

Micro Health Insurance Among Rural Women

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ABSTRACT

The study determined the level of awareness and satisfaction with micro health insurance among rural women in the Puducherry Union territory. Using survey methods, primary data was acquired from insured members via a questionnaire. With the help of SPSS 20.0, a Chi-Square analysis was performed to determine the level of awareness and satisfaction, as well as demographic and socioeconomic characteristics. The findings imply that boosting knowledge is a key prerequisite for voluntary participation in MHI schemes, and that interactive, contextualised awareness tools might help people better understand insurance. The research indicates that the Puducherry Union Territory's microhealth insurance scheme can be an effective instrument for increasing health among rural women.

Keywords- Micro Health Insurance, Rural women, awareness, satisfaction, IRDAI.

I. INTRODUCTION

"Future is unpredictable and rather, uncertain"

Micro health insurance is the tool for the rural poor because the health risks are generally perceived by the poor as the greatest and most costly hazards among all other natural, social, economic, and other dangers they encounter. Health difficulties not only affect household spending, but they also impair productivity and limit opportunities for growth. Long-term illnesses have major consequences for the poor, leading to additional undesirable societal situations such as alcoholism, domestic violence, and mental health issues.

Micro Health Insurance (MHI) is defined as the "Any not-for-profit insurance system aimed largely at the informal sector and developed on the basis of a collective pooling of health risks." The purpose of micro health insurance is to increase the poor's financial protection against excessive health expenses, which are out of reach for the common person due to the rising cost of medical treatment. Microhealth insurance has showed potential in providing health protection for poor families in

developing nations, allowing them to safeguard themselves from any kind of disease and death.

This study, assumed on an experimental basis, efforts to discover certain serious issues concerning to the accessibility and requirements of health insurance coverage for the rural women, and the possible limitations in prolonging present micro health insurance aids to efforts in the casual division.

II. REVIEW OF LITERATURE

From the literature review, we can see that there are many areas, where demand for micro health insurance for rural poor exists.

(Ellis et al., 2000) The author study's the health insurance market and health insurance in India, to investigate a variety of health insurance products available in India, as well as the market's development and future prospects. A health service has the maximum important effect on the social safety of each personality and societies, and a significant amount of a country's economy and politics. (Schneider, 2005) conducted a

series of 24 focus group discussions among micro health insurance (MHI) insured and uninsured populations, MHI managers and healthcare providers as participants. The author found that trust in the management of the insurance scheme, trust in the professional competence of healthcare providers, and trust in legal and control mechanisms had influenced the enrolment of the members. (Kumar et al., 2011) this study looked into the endeavor to determine the amount of attentiveness among insured persons and their assertiveness toward treatment costs. The data imply that the insured population is unconcerned with insurance terms and conditions, and that many of them are unconcerned about the amount of treatment. (Fink et al., 2013), The objective of a Community Based Health Insurance (CBI) System was to provide new health services and improve population health. According to the findings, insurance has limited effects on out-of-pocket expenses in the targeted areas; however, there is a potential of a reduction in catastrophic health costs. Health insurance programmes must have a significant good impact on children's and young adults' health, but there is a detrimental impact on persons over the age of 65 due to increased mortality. (Shroff et al., 2015) India's leading health insurance structure is the Rashtriya Swasthya Bima Yojana (RSBY). However, due to a number of serious difficulties, this system has been harmed. Stoppages for a few months due to smart card troubles, lack of understanding of usage, no facilities or specific centres applying, and hospitals not qualified for card – reading knowhow are the most major issues for this system. RSBY has an unending commitment to the poor's well-being and to assisting India in realising its objective of a holistic development route. (Panda & Rout, 2018) The study evaluates beneficiaries' healthcare expenditures, the extent to which the programme is used, and the challenges that beneficiaries encounter. This study contributes to the ongoing discussion on the financial security given by health insurance plans, which is a hot topic in the healthcare industry. The findings of the study may assist policymakers in raising awareness, changing attitude of providers, providing immediate attention to beneficiaries and increasing the claim amount among the policyholders. (Pudpong et al., 2019) The goal of the research is to preserve the health of migrants who are not protected by existing government insurance programmes. A qualitative evaluation was done to determine Migrant operational Fund's implications and make recommendations concerning towards migrant health protection. The Migrant Fund has helped to improve migrant access to care, boost knowledge of migrant health protection, and relieve financial pressure. The Migrant Fund serves as a safety net for people who have been left behind due to a lack of clarity in government policy on the health. The findings of this study can be used to help shape future government insurance systems for migrants. (Savitha & Banerjee, 2021) Our research sheds more light on the impact of usurious borrowing and prior illness in deciding insurance

purchases, as well as the daunting challenge of financial sustainability in India's MHI industry. In three districts of Karnataka, India, a survey was conducted to obtain quantitative data. Those who have either fallen ill or seen the dangers of usurious borrowing understand the significance of new insurance more than those who are just educated.

III. RESEARCH GAP

Micro Health insurance has been found to be an important method of improving health care scenario by reducing the risks. Income is the factor found to be an important factor which is affecting micro health insurance market. In Indian context understanding the women population's awareness, expectation, and satisfaction of Micro Health Insurance is limited in an area of Insurance Management and also there is need to study the problems those limiting the concept micro health insurance reaching the rural India.

IV. RESEARCH QUESTIONS

1. What is the level of awareness towards Micro Health Insurance among women sector?
2. What are the various attributes that are available by Micro Health Insurance policies to satisfy women sector?
3. To what extent, they have perceived and satisfied with the available Micro Health Insurance policies?
4. What are the problems faced by women to avail the facilities of Micro Health Insurance policies in Pudukcherry Union Territory?

V. OBJECTIVES

- To understand the awareness about Micro Health Insurance among rural women.
- To evaluate the level of satisfaction among rural women Micro Health Insurance policy holders.
- To study the problems faced by rural women sector with respect to holding Micro Health Insurance policy.

VI. SIGNIFICANCE

Since it affects the population of the world's growing economies, the concept of micro health insurance has attracted the attention of governments, policyholders, and stakeholders. In order to maintain power, governments in such nations regularly should promote assistance packages for rural women, and micro health insurance is one of the weapons in their arsenal to this community.

- Increasing awareness among rural women population can bring the low-income people into the ambit of financial inclusion.
- The study helps to bring out rural women friendly among the Micro Health Insurance products.

- Lowering of barriers helps in developing efficient and effective Micro Health Insurance policies and implementations.
- The development of a sound regulatory framework is possible to protect Micro Health Insurance holder’s interest.

VII. SCOPE OF THE RESEARCH STUDY

The study has been conducted in Puducherry Union Territory includes all the districts Puducherry, Karaikal, Mahe and Yanam. The data can be collected from the rural women sector of building and construction workers, Agricultural laborers, Loaders and Unloaders, Auto drivers and Fishermen. Health is influenced by various meters like employment, income, educational attainment, social groups, level of medical awareness and accessibility of health amenities. Growth in the health place of population not only gives directly to human happiness, but also improves abilities and self-determination. The progress of a society is been judged by the quality of its population’s health.

IRDAI has recognized the scope for development in insurance division and have provided favorable regulations from time to time for all insurance segments including micro health insurance. The fact that the Indian micro health insurance will take a long time to saturate and therefore at present offers a massive avenues for development.

In addition research may be carried out in demand to create and spread recommendations of good number of applications with respect to health insurance for women sector in Puducherry. The awareness of health

insurance is much needed in Puducherry union territory and therefore these Health Insurances are more positive in providing health insurance coverage to the women sector population. On the other side, less number of women sector are insured in the health insurance in Puducherry union territory, because of various factors such as lack of awareness, lethargy & unimportance of the health insurance in Union territory.

VIII. RESEARCH DESIGN

The paper focuses on primary and secondary data sources. This research is focused on the Micro Health Insurance for women sector in Puducherry Union territory. The primary data collection is done by the purposive and convenience sampling techniques for selecting 355 sample respondents. The present study used Chi-square analysis. Initially a pilot study was undertaken with sample of 50 respondents, which helped to revise appropriately. At last, an interview schedule was conducted for the collection of the respondents. The statistical package of social sciences (SPSS 20.0) was used for data analysis. In the present research, both insured and uninsured (micro health insurance products) of women sector are included.

IX. DATA ANALYSIS AND INTERPRETATION

Awareness about Micro Health Insurance

The awareness level about Micro Health Insurance among the rural women is been analysed with the help of Chi-Square test and presented below in the table.

Table No. 1: Awareness among the respondents

Variables	Awareness about Micro Health Insurance			Chi-Square	P-value
	Yes (%)	No (%)	Total		
Age					
18-25 years	87 (58)	63 (42)	150	7.014	0.048
26-40years	65 (61)	41 (39)	106		
41-55 years	39 (72)	15 (28)	54		
51 years and above	28 (62)	17 (38)	45		
Gender					
Male	105 (55)	85 (45)	190	0.312	0.475
Female	97 (59)	68 (41)	165		
Marital Status					
Single	83 (54)	70 (46)	153	0.954	0.384
Married	135 (67)	67 (33)	202		
Occupation					
Agriculture	56 (58)	41(42)	97	6.315	0.032
Pvt. Organization	79 (40)	45 (60)	124		

Self-Employed	58 (64)	33 (36)	91		
Coolie worker	28 (65)	15 (35)	43		
Income					
Rs.5000 – Rs.10000	75(59)	52 (41)	127	9.058	0.04
Rs.10000 – Rs.15000	77 (57)	59 (43)	136		
Rs.15000 and above	58 (63)	34 (37)	92		
Primary data					

The table no.1 shows the awareness about the micro health insurance among the respondents. There are 355 respondents participated in this research study. The association between the demographic profile and awareness is shown in this table with the help of statistical test (Chi- Square). There is maximum number of 150 respondents in age of 18-25 years, 190 respondents are male, 202 respondents are married, and 124 respondents work in private organizations, 136 respondents earn monthly income between Rs.10000 – Rs.15000. there is a significant association between age, occupation and

income of the respondents that is the p-value is 0.048, 0.032 and 0.04 respectively and whereas there is no significant association among the awareness and demographic profile (Gender and Martial status) that is the p-value is 0.475 and 0.384respectively.

Satisfaction about Micro Health Insurance

The satisfaction level about Micro Health Insurance among the rural women is been analysed with the help of Chi-Square test and presented below in the table.

Table No. 2: Satisfaction among the respondents

Variables	Awareness about Micro Health Insurance			Chi-Square	P-value
	Yes (%)	No (%)	Total		
Age					
18-25 years	85 (57)	65 (43)	150	6.245	0.325
26-40years	71 (67)	35 (33)	106		
41-55 years	33 (62)	21 (38)	54		
51 years and above	27 (60)	18 (40)	45		
Gender					
Male	113 (59)	77 (41)	190	3.671	0.048
Female	91 (55)	74 (45)	165		
Marital Status					
Single	91 (59)	62(41)	153	12.872	0.567
Married	114(56)	88 (44)	202		
Occupation					
Agriculture	59 (61)	38 (39)	97	1.107	0.475
Pvt. Organization	72 (58)	52 (42)	124		
Self-Employed	54 (59)	37 (41)	91		
Coolie worker	28 (65)	15 (35)	43		
Income					
Rs.5000 – Rs.10000	79 (62)	48 (38)	127	6.552	0.034
Rs.10000 – Rs.15000	81 (60)	55 (40)	136		
Rs.15000 and above	54 (59)	38 (41)	92		
Primary data					

The table no.2 shows the satisfaction level about the micro health insurance among the respondents. There are 355 respondents participated in this research study. The association between the demographic profile and satisfaction is shown in this table with the help of statistical test (Chi- Square). There is maximum number of 150 respondents in age of 18-25 years, 190 respondents are male, 202 respondents are married, and 124 respondents work in private organizations, 136 respondents earn monthly income between Rs.10000 – Rs.15000. there is a significant association between gender and income of the respondents that is the p-value is 0.048, and 0.034 respectively and whereas there is no significant association among the awareness and demographic profile such as age, marital status and occupation that is the p-value is 0.325, 0.567 and 0.475 respectively.

X. CONCLUSION

The government should compel insurance companies to provide additional incentives to microinsurance agents in order to promote MHI schemes. Micro insurance agents are capable of raising awareness and disseminating information about micro health insurance programmes among women. In order to establish widespread and comprehensive MHI schemes in India, governments, insurance firms, and community organisations must work together. Insurance businesses have significant infrastructure in the form of management manpower and offices all throughout India, but its outreach to the women's sector and the rural sector is low. As a result, community organisations, insurance firms, and the government should work together to promote universal and comprehensive plans. The IRDAI should be more aggressive in this area, holding insurance awareness camps and demonstrating how micro health insurance programmes can be used effectively. Later on, the government may lower or eliminate the premium subsidies, forcing citizens to pay the actuarial rate. It may provide women with the option to enrol in microhealth insurance and meet their health-care needs without breaking the bank.

CONFLICT OF INTEREST

The authors confirm that there is no conflict of interest to declare for this publication.

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