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Analysis of Perception and Penetration of Health Insurance among the Rural Women

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ABSTRACT

There is a segregation among women inside the insurance division. The venture certainties on assurance exhibits the impact of this oversight. An examination through Birla sun life in 2017 recommends even among city ladies with motivate section to web only 50 for each penny of them have purchased an extra security cowl for themselves. The assessing decide for men is 72 for each penny. Ladies, all issues mulled over, do not get to the security display in India. There is no concerning figure on well-known assurance. The health problems for the women are increasing as compared to men. But the women are not insured for their health. Even in urban areas the penetration and perception about the health insurance among the women are low and the accessibility of micro health insurance among the rural women is also very low. The study is mainly focused on the health insurance penetration and perception among rural women. The study was based on primary data which was collected from women in Coimbatore rural areas which include Kallipalayam, Athipalayam, Vellanaipatti, Vellamadai. The statistical tools used for the analysis is descriptive, crosstabs, etc. From the study there is a highest impact on the type of insurance and the corresponding satisfaction level for the factor "whether employees are distinguished to be good to deal with and cooperative". there is an impact on income and the reason for not taking health insurance. The most significant factor for not taking insurance was "more deductible applicable".

Keywords: health insurance, penetration, perception, rural women

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INTRODUCTION

Health insurance in India has seen a sharp increase in accomplishing 28.7% families in 2014–2015 from best 4.8% around 10 years returned, as demonstrated with the guide of the most extreme, most recent country wide family wellbeing review. The truth be exhorted, the invasion is by means of all obligations higher in USA domains than in urban India, making social scope additional direct and improving health tips. The NFHS-4 records show 29% over of relative's gadgets in common place India have no significantly less than one part secured by method for a wellbeing design or logical scope, while appeared differently in relation to 28.2% in urban domains. Change in India's wellness mind scope has more noteworthy unique wellbeing recommendations as more people are searching for treatment and therapeutic organizations.

ABOUT THE STUDY

There is segregation among women inside the insurance division. Except, those who can be requested through government policy in India, none associate with women to a great degree limits their choices, the part controller's record shows up. Some other time, over the most current couple of years, there was a storm of stories from consultancy partnerships at the security region, yet each absolutely one of them has been "gender blind". The venture certainties on assurance exhibit the impact of this oversight. An examination through Birla sun life in 2017 recommends

even among city ladies with motivate section to web only 50 for each penny of them have purchased an extra security cowl for themselves. The assessing decide for men is 72 for each penny. Ladies, all issues mulled over, don't get to the security display in India. There is no concerning figure on well-known assurance.

REVIEW OF LITERATURE

This investigation discovered confirmation of significant preference of heterogeneity for certain trait levels of Micro health Insurance [1]. In any case, the respondent attributes inspected in the examination could just clarify a part of the watched heterogeneity [2]. Familiarity with the significance of health insurance is viewed as an essential factor that is driving the interest in health insurance protection. The present examination tries to look at the consciousness of medical coverage and its determinants among ladies in Punjab [3]. Ladies with stable scope had a similar sort of health care coverage (private or Medicaid) for each of the three eras. Ladies with unsteady scope encountered an adjustment in medical coverage scope between any of the three eras. This incorporates development from having no protection scope to picking up scope, development starting with one sort of scope then onto the next, and loss of scope [4]. This article tries to investigate the impact of family unit resources, access to media statistic and rank profile of families in clarifying the utilization of medical coverage in India utilizing information from the National Family Health Survey [5]. For Insurance organizations giving Micro Insurance to guarantee that their work is cultivating rustic development, there must be appropriate improvement of items that react to the need of the customers and in a way that is financially reasonable. They ought to have appropriate conveyance channels. There is a requirement for advertise training which will demystify small scale protection so when operators come, individuals will draw in with them [6]. This study infers that low caps and misfortune proportions are counterproductive in broadening protection scope, money related assurance, and high recharging rates among the poor in India. Likewise finish up that the micro-insurance units, regardless of less financing and expert assets than business back up plans appreciate, have given no less, and perhaps more, assurance to their guaranteed populaces, through activation of setting applicable social procedures.

OBJECTIVES OF THE STUDY

Primary Objective

To identify the preferences regarding choosing the health insurance and the company, their purpose of buying policies, satisfaction level and their future plan for buying new insurance policy among rural women.

Secondary Objectives

[1] To study about the unit of enrollment and reason for opting in health insurance.
[2] To study about the services that are covered under health plan among the respondents.
[3] To analyze the difficulty level of customer in claiming the settlement of policies.
[4] To study the factors that obstruct the subscription of health insurance among the respondents.
[5] To determine the willingness to join and pay for health insurance among the respondents.

Population and Sample Size

The study was done in Coimbatore Sarkarsamakulam Panchayat Union. In that four villages were taken namely Velanaipatti, Kallipalayam, Athipalayam,

Vellamadai. In each village total of 30 women respondent were selected randomly. The total of 120 respondents were used for the study. The population details are collected from the panchayat office and the details are below.

Table 1. *Total number of women in the village*

Village	Female	Total
Athipalayam	732	1443
Kallipalayam	1407	2821
Vellamadai	3416	6874
Vellanaipatti	2341	4636

Source: Sarkarsamakulam Panchayat office.

SAMPLING TECHNIQUE

In this study the sampling technique used was purposive sampling method. Where only female respondents are targeted.

ANALYSIS

Objective 1: To study about the unit of enrollment and reason for opting in health insurance.

Table 2. *Enrollment in health insurance of respondents.*

S.N.	Currently having health insurance	Frequency	Percentage
1	No	56	46.7
2	Yes	64	53.3
	Total	120	100

Interpretation: Table 2 shows that 53.33% have health insurance and 46.67% do not have their health insurance.

Table 3. *Health insurance and marital status of respondents.*

S.N.	Do you currently have health insurance or not/marital Status	Single	Married	Total
1	Yes	18	46	64
2	No	15	41	46
	Total	33	87	120

Interpretation: Table 3 shows that 64 women have health insurance. Among that 46 women are married, and 18 women are single. 46 women don't have insurance, among them 41 are married and 15 are unmarried.

Table 4. *Income and reason for taking health insurance of respondents.*

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.522[a]	0.712	0.119	1.26287

Table.

ANOVA						
Model		Sum of Squares	Difference	Mean Square	F	Sig.
1	Regression	31.068	11	2.824	1.771	.084[a]
	Residual	82.932	52	1.595		
	Total	114	63			

Dependent variable: income, independent variable: reason for taking health insurance

***Interpretation*:** The r square value is 0.712. This implies that 71.2% of variance is only dependent on the variables used for the study. The remaining 29% of the variables are preferred which is not used for the study

Table 5. *Different reason in taking health insurance of respondents.*

S.N.	Statements	5	4	3	2	1	Total	Weighted Average
1	Low premium	36	17	6	4	1	275	4.296875
2	Tax planning measure	7	31	15	6	5	221	3.453125
3	Waiting period	5	18	36	3	2	213	3.328125
4	Duration	7	24	14	14	5	206	3.21875
5	Coverage	9	16	17	14	8	921	14.390625
6	Bonus	16	19	11	13	5	220	3.4375
7	Lifelong renewal	12	17	26	4	5	878	13.71875
8	Existing illness	8	25	18	11	2	218	3.40625
9	Avail good quality medical treatment	12	23	16	11	2	224	3.5
10	Risk coverage against future illness, old age, etc.	12	22	19	7	4	223	3.484375
11	Financial planning	6	17	22	14	5	197	3.078125

5, most Important; 4, important; 3, indifferent; 2, less important; 1, no importance;

Interpretation: Table 5 coverage is the main reason for taking health insurance in case of serious situation. Then there is a lifelong renewal and low premium. These stand out to be most important reason for taking health insurance.

Objective 2: To study about the services that are covered under health plan among the respondents.

Table 6. *Different services provided in insurance companies of respondents.*

S.N.	Services provided	4	3	2	1	Total	Weighted average
1	Maternity care	35	20	9	0	218	3.40625
2	Vision services	11	32	15	6	176	2.75
3	Prescription drugs	12	24	25	3	173	2.703125
4	Inpatient mental healthcare	3	33	21	7	160	2.5
5	Durable medical equipment	14	18	26	6	168	2.625
6	Hospital room and board	15	32	11	6	184	2.875
7	Organ and tissue transplantation	15	23	22	4	177	2.765625
8	Physical therapy	8	34	18	4	174	2.71875
9	Diabetes care management	17	23	19	5	180	2.8125
10	Kidney dialysis	11	27	20	6	171	2.671875
11	Pre-pregnancy	14	22	25	3	175	2.734375
12	Post pregnancy	8	27	23	6	165	2.578125

Interpretation: Table 6 shows maternity care service was provided by most of the insurance companies. Then for vision, physical therapy, organ transplantation, prescription drugs. These are the services that are highly provided by the companies.

Objective 3: To analyze the difficulty level of customer in claiming the settlement of policies.

Table 7. Claim process of respondents.

S.N.	Statements	5	4	3	2	1	Total	Weighted average
1	Hassle free claim application process	33	12	12	5	2	261	4.078125
2	Hassle free claim settlement	7	37	11	8	1	233	3.640625
3	Claim settled with limited terms and conditions	9	10	33	10	1	205	3.203125
4	Cooperation and attitude of TPAs. insurance company	2	25	16	17	4	196	3.0625

Interpretation: Table 7 shows that there is a hassle-free claim application process. Then hassle-free settlement, settlement with limited terms and conditions.

Respondents Who Have Not Taken Health Insurance

Objective 4: To study the factors that obstruct the subscription of health insurance among the respondents.

Table 8. Factors that affect the subscription of health insurance of respondents.

S.N.	Statements	5	4	3	2	1	Total	Weighted average
1	Low salary/non-availability of funds	2	25	16	17	4	196	3.0625
2	Don't like to buy	5	20	18	9	10	187	2.921875
3	Don't feel the need for it	23	17	8	9	2	227	3.546875
4	Prefer to invest money in some other areas	6	24	14	13	2	196	3.0625
5	Unaware about it	8	20	22	7	2	202	3.15625
6	No one suggested about it	7	14	15	20	3	179	2.796875
7	Not taken by friends, relatives etc.	9	17	17	6	10	186	2.90625
8	Saving in some other areas to meet health care needs	8	19	8	21	3	185	2.890625
9	Lack of comprehensive coverage	13	18	15	8	5	203	3.171875
10	Lack of reliability and flexibility	11	18	20	6	4	203	3.171875
11	Difficulty to approach insurance agents	12	17	12	13	2	192	3
12	Inadequacy of knowledge on the part of insurance agents	7	25	12	8	4	191	2.984375
13	Behavior of insurance agents was not satisfactory	11	15	19	9	2	192	3
14	Linked hospitals are not easily accessible	11	17	14	11	3	190	2.96875
15	Difficulty in availing services in hospitals	9	19	10	9	9	178	2.78125
16	Narrow policy options	10	20	13	12	1	194	3.03125
17	More deductible applicable	10	15	16	13	2	186	2.90625
18	More hidden cost involved	12	21	14	7	2	202	3.15625

Interpretation: *The above table* 8 shows the respondents do not feel the need for the health insurance. The respondents were unaware about the different health insurance and their benefits. Then the fear about the hidden cost involved, the reliability and the coverage. These are the most common reasons that respondents did not subscribe for health insurance.

Objective 5: To determine the willingness to join and pay for health insurance among the respondents.

Table 9. *Willingness to purchase health insurance policy.*

S.N.	Criteria	Frequency	Percent	Valid Percent
1	Ready to buy	3	2.5	5.4
2	Still need some time	10	8.3	17.9
3	Not ready to buy	14	11.7	25
4	No response	21	17.5	37.5
5	Buy only if certain conditions will fulfil	8	6.7	14.3
	Total	56	46.7	100

Interpretation: From the table 9 total respondents 37.50% gave no response on willing to purchase health insurance policy, 5.4% of women ready to buy health insurance, 17.9% of women still need some time to purchase insurance, 25% of women are not ready to buy, 14.3% of women buy only if certain conditions fulfil.

Table 10. *The rating for the statements listed.*

S.N.	I will	5	4	3	2	1	Total	Weighted Average
1	say positive things about the company to other people	21	14	13	3	5	211	3.767857
2	recommend the company who seeks my advice	30	20	3	1	2	243	4.339286
3	encourage friends and relatives to buy products from the company	8	21	11	4	5	170	3.035714
4	do more business with the company in next few years	6	15	25	7	3	182	3.25
5	consider the company as first choice to buy various services	7	25	8	5	1	170	3.035714
6	do less business with the company in the next few years	7	20	16	7	6	183	3.267857
7	take some of my business to a competitor that offers better products at more attractive prices	6	19	15	9	7	176	3.142857
8	continue to do business with the company even if its prices increase somewhat	13	17	10	9	7	188	3.357143
9	I am ready to pay higher price than the competitors charge for the benefits I currently enjoy from the company	8	20	14	10	4	186	3.321429

FINDINGS

Demographic

- From table 10 35% of women belong to 31–40 years of age, 32.5% of women belong to less than 30 years category, 22.5% of women belong to less than 41–50 years category, 10% of women belong to above 51 years category.
- 72.50% are married women's.
- 23.3% of women are graduated, 20.8% of women are higher secondary, 18.3% of women have completed post-graduation, 13.3% of women completed SSLC, 12.5% of women are school dropouts.
- 23.3% of women are employed, 17.5% of women are unemployed, 15% of women are agriculture labour, 11.7% of women are home makers and labours.

- 62.5% of women have 4 people in their family, 20% of women have 3 people in their family, 13.3% of women have above 5 people in their family.
- 27.50% of women earn Rs.50000–100000 income per year 22.50% of women earn Rs.150000–200000, 19.2% of women earn less than Rs.50000, 18.3% of women earn Rs.100000–150000.
- 42 women belong to 31–40 years of age. Among that 39 women are married and only 3 people are single. The second highest was less than 30 years age group which has 39 people in that only 13 women are married, and majority of people are single. In total majority of different age group women are married.
- 28 women have done graduation. Among that 13 women are married, and 15 women are single. The second highest was higher secondary which has 25 women in that only 1 women are single, and majority of people are married. In total majority of women are married and has some sort of education.
  - From the total respondents 75 women have responded that they have 4 people in the family.
- 33 women earn Rs.50000–1,00,000. Among that 28 women are married, and 5 women are single. The second highest was less than Rs.50000 in that only 10 women are single, and majority of people are married.
- From the total respondents 64 women have health insurance. Among that 46 women are married, and 18 women are single.

RESPONDENTS WHO TAKEN HEALTH INSURANCE

- 28.1% of women got insurance in LIC, 18.8% of women got insurance in Bajaj Allianz, 15.6% of women got insurance in HDFC, 14.1% of women got insurance in ICICI Prudential, 1.6% of women got insurance in Birla Sunlife.
- 14.2% of women bought family floater health insurance, 24.2% of women bought individual health insurance, 10.8% of women bought group health insurance, 4.2% of women bought others category of health insurance.
- 35.9% of women got health insurance at the age of 35–45 years, 26.6% of women got health insurance at the age of 25–35 years, 14.1% of women got health insurance at the age of 0–25 years and 45–55 years, 6.2% of women got health insurance at the age of 55–65 years.
- 37.5% of women pay their premium half yearly, 28.1% of women pay their premium yearly, 18.8% of women pay their premium quarterly, 9.4% of women pay their premium monthly, 6.2% of women pay their premium half monthly.
- 29.7% of women responded that friends persuaded them to buy health insurance, 18% of women responded that advertisement persuaded them to buy health insurance, 17.2% of women responded that relatives persuaded them to buy health insurance.
- 51.56% know about HDFC smart women plan and 48.44% do not know about HDFC smart women plan.

Objective 1:

To study about the unit of enrollment and reason for opting in health insurance.

- 53.33% have health insurance and 46.67% do not have their health insurance.
- 64 women have health insurance. Among that 46 women are married, and 18 women are single. 46 women don't have insurance, among them 41 are married and 15 are unmarried.
- The r square value is 0.712. This implies that 71.2% of variance are only

dependent on the statements used for the study. The remaining 29% of the variables are preferred which is not used for the study.

- Coverage is the main reason for taking health insurance in case of serious situation. Then there is a lifelong renewal and low premium. These stands out to be most important reason for taking health insurance.

Objective 2: To study about the services that is covered under health plan among the respondents.

- Maternity care service was provided by most of the insurance companies. Then for vision, physical therapy, organ transplantation, prescription drugs. These are the services that are highly provided by the companies.

Objective 3: To analyze the difficulty level of customer in claiming the settlement of policies.

- There is a hassle-free claim application process. Then hassle-free settlement, settlement with limited terms and conditions.

RESPONDENTS WHO HAVE NOT TAKEN HEALTH INSURANCE

Objective 4: To study the factors that obstructs the subscription of health insurance among the respondents.

- The respondents don't feel the need for the health insurance. The respondents were unaware about the different health insurance and their benefits. Then the fear about the hidden cost involved, the reliability and the coverage. These are the most common reasons that respondents did not subscribe for health insurance.

Objective 5: To determine the willingness to join and pay for health insurance among the respondents.

- 37.50% gave no response on willing to purchase health insurance policy, 5.4% of women ready to buy health insurance, 17.9% of women still need some time to purchase insurance, 25% of women are not ready to buy, 14.3% of women buy only if certain conditions fulfil
- 33.93% of women prefer to buy family health insurance, 7.14% of women prefer to buy individual health insurance, 25% of women prefer to buy family floater health insurance, 19.6% of women prefer to buy others category of health insurance.
- 11.7% of women prefer to subscribe health insurance at the age of 0–25 years, 18.3% of women prefer to subscribe health insurance at the age of 25–35 years, 10.8% of women prefer to subscribe health insurance at the age of 35–45 years, 1.75% of women prefer to subscribe health insurance at the age of 45–55 years, 4.2% of women prefer to subscribe health insurance at the age of 55–65 years.
- 2.5% of women prefer to pay premium amount half monthly, 5% of women prefer to pay premium amount monthly, 20.8% of women prefer to pay premium amount quarterly, 12.5% of women prefer to pay premium amount half monthly, 5.8% of women prefer to pay premium amount yearly.
- The respondents will recommend the company who seeks their advice. The respondents will say positive about the insurance company in what they have the health insurance. The respondents want to continue to have health insurance in their current insurance company. They are ready to pay even higher price than other companies because of the benefits that they currently enjoying from the company.

CONCLUSION

RESPONDENTS WITH HEALTH INSURANCE:

Thus, the study on perception and preference of health insurance among the rural women reveals that only

53.33% have got their health insurance and 46.67% of people do not have health insurance. Among the respondents who have got insurance are from LIC. The other company are less preferred compared to LIC. The second preferred company was ICICI Prudential life insurance and then the HDFC life. Many people have bought individual health insurance. Among the total respondents only 51.56% know about the HDFC smart women plan. There is a highest impact on the type of insurance and the corresponding satisfaction level for the factor "Whether employees are distinguished to be good to deal with and cooperative". The fully covered service was kidney dialysis.

RESPONDENTS WITH NO HEALTH INSURANCE:

From the study there is a impact on income and the reason for not taking health insurance. The most significant factor for not taking insurance was "More deductible applicable". The respondents highly prefer to buy family floater health insurance at the age of 25-35 years.

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