

Awareness and Utilisation Perspectives of Health Insurance among Women Workers

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Abstract: *The new phenomenon has given economic power in the hands of women for which they were earlier totally dependent on males. Economically independent women feel more confident about their personal lives. Hence, they are taking more personal decisions, for instance, about their further education, marriage, etc. More and more women want freedom of work and control their own reproduction, freedom of mobility and freedom to define one's own style of life. With increasing literacy among women in India, their entry into many types of work, formerly the preserve of men, women can now look upon the bearing and raising of their children not as a life's work in itself but as an episode. Health insurance is a mechanism by which a person protects himself from financial loss caused due to accident and or disability. Though disability is not fixed, precise and immutable state affected as it is by numerous influences, both objective and subjective, its significance to society is that condition of ill health arising from disease or injury that prevents the individual from pursuing his normal routine of living. Majority of the population belonged the lower socioeconomic status. Various socioeconomic factors do have an impact on the awareness level. Another aspects was observed that awareness increases with an increase in the educational qualification. Awareness mainly through media and friends. Media seemed to have played an important role in the dissemination of information. The need for education for rural and urban population alike on the concept of health insurance is a crucial aspect on extending awareness about health insurance on a large-scale. The connotation between socio-economic status and amount of premium payable were significant. The higher socio-economic status higher was the amount agreeable to be paid as premium. The health insurance companies should come out with a clear policy details, as many of the respondents had only vague ideas about their various benefits and risks involved in a policy. This may be the reason for low health insurance penetration among the general public, in spite of a reasonably high awareness about health insurance as showed the results of this study. To develop a viable health insurance scheme, it is important to understand people's perceptions and develop packages that are accessible, affordable and acceptable to all sections of the society. Absolutely there is an alarming need to improve the awareness with regard to their knowledge about health insurance covering the medical expenses in the rural communities. The awareness regarding health insurance in rural population is very low. There is an urgent need to educate the rural population about the importance of health insurance. Nationwide surveys are necessary to know the real status regarding health insurance awareness.*

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Introduction

The new phenomenon has given economic power in the hands of women for which they were earlier totally dependent on males. Economically independent women feel more confident about their personal lives. Hence, they are taking more personal decisions, for instance, about their further education, marriage, etc. More and more women want freedom of work and control their own reproduction, freedom of mobility and freedom to define one's own style of life. With increasing literacy among women in India, their entry into many types of work, formerly the preserve of men, women can now look upon the bearing and raising of their children not as a life's work in itself but as an episode. The rapid pace of economic development has increased the demand for educated female labour force almost in all fields.

Women Workers in Unorganised Sector

Women in the workforce earning wages or a salary are part of a modern phenomenon, one that developed at the same time as the growth of paid employment for men, but women have been challenged by inequality in the workforce. Until modern times, legal and cultural practices, combined with the inertia of longstanding religious and educational conventions, restricted women's entry and participation in the workforce. Economic dependency upon men, and consequently the poor socio-economic status of women, have had the same impact, particularly as occupations have become professionalized over the nineteenth and twentieth centuries. Women's lack of access to higher education had effectively excluded them from the practice of well-paid and high status occupations. Women were largely limited to low-paid and poor status occupations for most of the 19th and 20th centuries, or earned less pay than men for doing the same work.

Health Insurance: Meaning

Health insurance is a mechanism by which a person protects himself from financial loss caused due to accident and or disability. Though disability is not fixed, precise and immutable state affected as it is by numerous influences, both objective and subjective, its significance to society is that condition of ill health arising from disease or injury that prevents the individual from pursuing his normal routine of living. The universality of the hazard of disability is everywhere recognized; just as uncertainty is one of the fundamental facts of life. Health insurance is a mechanism by which a person protects himself from financial loss caused due to accident and or disability. Though disability is not fixed, precise and immutable state affected as it is by numerous influences, both objective and subjective, its significance to society is that condition of ill health arising from disease or injury that prevents the individual from pursuing his normal routine of living. The universality of the hazard of disability is everywhere recognized; just as uncertainty is one of the fundamental facts of life. Health insurance is a type of insurance whereby the insurer pays the medical costs of the insured if the insured becomes sick due to covered causes, or due to accident.

Out of Pocket Expenditure and Health Insurance

High out-of-pocket health care costs may have important repercussions for older people and their families. If their incomes are not high enough to cover these expenses, older adults with health problems may have to deplete their savings, turn to family and friends for financial help, or forgo necessary care. Or they may be forced to reduce their consumption of other goods and services to pay their medical bills. Relatively little is known about how health problems affect economic

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well-being. Widespread anecdotal evidence suggests that some older people are forced to choose between buying medications and paying for rent or groceries. There are no careful empirical studies, however, that measure the pervasiveness of the problem.

Health insurance is now emerging as a tool to manage financial needs of people to seek health services. In developed and developing countries alike, the rising cost of health care poses major challenges to the sustainability of out-of pocket spending. Because almost 85 percent of total health care spending in India is financed out of pocket, emergency medical treatment or major hospitalization often means financial ruin for families, because the cost of such health care often far exceeds the average family's ability to pay or borrow. Health insurance can play an important role in addressing the societal burden of financial catastrophe that many face when obtaining health care in India. Access to adequate health insurance is central to an individual's economic security, because any serious illness can be financially devastating.

Inherent Problems with Private Insurance

Any private insurance system will face two inherent challenges: adverse selection and ex-post moral hazard

Adverse Selection

Insurance companies use the term "adverse selection" to describe the tendency for only those who will benefit from insurance to buy it. Specifically when talking about health insurance, unhealthy people are more likely to purchase health insurance because they anticipate large medical bills. The fundamental concept of insurance is that it balances costs across a large, random sample of individuals. Adverse selection upsets this balance between healthy and sick subscribers. It will leave an insurance company with primarily sick subscribers and no way to balance out the costs of their medical expenses with a large number of health subscribers.

Moral Hazard

Moral hazard describes the state of mind and change in behavior that results from a person's knowledge that if something bad were to happen, the out-of-pocket expenses would be mitigated by an insurance policy in this case, one provides reduced prices for medical care.

Factors Affecting Insurance Price

Because of advances in medicine and medical technology, medical treatment is more expensive, and people in developed countries are living longer. The population of those countries is aging, and larger group of senior citizens requires more medical care than a young healthier population. These factors cause an increase in the price of health insurance. Some other factors that causes an increase in health insurance Prices are health related: insufficient exercising; unhealthy food choices; a shortage of doctors in impoverished or rural areas; excessive alcohol; use, smoking, street drugs, obesity, among some parts of the population; and the modern sedentary lifestyle of the middle classes. In theory, people could lower health insurance prices by doing the opposite of the above; that is, by exercising, eating health food, avoiding addictive substances, etc. Healthier lifestyles protect the body from some, although not all, diseases, and with fewer diseases, the expenses borne by insurance companies would likely drop.

Health Insurance for Women

Health insurance in insurance against the risk of incurring medical expenses among individuals. Today's Indian woman is extremely focused she's a real achiever. As she makes her mark, she balances multiple roles perfectly. Be it a supportive wife, a caring mother or a successful career person, there are very few things that she doesn't have the time for her health, unfortunately can be one of those things. Modern women take a heavy toll trying to keep a balance between personal and professional life on top of that, Women are more vulnerable to health issues especially after the age of 40. It has been noted that women have a greater chance to fall a prey to critical ailments such as arthritis irregular BP, diabetes and so forth. Women are even more susceptible to bone- related disorders and breast cancer. Moreover the dreads of pregnancy related disorders come solely in women's share. Considering these Facts, it stems only obvious that women need health insurance as much as men do and more or less for the same reason to assure a Financial back up in case a medical contingency arise.

Health Insurance in India

Even after more than 60 years of independence, inequalities in access to health care is widely prevalent in Indian communities. These inequalities in access to health care are related to socioeconomic status, geography, and gender, and are compounded by high out-of-pocket expenditures, with more than 3/4th of the increasing financial burden of health care being met by households. The rise in health care demand has increased the cost of health care system to the extent that specialized care is beyond the reach of common man, only 10% of the Indians have some form of health insurance, mostly inadequate.

Health insurance in India is a growing segment of India's economy. In 2011, 3.9% of India's gross domestic product was spent in the health sector. According to the World Health Organisation (WHO), this is among the lowest of the BRICS (Brazil, Russia, India, China, South Africa) economies. Policies are available that offer both individual and family cover. Out of this 3.9%, health insurance accounts for 5-10% of expenditure, employers account for around 9% while personal expenditure amounts to an astounding 82%. For the financial year 2014-15 Health Insurance premium was Rs.20,440 crores. The insurance industry in India has been touted to be a flourishing industry with competition between several national and international players. Due to the growing demand for insurance, more and more insurance companies are now emerging in the Indian insurance sector. The period from 2010-2015 has been projected to be the 'Golden Age' for the Indian insurance industry.

Utilisation of Health Insurance

The basic function of health insurance is to provide 'access to health care with financial risk protection'. The need for an insurance system that works on the basic principle of pooling of risks of unexpected costs, of persons falling ill and needing hospitalization, by charging premium from a wider population base of the same community is gaining popularity in India. At present as many as 135 million Indians do not have access to health services. In most developing countries regressive out-of-pocket payments represent a majority of total health spending and countries must find multiple ways to encourage the transition towards financing methods which provide adequate financial protection for their people. The high proportion of out-of -pocket expenditures of 85% indicates that even the poor are willing to pay for better health services. A reason estimated may be the lack of awareness of the ordinary citizen regarding the health insurance.

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Need for the Study

Healthcare demand is snowballing due to various factors. health behaviours which determine treatment choices these include the seriousness of the illness, knowledge and indigenous categorization of the illness, degree of confidence in home remedies and traditional medicine for treating the illness, and expenses associated with seeking treatment, Health insurance is a rapidly emerging social security instrument for the rural poor, for whom, chronic health problems, arising due to prevalence of diseases and inaccessibility to an affordable health care system is a major threat to their income earning capacity. Insurance is one of the risk management strategies. The need for an insurance system that works on the basic principle of pooling of risks of unexpected costs of persons falling ill and needing hospitalization by charging premium from a wider population. The importance of health service, both policy makers and researchers has directed considerable attention to the question of how broad access to health services can be ensured by providing the health insurance benefits. Hence the need for the study is important one during this period.

Objectives

The Objectives of the study are

- To find out the Socio Economic Status of Sample Women Workers
- To examine the Awareness and Utilisation of Health Insurance among the Sample Women Workers

Methodology

This study is based on primary data, the primary data is used to collect the data through personal interviews specially prepared interview schedules. The data collected from the various women workers from the sample Tiruchendur. Among the working women in Tiruchendur, 50 women workers were selected by the convenience sampling method. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher. Tiruchendur is one of the holy land of Tamil Nadu and it is connected with all other major cities through road transport and railways. The total population of Tiruchendur is 32,529 as per 2011 census. Among them, Males are 16,249 and Females are 16,280. There is one government hospital and 17 private hospitals in Tiruchendur and 15 medical shops are available to provide the health care services to the people. In Tiruchendur, there is six colleges are present. They are two Arts and Science Collages (one for men and women). One Engineering College of Education, one physical Education college and one Teacher Institution. There are two higher secondary schools, one high schools, five middle schools and ten primary schools also present in this area.

Analysis and Interpretation

This part deals with the analysis and interpretation of the data. It focuses three components related to this study. These are

Part I: Socio Economic Status of the Sample Women Workers

Part II: Awareness and Utilisation of Health Insurance of the Sample Women Workers

Part I: Socio Economic Status Of Sample Women Workers

This part illustrates the information about the socio economic profile of the sample respondents namely age, sex, education, marital status, religion, social status, types of family, income level etc.

Part II: Awareness of Health Insurance of the Sample Women Workers

In India, many of the people do not even aware of health insurance schemes. So an attempt has been made to analyse the awareness status of health insurance schemes among the sample women workers. Various health insurance schemes available in India. The query is made to find out whether the women workers enrolled in any health insurance schemes and also enquired about what kind of health insurance schemes they have enrolled in.

Particulars		Sample Women Workers	
		Number	Percentage
Age	Below 25	6	12
	25-35	12	24
	35-45	15	30
	45-55	14	28
	Above 55	3	6
Marital Status	Married	40	80
	Unmarried	10	20
Social Status	BC	40	80
	MBC	1	2
	SC/ST	9	18
Religion	Hindus	44	88
	Christian	6	12
Education	Primary	20	40
	Secondary	10	20
	Higher secondary	15	30
	Degree of Diploma	5	10
Nature of Employment	Permanent	10	20
	Temporary	40	80
Income	Below-2000	19	38
	2000-4000	12	24
	4000-6000	10	20
	Above 6000	9	18

Source: Primary Data

Table 2: Awareness and Utilisation of Health Insurance of Women Workers

Awareness Status of Health Insurance	Aware of Health Insurance	30	60
	Not Aware of Health Insurance	20	40
	Total	50	100
Mode of Awareness of Health Insurance	Self/ Relatives	10	33.3
	News Paper	8	26.67
	Television	10	33.3
	Media	2	6.67
	Total	30	100
Enrolment Status of Health Insurance	Yes	17	34
	No	33	66
	Total	50	100
	Government scheme	2	11.76

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Enrolled in various health Insurance schemes	ESI	4	23.53
	NGO	0	0
	Private scheme	9	52.94
	Community based Health Insurance	2	11.76
	Total	17	100
Premium (Rs)	Below 500	4	23.35
	500-1000	12	70.59
	Above 1000	1	5.88
Period Of Premium Payment	Monthly	4	23.53
	Quarterly	5	29.41
	Biannually	2	11.76
	Annually	6	35.29
Members Covered	Individual	4	23.53
	Family	13	76.47
Problems in Health Insurance	Yes	16	94.12
	No	1	05.8
Types of Problems	High Premium	3	17.65
	Long waiting period of consultation	4	23.53
	Poor quality of services	1	5.88
	Delays in claim settlement	5	29.41
	Not all illness covered	2	11.76
	Partial Reimbursement	2	11.76
Satisfaction level of Health Insurance	Full satisfied	1	5.88
	Partially satisfied	4	23.53
	Not satisfied	3	17.65
	No response	9	52.94
	Total	17	100
Source: Primary Data			

Major Findings

Part I: To Study the Socio Economic Status of Sample Women Workers

- Majority of them belonged to the age between 25-55 years.
- A vast majority of them (80 percent) were married.
- A vast majority of them were Hindus.
- Majority of them belonged to BC category whereas very few percent of them belonged to MBC category.
- 40 per cent of them studied up to primary level of education 20 per cent of them studied up to secondary level of education 30 per cent of them studied up to higher Secondary level of education 10 percent of them studied up to Degree level education.
- A majority of them (80 per cent) were the temporary workers in the unorganized sector (20 per cent) of them were working as permanent in nature.
- the majority of them earned income below 2000 rupees

Part II: Awareness and Utilisation of Health Insurance of the Sample Women Workers

- The majority of them stated that they did not aware of health insurance schemes and its benefits whereas 40 per cent of them stated that they know about the health insurance schemes and its benefits.

- Each 33.3 per cent of them know if from friend and relatives and television respectively. Nearly 27 Per cent of them expressed that they know the health insurance from newspapers and 6.67 per cent of them said they know it from media.
- The majority of them (66 per cent) did not enrolled in any health insurance whereas 34 per cent of them enrolled in health insurance.
- The majority of the enrolled women workers preferred private health insurance 23.53 per cent of them had ESI schemes, whereas 11.76 per cent of them had government schemes and community based health insurance schemes.
- 71 per cent of them paid between Rs 500-1000, 23.53 per cent of them paid below 500 rupees and 5.88 per cent of them paid above 1000 rupees for health insurance as a premium annual insurance.
- 35 per cent of them have selected the annual premium mode, 29 per cent of them have chosen the quarterly payment mode, 23.5 per cent of them paid their premium on monthly basis whereas 11.76 per cent of them had selected the biannually mode of premium payment.
- A vast majority of them had the health insurance coverage with their family members whereas 23.53 per cent of them had individual coverage health insurance
- A vast majority of them reported that they had facing problems in their health insurance whereas only one women workers said that they did not have any problem in her health insurance scheme.
- 29.41 per cent of them complaint about delays in claim settlement, 23.5 per cent of them reported that long waiting period of consultations 17.65 per cent of them felt that the high premium they needed to pay for the benefit. Each 11.76 per cent of them reported that the scheme was not concerned all the illness and partial reimbursement respectively. Only 5.88 per cent of them reported that there was quality health care services provided.
- Among the insured women workers, nearly 53 per cent of them not given any answer. They could not judge their satisfaction level. 23.5 percent of them stated that they had partially satisfied. 17.65 per cent of them reported that they have not satisfied with the health insurance.

Conclusion

In the present study, the awareness was found to be low probably because of the fact that we conducted an analysis among the women workers. Majority of the population belonged the lower socioeconomic status. Various socioeconomic factors do have an impact on the awareness level. Another aspects was observed that awareness increases with an increase in the educational qualification. Awareness mainly through media and friends. Media seemed to have played an important role in the dissemination of information. The need for education for rural and urban population alike on the concept of health insurance is a crucial aspect on extending awareness about health insurance on a large-scale.

Socio-economic status had a significant impact on the awareness and attitude of respondents towards health insurance. The connotation between socio-economic status and amount of premium payable were significant. The higher socio-economic status higher was the amount agreeable to be paid as premium. The health insurance companies should come out with a clear policy details, as many of the respondents had only vague ideas about their various benefits and risks involved in a policy. This may be the reason for low health insurance penetration among the general public, in spite of a reasonably high awareness about health

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insurance as showed the results of this study. To develop a viable health insurance scheme, it is important to understand people's perceptions and develop packages that are accessible, affordable and acceptable to all sections of the society.

Suggestions

Absolutely there is an alarming need to improve the awareness with regard to their knowledge about health insurance covering the medical expenses in the rural communities. It is a need of the hour to launch various activities in order to make them aware of the need of health insurance to meet the ever rising medical expenses in view of unpredictable illness and injuries. To conclude, the awareness regarding health insurance in rural population is very low. There is an urgent need to educate the rural population about the importance of health insurance. Nationwide surveys are necessary to know the real status regarding health insurance awareness.

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