you must be at least 65 years old, and should have paid premium for at least 15 years. Such hard conditions have caused discontent among insurance policyholders, particularly among the aged insurers, as it has turned to a dissuasive factor for rural social insurance.

Another issue is the fact that this type of insurance is optional. An insurance expert argued: when insurance is optional, two groups would remain without insurance: "a group of people who cannot afford insurance, or while they are relatively rich enough to buy insurance, the culture of buying insurance is not common among them, such people face with more problems when they get sick, and also create more problems for the community. The second group includes the wealthy people who do not need to buy insurance, or the culture of insurance is not institutionalized among them. Therefore, the rich people do not share the cost associated with health of the community".

One of the problems is to settle an agreement between the rural social insurance fund and "Imam Khomeini Relief Committee" and "Welfare Organization" to attract approximately 180 thousand clients as the insurer. One of the experts of the rural social insurance fund argued that: social insurance of those clients showed the non-professional interference of social support and social insurance. Although it has been planned that every year, the number of people covered by charity institutions should be reduced, and they become clients of social insurance, it does not mean that premium of those clients should be paid to the rural social insurance fund so that they are covered by social insurance. Rather such a policy was aimed to make the charity institutions focus their programs on enabling the poor clients in finding a job or creating income, so that such people, according to article 29 of the Constitution, can afford to pay the premium and get covered by social insurance.

One of the brokers argued that such institutions have introduced the most risky clients in this framework which has created a heavy financial burden for the rural social insurance fund, as more than 3,000 people introduced by Imam Khomeini Relief Committee have died of old age or disease." Therefore, rural social insurance fund in recent years has extended its insurance coverage to truck drivers, residents of towns with a population less than 20000, and people working in agricultural sector who are subject to labor law.

One of the insurance experts argued that such people are in a higher income level and do not need government support, the government pays two third of the premium of the poor clients (covered by charity institutions) so that they might secure a better future. Rezvani and Azizi (2012), Shahnoushi, Edalatiyan, Khaksar Astaneh, Soltani and Rahmani (2009) in their studies noted that the weakness of the legal system is one the major challenge against development of insurance.

4. 2. Network Analysis Process

Having determined the main categories in the form of problems, in order to determine the relationships between elements and clusters, we employed DEMATEL method. Figure 4 shows the final results related to this stage in Microsoft Excel. Based on this table, if the intersection of two cells is number 1, it means the element of the row leaves an impact on the element in the column. But if the number of the cell is zero, it means that the element in the row has no impact on the element in the column. However, the reverse might be true. In the next stage, the acquired relations are applied on the elements in Super Decisions software package (Figure 5). After acquiring the relations and dependencies between criteria, pairwise comparisons were made using Copeland method. After determining the final weight of each

comparison, the weights obtained from questionnaires were fed into Super Decisions, and the process went on by forming Super matrices and determining the initial priority vectors. Super matrix was calculated at three levels. The results of the final stage (Limited Super Matrix) are shown in Table 2. Finally, to obtain the final coefficient of each element, the coefficients obtained from Limited Super Matrix table was multiplied by weight of the clusters. The results are shown in Figure 6.

	E_1	E_2	E_3	E_4	I_1	I_2	I_3	I_4	I_5	I_6	I_7
E_1	0	0	0	1	0	0	1	1	1	1	1
E_2	0	0	1	1	0	0	0	1	1	0	0
E_3	1	0	1	1	0	1	1	1	1	1	1
E_4	0	0	0	1	0	0	0	1	1	0	0
I_1	0	1	1	0	0	0	0	1	1	0	0
I_2	1	1	1	1	1	0	0	1	0	1	1
I_3	0	0	0	1	0	1	0	1	1	1	1
I_4	1	1	1	1	1	0	0	1	1	1	1
I_5	0	0	0	0	1	0	1	1	1	0	0
I_6	0	0	0	0	0	0	0	1	1	1	0
I_7	1	1	1	1	0	0	0	0	1	1	0

Figure 4– The final results of the DEMATEL method in Excel
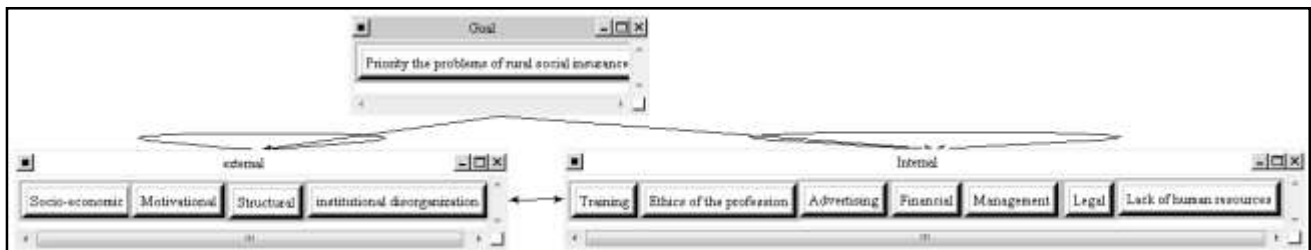Source: Research Findings, 2016

Figure 5 – The relations between the elements are applied in Super Decisions
Source: Research Findings, 2016

According to the coefficients of the table, the management and executive problems, socio-economic problems, and institutional disorganization have respectively been identified as the most important and most fundamental problems facing the development of rural social insurance.

5. Discussion & Conclusion

More than ten years have passed from the establishment of the rural social insurance fund. However, the statistics and reports suggest that over the past years, the rural social insurance has been developing in a relatively slow speed and has encountered many obstacles. Some problems are internal and have to do with the structure of the Iranian rural community. Other problems are restrictions originated from outside the rural areas. The research findings show that management and executive problems, socio-economic problems, and institutional disorganization are respectively the most important and fundamental problems hindering the development of rural social insurance. Therefore, it seems that the main reason beyond many of these problems is the lack of an appropriate plan to efficiently integrate the activities performed in the field of rural welfare with the help of subgroups of the rural social insurance fund. Thus, it is essential to regulate the current and future plans based on insurance calculations with regard to economic and social realities of the rural community in line with the government's commitment to its legal obligations to policyholders.

In this regard, to organize and coordinate the activities and services in each areas of insurance, support and relief, the following guidelines are recommended: continued cooperation between the rural social insurance fund and Imam Khomeini Relief Committee and Welfare Organization should be subject to payment of clients' premium; more cooperation and coordination between healthcare

insurance and rural social insurance; provision of services by health centers should be subject to the having insurance coverage by heads of households, the villagers should get their health insurance card from rural social insurance fund; a medical commission independent of the Social Security Organization should be established to ensure the health of the clients and determine the percent of the disability of the insured at all age groups when they wish to buy an insurance; in order to reduce the risk arising from the age distribution of the insured persons in line with the stability and continuity of the activities of the Fund in the long- run the insurance company should not limit the medical examinations to self-reported forms filled by individuals.

In order to satisfy current insurance policyholders and increase the willingness of young people to get this type of insurance, it is essential to review the executive regulations and reduce the age of retirement. It is recommended that like other insurance funds, the retirement age should be 60 years with at least 15 years of premium payment. Considering the available economic levels in the society and degradation of national currency, and

the need to receive higher pension in future, it would be necessary to define higher levels of income.

As it is not mandatory to buy this type of insurance, and due to the lack of social insurance culture among the villagers, it is essential to run good advertisement, make targeted TV and radio programs, to familiarize the villagers with the facilities and services of this type of insurance and to distribute brochures in crowded locations of the rural areas including the mosque, Village Assistance Bureaus (Dehyaris), agriculture service centers, etc.

As the brokers are the main arms of the rural social insurance in rural areas, the following guidelines are proposed in this regard: to move the brokerage departments from Village Assistance Bureaus (Dehyaris) to rural cooperatives, companies or other individuals; to issue licenses in order to create higher occupational sense of security; to supervise the quality of services provided for the villagers; to increase and regularly pay the brokerage fee; to allocate higher brokerage fee to active brokers to provide them with more encouragement; to hold regular training courses to update information and knowledge of the insurance brokers.

Table 2- limited super matrix
Source: Research Findings, 2016

| | | E | | | | I | | | | | | | G |
		E_1	E_2	E_3	E_4	I_1	I_2	I_3	I_4	I_5	I_6	I_7	G_1
E	E_1	0.161	0.161	0.161	0.161	0.161	0.161	0.161	0.161	0.161	0.161	0.161	0.161
	E_2	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035	0.035
	E_3	0.102	0.102	0.102	0.102	0.102	0.102	0.102	0.102	0.102	0.102	0.102	0.102
	E_4	0.134	0.134	0.134	0.134	0.134	0.134	0.134	0.134	0.134	0.134	0.134	0.134
I	I_1	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008
	I_2	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001
	I_3	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007
	I_4	0.142	0.142	0.142	0.142	0.142	0.142	0.142	0.142	0.142	0.142	0.142	0.142
	I_5	0.267	0.267	0.267	0.267	0.267	0.267	0.267	0.267	0.267	0.267	0.267	0.267
	I_6	0.123	0.123	0.123	0.123	0.123	0.123	0.123	0.123	0.123	0.123	0.123	0.123
	I_7	0.019	0.019	0.019	0.019	0.019	0.019	0.019	0.019	0.019	0.019	0.019	0.019
G	G_1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

E: Problems outside the organization, E_1: Socio-economic, E_2: Motivational-attitudinal, E_3: Structure-infrastructure, E_4: institutional disorganization, I: Problems within the organization, I_1: Training, I_2: Ethics of the profession, I_3: Advertising and publicity, I_4: Finance and Credit, I_5: Management and executive, I_6: Lack of human resources, I_7: Legal and regulatory problems, G: Goal, G_1: Priority of the problems.

Icon	Name		Normalized by Cluster	Limiting
No Icon	Socio-economic		0.37160	0.160625
No Icon	Motivational-attitudinal		0.08033	0.034715
No Icon	Structure-infrastructure		0.23711	0.102470
No Icon	institutional disorganization		0.31089	0.134353
No Icon	Training		0.01431	0.008123
No Icon	Ethics of the profession		0.00233	0.001325
No Icon	Advertising and publicity		0.01192	0.006770
No Icon	Finance&Credit		0.25037	0.142168
No Icon	Management&executive		0.47063	0.267241
No Icon	Legal&regulatory		0.21671	0.123056
No Icon	Lack of human resources		0.03373	0.019155
No Icon	Priority the problems of rural social insurance		0.00000	0.000000

Figure 6- Final coefficients of the elements
Source: Research Findings, 2016

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واکاوی موانع پیش روی بیمه اجتماعی روستاییان با استفاده از فرایند تحلیل شبکه ای در شهرستان همدان

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چکیده مبسوط

۱. مقدمه

امروزه به دلیل نقش و جایگاه روستاها در فرایندهای توسعه اقتصادی، اجتماعی و سیاسی در مقیاس محلی، منطقه‌ای، ملی و بین‌المللی و پیامدهای توسعه نیافتگی مناطق روستایی چون فقر گسترده، نابرابری فزاینده، رشد سریع جمعیت، بیکاری، مهاجرت، حاشیه‌نشینی شهری و غیره توجه به توسعه روستایی بیشتر و حتی مقدم بر توسعه شهری گردیده است. از این رو مسئله رفاه و تأمین اجتماعی در این مناطق اهمیت بیشتری می یابد. در این راستا صندوق بیمه اجتماعی روستاییان و عشایر به منظور کاهش بخشی از چالش ها و بهبود شرایط لازم برای تثبیت جمعیت فعال در روستاها و ارتقای کیفیت زندگی آنها از سال ۱۳۸۴ فعالیت خود را آغاز نموده است. با گذشت قریب ۱۰ سال از فعالیت صندوق، آمارها و گزارش ها نشان می دهد که روند گسترش بیمه اجتماعی و عضویت روستاییان طی چند سال گذشته به کندی انجام گرفته و با موانع و عوامل گوناگون بازدارنده مواجه بوده است. از این‌رو شناخت عوامل بازدارنده و موانع موجود، فراهم‌سازی زمینه ها و شرایط لازم به منظور گسترش این نوع بیمه در راستای تحقق توسعه پایدار روستایی ضروری است.

۲. مبانی نظری

در رابطه با چگونگی تأمین رفاه برای اعضا و قشرهای جامعه، دو نوع دیدگاه کلی وجود دارد که در واقع از دو مکتب اصالت فردی و اصالت جمعی الهام می گیرد.یکی از این دو شیوه نظریه «ترمیمی» است که بر اساس آن برای تأمین رفاه اجتماعی افراد جامعه را باید آزاد گذاشت تا هر طور مایل هستند در این زمینه سرمایه‌گذاری کنند و دولت زمانی

می‌تواند دخالت کند که نقش کمک‌رسانی و ترمیمی داشته باشد و وظیفه عمده بر عهده بخش خصوصی است. در مقابل نظریه‌ای وجود دارد که وظیفه اصلی و اساسی را متوجه دولت و نهادهای دولتی وابسته به آن می داند و به نظریه نهادی معروف است که بر اساس آن برای تأمین رفاه اجتماعی دولت موظف است رأساً اقدام به برنامه ریزی، سیاست گذاری و اجرای برنامه های مختلف خدمات اجتماعی کند. رفاه اجتماعی روستایی فرآیندی مستمر، پویا و پایدار است که منجر به ایجاد مجموعه شرایط لازم در توانا‌سازی مردم روستایی از طریق دولت و نهادهای مدنی و سازمان های مسئول برای بهبود مستمر کیفیت زندگی می شود و از سوی دیگر راهکاری در جهت برقراری تعادل های فضایی و تحقق عدالت اجتماعی و پایداری اجتماعی می باشد. یکی از خط مشی های مهم در این زمینه، اجرای یک نظام بیمه ای کارآمد می باشد. در واقع راهبرد بیمه های اجتماعی یک نوع ضمانت اقتصادی از جانب جامعه برای افرادی که تحت پوشش قرار می گیرند، فراهم می گردد.

۳. روش تحقیق

تحقیق حاضر از لحاظ هدف کاربردی و از نظر ماهیت، جزء مطالعات کیفی محسوب می شود. در این راستا به منظور ارائه تصویری روشن از چالش های فراروی بیمه اجتماعی روستاییان در قالب یک مدل، از روش تئوری بنیانی استفاده شده است. فرآیند نمونه گیری در تحقیقات کیفی از نوع غیر احتمالی و هدفمند یا ضابطه مند است. در این راستا تعداد ۶۰ نفر از کارگزاران (۱۷ نفر) و بیمه گذاران (۳۰ نفر) شهرستان همدان و کارشناسان و خبره در این زمینه بر

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ا ساس تسلط و آگاهی به موضوع با ا ستفاده از تکنیک گلوله برفی به عنوان نمونه انتخاب شـدند. مصـاحبه ها تا زمان رسـیدن به مرحله اشباع تئوریک ادامه یافت. به طور کلی روش تئوری بنیانی شامل سه مرحله کدگذاری باز، کدگذاری محوری و کدگذاری انتخابی می باشـد. در مرحله بعد به منظور تعیین روابط بین مشـکلات و اولویت بندی آنها در راستای حل مسائل اصلی، از روش ANP استفاده شده است. مدل تحلیل شبکه شامل چهار مرحله اصلی است: مرحله اول، شامل تعیین متغیرها و معیارهای مناسب با موضوع مورد بررسی است که در این مطالعه برای ا ستخراج مقوله های ا صلی در قالب مشکلات از روش تئوری بنیانی با بکارگیری نرم افزار Nvivo اسـتفاده گردید. مرحله دوم، شامل تعیین روابط و ارتباطات بین عناصر و خوشه ها می باشد که به این منظور از روش دیماتل استفاده شده است. مرحله سوم شامل مقایسات زوجی بین عناصر و خوشه ها به منظور تعیین ضرایب اولیه با اسـتفاده از نرم افزار Super Decision اسـت. مرحله چهارم، شامل تشکیل سوپرماتریس و تعیین ضرایب نهایی عناصر می باشد.

۴. یافته های تحقیق

به طور کلی بر ا ساس نتایج به د ست آمده، ۸۳ کد از متن م صاحبه ها ا ستخراج شد که پس از تحلیل، ترکیب و تلفیق آنها در قالب ۱۱ مقوله ا صلی طبقه بندی شدند که عبارتند از: م شکلات اجتماعی-اقت صادی، سـاختاری-زیربنایی، انگیزشـی-نگرشـی، ناهماهنگی نهادی، تبلیغات و اطلاع رسانی، مدیریتی-اجرایی، کمبود منابع انسانی، اخلاق حرفه ای و مالی -اعتباری. پس از تعیین مقوله های اصـلی در قالب مشـکلات، به منظور تعیین روابط و ارتباطات بین عنا صر و خو شه ها و اولویت بندی م شکلات از روش ANP ا ستفاده شد. برا ساس نتایج به د ست آمده مشـکلات مدیریتی و اجرایی، مشـکلات اجتماعی و اقتصـادی و ناهماهنگی نهادی به ترییب به عنوان مهمترین و ا ساسی‌ترین مشکلات پیش‌روی توسعه بیمه اجتماعی روستاییان شناخته شده‌اند.

۵. نتیجه گیری

با گذشت قریب ۱۰ سال از فعالیت صندوق، آمارها و گزارش ها نشان می دهد که روند گ سترش بیمه اجتماعی و عـضویت رو ستاییان طی چند سال گذشته به کندی انجام گرفته است. بخشی از این مشکلات

درونی ا ست و به ساختار جامعه رو ستایی کشور ارتباط دارد و بخش دیگر محدودیت هایی است که از خارج از روستا سرچشمه می گیرد. در این راستا به نظر می رسد که علت اصلی بسیاری از این مشکلات ریشـــه در فقدان برنامه ریزی مشـخص و هدف دار به منظور ترکیب بهینه فعالیت ها در حوزه رفاه روسـتایی به کمک زیر مجموعه های صندوق می باشد. از اینرو تنظیم برنامه های فعلی و برنامه های آینده بر اسـاس محاسـبات بیمه ای با توجه به واقعیت های اقتصـادی و اجتماعی جامعه روستایی در راستای پایبندی دولت به تعهدات قانونی خود در قبال بیمه گذاران الزامی است.

در این زمینه، سـازماندهی و هماهنگی فعالیت ها و خدمات در هر یک از حوزه های بیمه ای، حمایتی و امدادی و ادامه روند همکاری صـندوق با دو نهاد کمیته امداد و بهزیسـتی منوط به پرداخت حق بیمه مددجویان، همکاری و هماهنگی بیشتر بین بیمه سلامت با بیمه اجتماعی رو ستاییان ، تشکیل کمیسیون پز شکی مستقل از سازمان تأمین اجتماعی و تعیین میزان سلامتی و در صد از کارافتادگی بیمه شدگان در تمام سطوح سنی در بدو ورود در راستای پایداری و تداوم فعالیت های صـندوق در بلند مدت پیشـنهاد می شـود. در راسـتای رضـایتمندی بیمه گذاران فعلی و افزایش تمایل جوانان روستایی به این نوع بیمه، لزوم بازنگری در آئین نامه اجرایی و قوانین صـندوق ، تعریف سـطوح درآمدی بالاتر با توجه به سـطح اقتصـادی موجود در جامعه و تغییرات ارزش پول الزامی به نظر می ر سد. به علت اختیاری بودن این نوع بیمه و نبود فرهنگ سـازی لازم در جامعه روسـتایی، انجام تبلیغات وسـیع و سـاخت برنامه های تلویزیونی و رادیویی هدفمند و توزیع برو شورهای آموز شی در اماکن پر رفت و آمد رو ستا ضروری است.

در پایان حمایت مالی بیشـتر از کارگزاران به عنوان بازوهای اصـلی صـندوق در مناطق روسـتایی، نظارت بیشـتر بر کیفیت و چگونگی عر ضه خدمات به رو ستاییان و برگزاری دوره های آموز شی منظم به منظور بروزرسانی اطلاعات و دانش کارگزاران پیشنهاد می شود.

کلمات کلیدی: بیمه اجتماعی، جامعه روسـتایی، موانع، شـهرستان همدان.

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