



3. Awareness and Perception of Health Insurance in Chengalpattu District of Tamilnadu

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Abstract:

The general Protection Industry contributes around seven percent Gross domestic product to our economy. The expanded pace of market contest because of advancement has constrained safety net providers to serve clients better. Utilizing on the interest for quality medical care and following worldwide practices, the idea of health care coverage was presented by the IRDA. For infiltrating Health care coverage among clients Insurance Agency needed to pursue inventive and arising directions of dispersion. First point of this study is to distinguish the connection between the yearly pay of the family with the explanations behind choosing health care coverage strategy and expense responsibility by the respondents. Besides, to find the connection between premium sum and the aggregate guaranteed. Health care coverage has been a unique advantage and utility for the protection business, clinical society and the everyday person wiping the slate clean of brain reasonable. It is closed from the review that individuals know about medical coverage however they are not leaned to buy health care coverage offices.

KEYWORDS:

Health insurance, consciousness, observation.

Introduction:

Over the course of the last 10 years, inferable from modernization, specialized upgrades and great between sartorial coordination, the Indian medical care framework has shown a sensational change. This change reflected in superior future rates, diminished death rates and such. In any case, even with these jumps of progress and a stunning populace of 121 crores, India spent under 5% of Gross domestic product on medical care, positioning India one among the nations with most minimal consumption on medical services. As indicated by World Wellbeing Association Worldwide Wellbeing Use data set 2014, 89% of the Indian populace experience personal consumption on Wellbeing. Around 70% of the Indian populace dwells in provincial regions and around 28% of the populace live in underneath neediness line, the personal use on wellbeing is truly a weight to the household.⁴ To

complement the personal use trouble, as per correlations between Public Example Reviews between 52nd, 60th and 71st round, the normal expense of medical care has forcefully expanded. It has significantly increased between the 60th and 71st round, and as accepted, the expenses are high in confidential area as far as sorts of might be concerned. As indicated by the Public Example Review 2015, 41.9% of the rustic populace depends on Open medical services when contrasted with Private Medical care because of monetary limitations. Health care coverage in the prior days was an extravagance just to a particular section of the local area. Anyway for facilitating the monetary weight, as well as to be as per wellbeing for all standards, the Indian Government started a few Government Supported Health care coverage Plans (GSHIS). These GSHIS, both Local and State supported, and Confidential Health care coverage organizations, gave a beam of light in diminishing the personal consumption of provincial populace, as well as giving them reasonable tertiary level consideration.

Health care coverage has turned into an essential piece of the Protection Area being a cash spinner. Interest for current clinical consideration, acquired by evolving ways of life, developing populace, ascending in education levels, change in look for quality medical services and mechanical headway are endowments for the Health care coverage Area. Health care coverage represents protection inclusion for chronic sickness or injury, requiring hospitalization emerging because of way of life illnesses, mishaps, and so on, The historical backdrop of health care coverage in India follows back to 1923 when the "Laborer's Pay Act" was passed. From that point forward, the health care coverage market has been a wild outskirts with rules continually developing. Indian Health care coverage covers clinical treatment, if there should be an occurrence of ailment and mishaps. Get great clinical consideration without stressing over costly treatment. From a tight perspective would be an individual or a gathering buying medical care ahead of time by paying a charge called premium. It safeguards from unforeseen high clinical expenses being covered in network medical services accordingly conveying genuine serenity and security. It prompts preventive consideration, similar to immunizations, screenings, and ordinary check-ups, intently observing is our wellbeing and thus working with a sound way of life.

Statement of the Problem:

Evolving ways of life, unfortunate dietary patterns, negligible active work, longer and less than ideal working hours and rest obligation have been liable for the overwhelming majority new age way of life sicknesses and encouraged an interest for quality medical care. With the expense of medical care administrations soaring, need for health care coverage is acquiring fame among the proficient. In India, over 80% of medical care use is still personal cost. Absence of mindfulness and premonition has prompted lower support for health care coverage items among individuals. There is a need to figure out the obstructions for not buying into medical coverage and to concentrate on the impact of instruction level, pay and different variables related with the non-acquisition of health care coverage by general society.

Objectives of the Study:

- To study customers' sensitivity towards Health Insurance in Chengalpattu district
- To Suggest Measures for improving Health Insurance in the study area

Review of Literature:

Madan Mohan Dutta (2021) broke down the presentation of Health care coverage area in India utilizing Relapse examination and found that with better mechanical aptitude rolling in from the unfamiliar accomplices and association by the IRDA, the health care coverage area in India would pivot and begin to acquire benefit.

Deepali Garge, Snehal Tare, Smarjeet Das (2020) planned to assess the source, consciousness of health care coverage in India among 102 respondents from Maharashtra. Wellsprings of consciousness of medical coverage incorporate boss, the Web, paper, companions, and TV. It was observed that there is a need to make mindfulness among individuals for health care coverage. Health care coverage speculation shouldn't take a gander at possibility; however, it should be a customary propensity.

Dandekar V M (2019) examined the extension for development of the health care coverage market in the Bilaspur locale among 200 health care coverage specialists and observed that there were troubles of clients in choosing to pick the health care coverage plan. Government ought to urge organizations to proliferate health care coverage offices to an ever-increasing number of individuals and specialists ought to clarify the advantages of health care coverage for clients and to target gatherings.

Arun Vijay and Dr. V. Krishnaveni (2017) concentrated on the mindfulness and buying examples of medical coverage strategy among 150 respondents in Ernakulum Region, Kerala. The explanation behind buying health care coverage strategies and the pattern among mindfulness and benefiting health care coverage arrangements between various age bunches was investigated. It was observed that individuals were exceptionally mindful of health care coverage yet they were not able to buy health care coverage offices.

Mohan Prakash N R and Nagaraj K V (2016) concentrated on health care coverage and its effect on the tasks of emergency clinics in India. The changing job of inhabitance rate in emergency clinics and the ramifications of privatization on health care coverage in India and whether government reserve allotment was used for the advancement of medical clinic administrations were dissected.

Choudhary and Maheshkumar L (2013) concentrated on attention to health care coverage and its connected issues in provincial areas of Jamnagar. Factors like instruction, financial status and occupation were the good determinants for picking health insurance.

Research Methodology:

The current review is logical in nature. The review was led at Chengalpattu areas. Essential information was gathered by regulating a pre-ried survey. To embrace this study an example of 105 respondents had been chosen by applying helpful examining method.

Factual devices in particular rate examination; Connection and Relapse have been utilized to dissect the essential information. Auxiliary information for the review has been gathered from different distributions in diaries, magazines, sites and books.

Limitations of the Study:

The information assortment was spread over a period covering a while and it is conceivable that presentation of new plans into the market and individual reasons might have caused a few changes in the demeanor of individuals towards health care coverage inclusion. Area of information assortment is restricted to explicit region. Thus, discoveries can't be deciphered to individuals having a place with a bigger geological region.

Analysis of Data:

Reactions were gathered from 105 respondents through a tried poll. Measurable apparatuses were utilized to examine gathered information and deciphered it as results.

Table 1: Demographic Profile of the respondents

Demographic Variable	Dominant Group	Total	%
Gender	Male	40	38%
	Female	65	62%
Age	20-30	58	55%
	30-40	25	23.3%
	40-50	14	13.2%
	50-60	05	4.7%
	Above 60	03	2.8%
Marital Status	Single	3768	35.3%
	Married		64.7%
Education	School	30	28.5%
	Under Graduate	4520	43%
	Post Graduate		19%
Occupation	Professional	10	9.5%
	Government	08	7.6%
	Private Professional	7008	66.6%
	freelance	19	18%
	<Rs.300000	70	66.6%
Annual Income	Rs.300000 – Rs.500000	2308	22%
	Rs.500001 – Rs.700000		7.6%
	Above Rs.700001	04	3.8%

Source: Primary Data

Table 1 show that greater part (62%) of the respondents was female. 55 % of the respondents in the age gathering of 20 - 30. Greater part of the respondents was hitched 64.7%. The majority of the respondents are graduates 43%. 66.6% of respondents are private workers with under Rs.300000 as yearly pay

Table 2: Customer Awareness about Health Insurance

Particulars	Variable	%
Awareness about Insurance Company	Public General Health Insurance	59
	Private Health Insurance	31
Awareness on type of Health Insurance	Individual Health Insurance	22
	Group Health Insurance	50
	Family Floater Health Insurance	28
Preference for Annual Premium	Less than 12000	64
	12000 - 15000	22
	15000-30000	8
	Above 30000	6
Preference for Premium	Monthly	50
	Quarterly	11
	Half Yearly	10
	Annually	29
Source of Awareness	Advertisement	4
	Friends/relatives/colleagues	32
	Insurance agent	15
	Internet	10
	Employee state insurance company	39
<i>Sources: Primary Data</i>		

Table 2 shows that 55% of the respondents take Health care coverage from Public General Health care coverage organizations. Larger part (59%) of the respondents pick Gathering Health care coverage strategy, 64% of the respondents pay under Rs.12000 p.a as expense and 50 percent of the respondents pay their superior on month-to-month premise. 39% of the respondents are familiar Health care coverage through Representatives State Protection.

Hypothesis of the Study:

H01: There is no significant correlation between Annual Income and the Reasons for selecting Health Insurance Policy.

H11: There is significant correlation between Annual Income and the Reasons for selecting Health Insurance Policy.

Table 3: connection between Annual Income and the reasons for selecting Health Insurance Policy

Factors	Annual Income	Reasons
Annual Income	1	
Reasons	.241*	1
<i>Note: * Correlation is significant at the 0.05 level (2-tailed).</i>		
<i>Results computed using SPSS 14.0</i>		

Table 3 shows that there is a significant positive correlation between Annual Income and the reasons for selecting Health Insurance Policy.

Suggestions:

- Putting resources into medical care foundation - by building more emergency clinics, facilities, and medical services places in far off regions that miss the mark on medical care offices.
- Giving monetary guide - to guarantee that everybody can bear the cost of fundamental medical care administrations, particularly those living beneath the destitution line
- Preparing more medical care experts - by putting resources into the preparation of specialists, attendants, and other medical services experts, India can address the lack of clinical faculty in provincial regions.
- Empowering solid way of life propensities - by advancing smart dieting, exercise, and stress the executives, residents can forestall persistent illnesses like diabetes, coronary illness, and stoutness.
- Expanding mindfulness - by teaching residents on the significance of preventive medical services, they can find proactive ways to forestall ailments before they happen.
- Presenting screening programs - by presenting evaluating programs for normal sicknesses like malignant growth, diabetes, and hypertension, medical care experts can recognize illnesses early and give ideal intercessions.
- Make Tailor-simplified items to help clients
- Elevate Sound rivalry to help clients.
- Embrace administration attitude shedding business direction.
- By expanding admittance to medical care benefits and advancing preventive medical care, India can advance its wellbeing circumstance and guarantee that all residents approach quality medical care administrations. It will prompt a better and more useful populace and a more grounded economy.
- Investing in healthcare infrastructure – by building more hospitals, clinics, and healthcare centers in remote areas that lack basic healthcare facilities.
- Training more healthcare professionals – by investing in the training of doctors, nurses, and other healthcare professionals, India can address the shortage of medical personnel in rural areas.

- Encouraging healthy lifestyle habits – by promoting healthy eating, exercise, and stress management, citizens can prevent chronic diseases such as diabetes, heart disease, and obesity.
- Promote Healthy competition to benefit customers.
- Embrace service mentality shedding business orientation.

Conclusion:

Medical care has turned into an extravagance in this day and age. Health care coverage is quickly moving towards turning into an item from being an idea. Regarding Health care coverage as a Speculation for future unexpected expenditure is attractive. Support for Health care coverage is low relating to mindfulness lack. Adequate measures should be taken to build the attention to have Medical coverage which is fit for conveying genuine serenity.

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