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- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

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AWARENESS ABOUT HEALTH INSURANCE

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ABSTRACT

Health insurance as a concept can be traced by to ancient civilizations. In 1981, General Insurance Company (GIC) designed a limited cover for individuals and families to covering their hospitalization needs. Subsequently in 1986, this was replaced by the Mediclaim policy and it was further modified in 1991 and 1996. The establishment of the Insurance Regulatory and Development Authority Act in 1999 paved the way for the opening of the health insurance market for private competition by 2000. Health insurance segment is the fastest-growing segment in the insurance industry. Regarding awareness, the media 'newspapers' created more awareness to the sample households. Health insurance schemes like 'Mediclaim Policy', 'Pradhan Mantri Suraksha Bima Yojana', and 'Employees' State Insurance Scheme'. The sample uninsured households are willing to contribute for their future risks. New diseases are found every day; so, the insurance companies make a clause to get treatment even for the unlisted diseases in the agreement also.

KEYWORDS

awareness, health insurance, households, mediclaim, level of awareness.

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INTRODUCTION

Health insurance as a concept can be traced by to ancient civilizations. In ancient South East Asian cultures, including India, the tradition was to pay the doctor while in good health and discontinue the payment during periods of illness. The modern system of health insurance in India developed in the industrial era, based on the European system. Nonetheless, medical insurance schemes in India for the general public were developed due to deteriorating industrial relations between the employer and employee. The employer's coverage package was very small and in majority of the cases never covered the families. Hence, a market was created for health insurances. In 1981, General Insurance Company (GIC) designed a limited cover for individuals and families to covering their hospitalization needs. Subsequently in 1986, this was replaced by the Mediclaim policy under the market agreement that group as well as individuals will get access to insurance benefits under a group Mediclaim policy. In order to accommodate inputs by experts and the medical fraternity, the scheme was further modified in 1991 and 1996. Mediclaim benefits were provided on the basis on reimbursement. The reimbursement required production of bills from the hospitals where the policyholder has undergone treatment. Hence, the policy required the policyholder to have access to funds as he or she was reimbursed only after the treatment.

The establishment of the Insurance Regulatory and Development Authority Act in 1999 paved the way for the opening of the health insurance market for private competition by 2000. The introduction of Third Party Administrators (TPA) in an effort to provide better services as well as cashless transactions to the insured has reduced administration hassles. Thus, the administrative costs, which were the secondary objective of the TPA, can be capped. Moreover, the collection of premium increased over 100 per cent. The health insurance segment continues to be the fastest-growing segment in the insurance industry.

REVIEW OF LITERATURE

The most important studies carried out by various researchers are reviewed and listed out here:

Carla Saenz (2009) in a research paper titled "What is Affordable Health Insurance? The Reasonable Tradeoff Account of Affordability" mentioned that the reform of the health care system will include a mandate in the United States. Individuals are required to purchase health insurance provided that affordable options are available. But what is affordable health insurance? Three accounts of affordability of health coverage have been advanced. The first two accounts are empirical. The third account is needs-based. All three accounts are inadequate. Hence, the author proposed a fourth, the reasonable tradeoff account, according to which individuals should only be required to make reasonable tradeoffs in order to pay for their health coverage. **Vareen Ray (2010)** in an article titled "Demystifying Health Insurance" stated that health care has emerged as one of the largest service sectors in India. The health care spending in the country is Rs.1,290 billion, which is expected to double (and touch Rs.2,250 billion) by 2014. And with just 3 per cent health insurance penetration in the country, a huge sum of this Rs.2,250 billion will be paid out of the pockets of the common man. **Mita Choudhury and R. Srinivasan (2011)**, in a report titled "A Study on Insurance Schemes of Government of India" stated that government supported insurance schemes are a form of social security in India. This report focuses on the insurance schemes being implemented by the Central Government for the vulnerable sections of the society. **Srinath Reddy, K., et.al. (2011)** carried out a research project sponsored under the scheme of Socio-Economic Research, The Planning Commission of India, New Delhi, stated that India's landscape of health insurance has undergone tremendous changes in the last three years with the launch of several more health insurance schemes in the country, largely initiated by central and state governments. The country that has been witness to three health insurance programs until 2007 (Employee State Insurance Scheme-ESIS, Central Government Health Scheme-CGHS, and Private Health Insurance-PHI), is now swamped by a plethora of insurance programs, in less than three years time. **Subir Sen (2012)** in his paper titled "Growth of Indian Insurance Industry and Determinants of Solvency" pointed out the path to liberalization of the Indian insurance industry. There are 24 general insurers and 24 life insurers were operating in India as on March 2011. Regarding the product mix of general insurers, Motor Insurance continues to dominate; following this, Health Insurance comes in next order. Regarding the product mix of life insurers, ULIPs sales are dominating even after September 2010 regulations. **Thomas Varghese (2013)**, carried out a Ph.D. Thesis "Determinants of Consumer Purchase Decisions of Health Insurance in Kerala" with the objectives a) To trace the pattern of health insurance subscription among people of Kerala, b) To understand the factors influencing the purchase decision of health insurance policies, c) To assess the extent of influence exerted by dominant factors on purchase decision of health insurance policies, d) To develop an integrated model of dominant factors in an individual's health insurance decision, and e) To identify factors that distinguish a health insurance subscriber from a non subscriber. **Bhaskar Purohit (2014)** has contributed a research paper on "Community Based Health Insurance in India: Prospects and Challenges". The focus of the paper is to examine the

potential Community Based Health Insurance (CBHI) offers to improve the healthcare access to rural, low-income population and the people in unorganized sector. **Girish Shetty (2014)** in an article "Health Insurance Evolution in India: An Opportunity to Expand Access" pointed out that for the last century, healthcare delivery and financing in India has been shrouded by life insurance challenges and importantly, shares key landmarks with general insurance. Despite some progress, the current state of India's healthcare outcome leaves much to be desired. It has glaring challenges around high out-of-pocket spending, inequality of services, and fragmented social and regulatory standards.

NEED OF THE STUDY

Madurai district is second largest district of Tamil Nadu State. According to Census 2011, Madurai had population of 3,038,252 of which male and female were 1,526,475 and 1,511,777 respectively. Madurai district comprises of seven taluks namely Madurai North, Madurai South, Melur, Peraiyur, Thirumangalam, Usilampatti, and Vadipatti. The details regarding the actual population, male, female, population growth, density, sex ratio, literacy rate, etc. were compared for the census years 2011 and 2001. It is given in the following Table 1.

TABLE 1: DESCRIPTION OF MADURAI DISTRICT – A COMPARISON

Description	2011	2001
Actual Population	3,038,252	2,578,201
Area Sq. Km	3,710	3,710
Density/km ²	819	698
Proportion to Tamil Nadu Population	4.21%	4.13%
Male	1,526,475	1,303,363
Female	1,511,777	1,274,838
Population Growth	17.84%	7.41%
Sex Ratio (Per 1000)	990	978
Average Literacy	83.45	77.82
Male Literacy	89.72	86.17
Female Literacy	77.16	69.35
Literates	2,273,430	1,776,654
Male Literates	1,223,810	991,010
Female Literates	1,049,620	785,644

Source: <http://www.census2011.co.in>

It is observed from Table 1 that the actual population comprises of 50.24 per cent male and 49.76 per cent female during the census year 2011. With regard to sex ratio in Madurai, it stood at 990 per 1000 male compared to 2001 census figure of 978. The average national sex ratio in India is 940 as per the latest reports of Census 2011 Directorate. The average literacy rate of Madurai in 2011 was 83.45 compared to 77.82 of 2001. If things are looked out at gender wise, male and female literacy were 89.72 and 77.16 respectively. For 2001 census, same figures stood at 86.17 and 69.35 in Madurai District. Total literate in Madurai District were 2,273,430 of which male and female were 1,223,810 and 1,049,620 respectively. In 2001, Madurai District had 1,776,654 literates. In general, it is concluded from Table 1 that there is no much difference in the percentage of male and female population and they have been equally dominated in Madurai district.

An individual is exposed to various risks in daily life and it will surprise one to note how many of these can actually be insured. Life insurance and general insurance companies offer a variety of products covering different types of risks. Not only is there a dearth of knowledge about these but also most individuals are not aware of the value that insurance, as an option, could add to their lives. While affordability and the place of insurance in the list of an individual's priority in this context are important questions, quite a few are uninsured purely due to lack of awareness about insurance as a protection tool and details about the types of insurances that are possible. Hence, an attempt is made to study the awareness about health insurance and it was conducted in Madurai District.

OBJECTIVES OF THE STUDY

The main objectives of the study are as per following:

1. To study the socio-economic characteristics of insured and uninsured households.
2. To analyze the awareness about health insurance by the insured households.

METHODOLOGY

The main objective of the study is to analyze the awareness about health insurance. Hence, all the taluks in Madurai district have been chosen for area of investigation. Hence, the survey was carried out in all the seven taluks and these taluks have been segregated into urban and rural for the purpose of this study. Total sample of 420 households have been chosen by adopting the equal probability sampling approach. Primary data have been extensively used for the study. Out of 420 total sample respondents, 214 respondents constituting 50.9 per cent belongs to rural area and the remaining 49.1 per cent belongs to urban area. Among the 420 sample respondents, insured households consist of 238 respondents (urban 124 and rural 114) and 182 respondents (urban 82 and rural 100) are uninsured.

RESULTS AND DISCUSSION

SOCIO-ECONOMIC CHARACTERISTICS OF INSURED AND UNINSURED HOUSEHOLDS

In this section, a brief description of the characteristics of sample respondents (i.e. households) would provide the necessary setting for the discussion. The sample respondents are classified into insured households and uninsured households. Then the respondents are categorized into urban and rural area. Analyses are carried out based on these classifications in this chapter. A critical analysis of the selected household has been made covering demographic characteristics like gender, age, marital status, educational qualification, occupation, monthly income of the family, and family size. It also provides detail about ownership of dwelling unit, type of dwelling unit, income, saving and expenditure, source of information, types of insurance held, details of policies held, etc.

GENDER-WISE DISTRIBUTION OF RESPONDENTS

In general, households consist of both men and women. In today's environment, most of the women are working in various organizations. They play a significant role in savings as well as in taking life and health insurance policies. Hence, the researcher has made an attempt to know about the awareness towards health insurance by gender-wise. The result is exhibited in Table 2.

TABLE 2: GENDER-WISE CLASSIFICATION OF HOUSEHOLDS

Gender	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Male	82 (66.1)	84 (73.7)	166 (69.7)	56 (68.3)	78 (78.0)	134 (73.6)
Female	42 (33.9)	30 (26.3)	72 (30.3)	26 (31.7)	22 (22.0)	48 (26.4)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to respective column total

It can be seen from the Table 2 that of the insured sample households 69.7 per cent are male and 30.3 per cent are female. The insured household comprises 124 urban area respondents and 114 rural area respondents. According to area wise classification, male respondents dominate more than female respondents. It accounts for two third in urban area and nearly three fourth in rural area. In the case of uninsured households, male respondents constitute 73.6 per cent and female respondents constitute 26.4 per cent. It is noted from the Table 2 that the uninsured male respondents accounts for 78 per cent in rural area and 68.3 per cent in urban area. It is concluded from the study that the sample insured and uninsured households comprises of around two-third and three fourth male respondents in urban area and rural area respectively. The rest are female respondents in the sample study.

AGE-WISE DISTRIBUTION OF RESPONDENTS

The households are categorized based on their age and it is shown in Table 3. In the study the households has been classified into four categories. The member who responded during the survey has been considered for distribution of sample households.

TABLE 3: AGE-WISE CLASSIFICATION OF HOUSEHOLDS

Age	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Below 25 Years	34 (27.4)	19 (16.7)	53 (22.3)	11 (13.4)	18 (18.0)	29 (15.9)
25 to 40 Years	21 (16.9)	27 (23.7)	48 (20.1)	21 (25.7)	29 (29.0)	50 (27.5)
41 to 55 Years	45 (36.3)	49 (42.9)	94 (39.5)	32 (39.0)	41 (41.0)	73 (40.1)
Above 55 Years	24 (19.4)	19 (16.7)	43 (18.1)	18 (21.9)	12 (12.0)	30 (16.5)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to respective column total

From the Table 3, the distribution of the sample shows that a major portion of the insured households (39.5%) fall in '41 to 55 years' category and 22.3 per cent come under 'below 25 years' category. Followed this around 20.1 per cent fall under '25 to 40 years' category. But in the case of uninsured households, 40.1 per cent fall in '41 to 55 years' category and 27.5 per cent under '25 to 40 years' category. While comparison among various age groups both in the insured and the uninsured households, a higher proportion is seen in the age group of 41 to 55 years. Next to this '25 to 40 years' comes in order. The researcher comes to a conclusion that the insured and uninsured households dominate more in '41 to 55 years' category than in other age groups.

INCOME-WISE DISTRIBUTION OF RESPONDENTS

The income of the household is treated as an important parameter of the sample respondent's economic status. Income is treated as a vital factor that influences households in choosing a particular product or service. For the purpose of this study, the households are divided into five monthly income classes: i) less than Rs.10,000, ii) Rs.10,000 to Rs.20,000, iii) Rs.20,001 to Rs.30,000, iv) Rs.30,001 to Rs.40,000, and v) more than Rs.40,000. The result of the analysis is given in Table 4.

TABLE 4: INCOME-WISE CLASSIFICATION OF HOUSEHOLDS

Monthly Income	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Less than Rs.10,000	38 (30.6)	38 (33.3)	76 (31.9)	17 (20.7)	36 (36.0)	53 (29.1)
Rs.10,000 to Rs.20,000	45 (36.3)	36 (31.6)	81 (34.0)	34 (41.5)	29 (29.0)	63 (34.6)
Rs.20,001 to Rs.30,000	9 (7.3)	12 (10.5)	21 (8.8)	12 (14.7)	17 (17.0)	29 (15.9)
Rs.30,001 to Rs.40,000	15 (12.1)	19 (16.7)	34 (14.4)	2 (2.4)	5 (5.0)	7 (3.9)
More than Rs.40,000	17 (13.7)	9 (7.9)	26 (10.9)	17 (20.7)	13 (13.0)	30 (16.5)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)
Average Income	25348	16891	22344	18962	7836	12973

Note: Figures in parentheses are percentages to respective column total

It is seen from the Table 4 that among the insured sample households a major portion, say 34 per cent, fall under the monthly income group of Rs.10,000 to Rs.20,000. In this group, the urban households dominate higher per cent (36.3%) than that of rural households (31.6%). Following this, 31.9 per cent come under the category of 'less than Rs.10,000' and rural households dominate more in per cent than that of urban households. The same trend is also reflected in uninsured households. Next to this, the income group 'Rs.30,001 to Rs.40,000' accounts for 14.4 per cent in insured households whereas it is 3.9 per cent in uninsured households. It is also seen that the average income of insured households (Rs.22344) is much higher than that of uninsured households (Rs.12973). Further, the difference in average income of rural and urban households is evident among both insured and uninsured categories.

FAMILY SIZE-WISE DISTRIBUTION OF RESPONDENTS

In general, the size of the family is not at all uniform. It may vary from one family to another. And there is a perception that there is more awareness among the biggest number of family than the smallest number of family. Since the study is related to awareness about health insurance, the family size of households has been taken into account for analysis. The size of the family has been depicted in Table 5.

TABLE 5: FAMILY SIZE-WISE CLASSIFICATION OF HOUSEHOLDS

Family Size	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Up to 3 Members	61 (49.2)	58 (50.9)	119 (50.0)	27 (32.9)	18 (18.0)	45 (24.7)
4 to 6 Members	39 (31.5)	52 (45.6)	91 (38.2)	47 (57.3)	67 (67.0)	114 (62.7)
Above 6 Members	24 (19.3)	4 (3.5)	28 (11.8)	8 (9.8)	15 (15.0)	23 (12.6)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to respective column total

Table 5 explains that 50 per cent of insured households have a family size of 'up to 3 members'. But, a major portion of uninsured households, say 62.7 per cent, have a family size of '4 to 6 members'. The rural households accounted more both in the insured and uninsured category. From this, the researcher comes to a conclusion that in the study area, more than 85 per cent of sample households have family size of 'up to 6 members'.

OWNERSHIP OF DWELLING UNIT

A classification of households by ownership of dwelling unit is exhibited in Table 6.

TABLE 6: CLASSIFICATION OF HOUSEHOLDS BY OWNERSHIP OF DWELLING UNIT

Ownership of Dwelling Unit	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Own	83 (66.9)	69 (60.5)	152 (63.9)	51 (62.2)	68 (68.0)	119 (65.4)
Rented	25 (20.2)	32 (28.1)	57 (23.9)	22 (26.8)	21 (21.0)	43 (23.6)
Others	16 (12.9)	13 (11.4)	29 (12.2)	9 (11.0)	11 (11.0)	20 (11.0)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to respective column total

It can be seen from Table 6 that around 64 per cent of insured households live in their own houses, while this is slightly higher for uninsured households at 65 per cent. Among the insured, the proportion of households owning a dwelling unit is higher in urban areas (66.9%) as compared with the rural areas (60.5%). It is just reverse in the case of uninsured households. An equivalent per cent of sample respondents live in rented houses both in insured as well as in uninsured category.

TYPE OF DWELLING UNIT

The households may live in own or rented houses. It may be pucca or semi-pucca or other types. The distribution of households based on the type of dwelling unit is depicted in Table 7.

TABLE 7: DISTRIBUTION OF HOUSEHOLDS BY TYPE OF DWELLING UNIT

Type of Dwelling Unit	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Pucca	102 (82.3)	91 (79.8)	193 (81.1)	22 (26.8)	19 (19.0)	41 (22.5)
Semi-pucca	13 (10.5)	15 (13.2)	28 (11.8)	54 (65.9)	68 (68.0)	122 (67.0)
Others	9 (7.2)	8 (7.0)	17 (7.1)	6 (7.3)	13 (13.0)	19 (10.5)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to respective column total

It is evident from the Table 7 that the households living in pucca houses account for 81.1 per cent in the insured category, but only 22.5 per cent of those uninsured. In the case of uninsured households, a majority of 67.0 per cent households live in semi-pucca houses. Among the uninsured, the proportion of households living in semi-pucca house is higher in rural areas (68%) as compared with the urban areas (65.9%). It is come to a conclusion that majority of insured households live in pucca houses than the uninsured households.

INCOME, SAVINGS AND EXPENDITURE

The amount of income, savings and expenditure of the sample households are attempted by the researcher. The average annual household income and savings, and monthly consumption expenditure based on the survey in the study area are shown in Table 8.

TABLE 8: DISTRIBUTION OF HOUSEHOLDS BY INCOME, SAVINGS AND EXPENDITURE

Savings and Expenditure	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
Average household income per month (in Rs.)	25348	16891	22344	18962	7836	12973
Average annual household savings (in Rs.)	29249	22831	26398	21863	15468	18147
Average monthly household consumption expenditure (in Rs.)	7436	5642	6374	4274	3312	3651
Total Sample	124	114	238	82	100	182

From the Table 8 it is seen that the average income of the insured households (Rs.22344) is much higher than that of the uninsured sample households (Rs.12973). It is noted that there is difference in income of the urban and rural households among both the insured and uninsured. This is reflected in the average monthly consumption expenditure of uninsured households (Rs.3651) is less than that of the insured households (Rs.6374). The average savings stand at Rs.18147 for uninsured households as against Rs.26398 for insured households. It is also seen that there is difference in consumption expenditure and savings in the case of urban and rural households. The study indicates that the insured households have more income than that of the uninsured households.

SOURCES OF INFORMATION

Awareness is mainly through sources of information. Hence, an attempt is made by the researcher to know about the main sources of information. Multiple responses are collected from the sample households. So, the sum may not be equal to hundred per cent. The sources of information for the sample households are given in Table 9.

TABLE 9: DISTRIBUTION OF HOUSEHOLDS BY SOURCES OF INFORMATION

Source of Information	Insured Households (%)			Uninsured Households (%)		
	Urban	Rural	Total	Urban	Rural	Total
Newspapers	79 (63.7)	84 (73.7)	163 (68.5)	47 (57.3)	69 (69.0)	116 (63.7)
Magazines	8 (6.5)	6 (5.3)	14 (5.9)	7 (8.5)	6 (6.0)	13 (7.1)
Radio	87 (70.2)	72 (63.2)	159 (66.8)	40 (48.8)	43 (43.0)	83 (45.6)
Television	58 (46.8)	55 (48.2)	113 (47.5)	34 (41.5)	38 (38.0)	72 (39.6)
Internet	11 (8.9)	5 (4.4)	16 (6.7)	7 (8.5)	4 (4.0)	11 (6.0)
Friends and Relatives	48 (38.7)	51 (44.7)	99 (41.6)	29 (35.4)	32 (23.0)	61 (33.5)
Banks	11 (8.9)	6 (5.2)	17 (7.1)	4 (4.9)	1 (1.0)	5 (2.7)
Trade Fairs & Exhibitions	7 (5.6)	2 (1.8)	9 (3.8)	5 (6.1)	2 (2.0)	7 (3.9)
Banners/Hoardings	15 (12.1)	9 (7.9)	24 (10.1)	11 (13.4)	8 (8.0)	19 (10.4)
Others	4 (3.2)	3 (2.6)	7 (2.9)	3 (3.7)	1 (1.0)	4 (2.2)
None	2 (1.6)	1 (0.9)	3 (1.3)	3 (3.7)	2 (2.0)	5 (2.7)
Total Sample	124	114	238	82	100	182

Note: These are multiple responses and therefore the sum may not be equal to 100%.

It is understood from the Table 9 that the 'newspapers' is the main source of information for both the insured and uninsured households, followed by 'radio' and 'television' media. Other major sources of information are 'friends and relatives' and 'banners/hoardings'. The remaining sources of information also provide knowledge to the sample households to some extent. It accounts for less than 10 per cent. It is concluded from the study that the media 'newspapers' created awareness to the sample households about health insurance.

TYPES OF INSURANCE HELD

Insurance can be classified into two types, viz. Life Insurance and Non-Life Insurance. Non-life insurance is further classified into various types. Multiple responses are collected from the sample households. Hence, the sum may not be equal to hundred per cent. The classification of households by different type of insurance held is exhibited in Table 10.

TABLE 10: DISTRIBUTION OF HOUSEHOLDS BY TYPE OF INSURANCE TAKEN

Type of Insurance	Insured Households			Uninsured Households		
	Urban	Rural	Total	Urban	Rural	Total
No Insurance	0 (0.0)	0 (0.0)	0 (0.0)	76 (92.7)	91 (91.0)	167 (91.8)
Life Insurance	73 (58.9)	36 (31.6)	109 (45.8)	21 (25.6)	13 (13.0)	34 (18.7)
Health Insurance	124 (100.0)	114 (100.0)	238 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)
Motor Insurance	59 (47.6)	34 (29.8)	93 (39.1)	5 (6.1)	4 (4.0)	9 (4.9)
Accident Insurance	4 (3.2)	3 (2.6)	7 (2.9)	2 (2.4)	1 (1.0)	3 (1.6)
Fire Insurance	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Crop Insurance	0 (0.0)	6 (5.3)	6 (2.5)	0 (0.0)	3 (3.0)	3 (1.6)
Livestock Insurance	0 (0.0)	2 (1.7)	2 (0.8)	0 (0.0)	1 (1.0)	1 (0.5)
Tractor Insurance	0 (0.0)	1 (0.9)	1 (0.4)	0 (0.0)	1 (1.0)	1 (0.5)
Total	124 (100.0)	114 (100.0)	238 (100.0)	82 (100.0)	100 (100.0)	182 (100.0)

Note: These are multiple responses and therefore the sum may not be equal to 100%.

According to the definition of the ‘insured households’ adopted for the study, the Table 10 reflects 100 per cent health insurance for the insured households and no household among the uninsured has health insurance cover for any of the family members. It is also to note that even among the uninsured households (those without a health insurance policy) some have opted for life insurance and other kinds of non-life insurance while the proportion of uninsured households opting for insurance is much lower than insured households. The other pointers are – (i) life insurance is the most sought after, accounting for nearly 46 per cent of insured and 19 per cent of uninsured households; 58.9 per cent of urban insured households and 31.6 per cent of their rural counterparts have life insurance; (ii) motor insurance is preferred followed by life insurance and it accounts for 39.1 per cent in the case of insured households and 4.9 per cent in the case of uninsured households; (iii) the proportion of urban insured households who have taken accident insurance is marginally higher as compared with insured rural households; (iv) only the rural households have taken crop insurance, livestock insurance and tractor insurance.

OPINION OF UNINSURED HOUSEHOLDS ON FUTURE RISKS

An attempt is made by the researcher towards gathering information about contribution of some money for future risks by the uninsured households. For this purpose a question is placed before the sample respondents to give their response. The number of households answered positively has been shown in the following Table 11.

TABLE 11: OPINION TOWARDS CONTRIBUTION OF UNINSURED HOUSEHOLDS FOR FUTURE RISKS

Opinion	No. of Households		
	Urban	Rural	Overall
Willing	37 (45.1)	34 (34.0)	71 (39.0)
Not Willing	45 (54.9)	66 (66.0)	111 (61.0)
Total	82 (100.0)	100 (100.0)	182 (100.0)

Note: Figures in parentheses are percentages to column total

Table 11 depicts that of the 182 uninsured sample households, 39 per cent are willing to contribute for future risks. This comprises 45.1 per cent of urban and 34 per cent of rural households. This shows that the sample uninsured households are interested towards contribution for the future risk. Due to low economic status, majority of uninsured sample households (61%) are not able to contribute for future risks.

ANALYSIS ON AWARENESS OF HEALTH INSURANCE

The public and private sector insurance companies offer a variety of health insurance schemes in Madurai District. In order to identify the awareness about the health insurance schemes, the researcher made an attempt to analyze the levels of awareness on the various health insurance schemes offered by the insurance companies. Responses like ‘Yes’ or ‘No’ were asked to assess the awareness of sample households (i.e. respondents) towards various health insurance schemes and the results are exhibited in the Table 12.

TABLE 12: AWARENESS ABOUT HEALTH INSURANCE SCHEMES

Health Insurance Schemes	Number of Households		Percentage	
	Urban	Rural	Urban	Rural
Mediclaime Policy	124	114	100.00	100.00
Senior Citizen Policy	88	81	70.97	71.05
Hospital Daily Cash Policy	112	94	90.32	82.46
Critical Illness Policy	103	92	83.06	80.70
Bhavishya Arogya Policy	62	51	50.00	44.74
Combi-Products	11	7	8.87	6.14
Package Policies	8	3	6.45	2.63
Jan Arogya Bima Policy	96	87	77.42	76.32
Universal Health Insurance Scheme	29	13	23.39	11.40
Rashtriya Swasthya Bima Yojana	10	4	8.06	3.51
Pradhan Mantri Suraksha Bima Yojana	124	114	100.00	100.00
Pradhan Mantri Jan Dhan Yojana	68	43	54.84	37.72
Personal Accident Policy	72	54	58.06	47.37
Overseas Travel Insurance	16	14	12.90	12.28
Employees’ State Insurance Scheme	124	114	100.00	100.00
Government Health Scheme	107	78	86.29	68.42
Special Health Insurance Products	9	3	7.26	2.63
Total Samples	124	114	100.00	100.00

It is inferred from the Table 12 that all the sample households (i.e. 100 per cent), both from urban and rural areas, are aware of health insurance schemes like ‘Mediclaime Policy’, ‘Pradhan Mantri Suraksha Bima Yojana’, and ‘Employees’ State Insurance Scheme’. A major portion of urban and rural households, say more than 80 per cent, are aware of health insurance schemes such as ‘Hospital Daily Cash Policy’, and ‘Critical Illness Policy’. The health insurance schemes viz. ‘Senior Citizen Policy’ and ‘Government Health Scheme’ is also aware by majority of rural and urban households. It accounts for 71.05 per cent and 70.97 per cent respectively for ‘Senior Citizen Policy’ and 86.29 per cent and 68.42 per cent respectively for ‘Government Health Scheme’. Further, it is also evident from the Table 12 that about 55 per cent of urban households aware about the health insurance schemes like ‘Pradhan Mantri Jan Dhan Yojana’ and about 58 per cent aware about ‘Personal Accident Policy’. The proportion is higher in urban area households than the rural households. Less than 10 per cent of urban and rural households aware about the schemes like ‘Combi-Products’, ‘Package Policies’, ‘Rashtriya Swasthya Bima Yojana’, and ‘Special Health Insurance Products’.

LEVEL OF AWARENESS ON HEALTH INSURANCE SCHEMES

Awareness about various health insurance schemes has been attempted by the researcher. The awareness details have been gathered for 17 health insurance schemes and it is presented in Table 12. It is evident from that table that eight health insurance schemes viz. Medicaclaim Policy, Senior Citizen Policy, Hospital Daily Cash Policy, Critical Illness Policy, Jan Arogya Bima Policy, Pradhan Mantri Suraksha Bima Yojana, Employees’ State Insurance Scheme, and Government Health Scheme, have more than 60 per cent awareness. The remaining nine schemes have less than 60 per cent awareness by the sample households. So, the researcher wants to know the level of awareness on health insurance schemes which have more than 60 per cent of level of awareness. The level of awareness of urban and rural households is depicted in Tables 13 and 14.

LEVEL OF AWARENESS OF INSURED URBAN HOUSEHOLDS

The distribution of insured urban households on the basis of their level of awareness is shown in the Table 13.

TABLE 13: LEVEL OF AWARENESS ON HEALTH INSURANCE SCHEMES – INSURED URBAN HOUSEHOLDS

Health Insurance Schemes	Level of Awareness			Total
	High	Medium	Low	
Medicaclaim Policy	95 (76.6)	23 (18.6)	6 (4.8)	124 (100.0)
Senior Citizen Policy	53 (60.2)	21 (23.9)	14 (15.9)	88 (100.0)
Hospital Daily Cash Policy	63 (56.2)	31 (27.7)	18 (16.1)	112 (100.0)
Critical Illness Policy	32 (31.1)	17 (16.5)	54 (52.4)	103 (100.0)
Jan Arogya Bima Policy	15 (15.6)	24 (25.0)	57 (59.4)	96 (100.0)
Pradhan Mantri Suraksha Bima Yojana	69 (55.7)	33 (26.6)	22 (17.7)	124 (100.0)
Employees’ State Insurance Scheme	92 (74.2)	27 (21.8)	5 (4.0)	124 (100.0)
Government Health Scheme	57 (53.3)	38 (35.5)	12 (11.2)	107 (100.0)

Note: Figures in parentheses are percentages to respective row total

It is inferred from the Table 13 that of the eight health insurance schemes which have more than 51 per cent of awareness, six health insurance schemes, such as, Medicaclaim Policy (76.6%), Employees’ State Insurance Scheme (74.2%), Senior Citizen Policy (60.2%), Hospital Daily Cash Policy (56.2%), Pradhan Mantri Suraksha Bima Yojana (55.7%), and Government Health Scheme (53.3%), have high level of awareness. The rest two health insurance schemes, viz. Jan Arogya Bima Policy (59.4%) and Critical Illness Policy (52.4%) have low level of awareness. It is concluded that the insured urban households have high level of awareness on selected health insurance schemes.

LEVEL OF AWARENESS OF INSURED RURAL HOUSEHOLDS

The distribution of insured rural households on the basis of their level of awareness is exhibited in the Table 14.

TABLE 14: LEVEL OF AWARENESS ON HEALTH INSURANCE SCHEMES – INSURED RURAL HOUSEHOLDS

Health Insurance Schemes	Level of Awareness			Total
	High	Medium	Low	
Medicaclaim Policy	64 (56.1)	31 (27.2)	19 (16.7)	114 (100.0)
Senior Citizen Policy	34 (42.0)	19 (23.4)	28 (34.6)	81 (100.0)
Hospital Daily Cash Policy	26 (27.7)	32 (34.0)	36 (38.3)	94 (100.0)
Critical Illness Policy	19 (20.7)	21 (22.8)	52 (56.5)	92 (100.0)
Jan Arogya Bima Policy	11 (12.6)	22 (25.3)	54 (62.1)	87 (100.0)
Pradhan Mantri Suraksha Bima Yojana	23 (20.2)	30 (26.3)	61 (53.5)	114 (100.0)
Employees’ State Insurance Scheme	62 (54.4)	24 (21.0)	28 (24.6)	114 (100.0)
Government Health Scheme	36 (46.2)	27 (34.6)	15 (19.2)	78 (100.0)

Note: Figures in parentheses are percentages to respective row total

It can be seen from the Table 14 that of the eight health insurance schemes which have more than 51 per cent of awareness, two health insurance schemes, such as, Medicaclaim Policy (56.1%), and Employees’ State Insurance Scheme (54.4%), have high level of awareness. Low level of awareness exists on schemes like Jan Arogya Bima Policy (62.1%), Critical Illness Policy (56.5%), and Pradhan Mantri Suraksha Bima Yojana (53.5%). It is clear from the table that the level of awareness of insured rural households is low when compared to the urban households.

FINDINGS OF THE STUDY

The major findings of the study are as per following:

1. There is no much difference in the percentage of male and female population and they have been equally dominated in study area.
2. The study indicates that the insured and uninsured households comprises of around two-third and three fourth male respondents in urban area and rural area respectively.
3. The insured and uninsured households dominate more in '41 to 55 years' category than in other age groups.
4. It is inferred that the average income of insured households is much higher than that of uninsured households.
5. It is understood that an equivalent per cent of sample respondents live in rented houses both in insured as well as in uninsured category.
6. A major portion of insured households live in pucca houses than the uninsured households.
7. It is evident that the media 'newspapers' created awareness to the sample households about health insurance.
8. The study reflects that 100 per cent health insurance cover exists in insured households' category and no household among the uninsured has health insurance cover for any of the family members.
9. Of the uninsured sample households, 39 per cent are willing to contribute for future risks.
10. All the sample households (i.e. 100 per cent), both from urban and rural areas, are aware of health insurance schemes like 'Medicaclaim Policy', "Pradhan Mantri Suraksha Bima Yojana", and 'Employees' State Insurance Scheme'.
11. Health insurance schemes, such as, Medicaclaim Policy (76.6%), Employees’ State Insurance Scheme (74.2%), Senior Citizen Policy (60.2%), Hospital Daily Cash Policy (56.2%), Pradhan Mantri Suraksha Bima Yojana (55.7%), and Government Health Scheme (53.3%), have high level of awareness among the urban households. In rural area, schemes like Medicaclaim Policy (56.1%), and Employees’ State Insurance Scheme (54.4%), have high level of awareness among the sample households.

SUGGESTIONS

The main source of information for both the insured and uninsured households is 'newspapers', followed by 'radio' and 'television' media. Hence, the regulators should advice the insurance companies to give priority to these Medias while giving advertisement. The sample study points out that it has covered a major portion of middle income households under health insurance segment. For attracting the low and high income households, the insurance companies should conduct special awareness campaign programmes once in six months. This programme may also be conducted in colleges so that they may enroll in health insurance when they are placed. The sample uninsured households are interested towards contribution for the future risk and it accounts for 39 per cent. So, the insurance companies should approach these households for coverage. The government is charging service tax on health insurance products. It is suggested to abolish the

GST in order to attract more consumers in this segment. As new diseases are found every day, the insurance companies make a clause to get treatment even for the unlisted diseases in the agreement also.

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