Research Paper
Impact Factor: 3.072

IJBARR
E- ISSN -2347-856X
ISSN -2348-0653

A STUDY ON AWARENESS AND BARRIERS OF HEALTH INSURANCE AMONG EMPLOYED YOUTH

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Abstract
The economic status of a country is directly related to the health status of its people. Good health is one of the most important pre-requisite to human productivity, which in turn leads to the overall development of a society. Health is understood as the indispensable basis for defining a person's sense of well-being. It is an important resource for a nation to pursue national development goals. It raises the productivity of the labor force and enhances economic growth. It plays a critical role in supplementing government effort in ensuring the availability and accessibility of healthcare services to the population. High of-of-pocket (OOP) health expenditures poses barrier to access to healthcare. Among those who get hospitalized, nearly 25% are pushed below the poverty line by the catastrophic impact of OOP healthcare expenditure. Moreover, healthcare costs are spiraling due to epidemiologic, demographic, and social transition. Hence, the need for risk pooling is imperative.

The objective of the paper is to know the awareness of health insurance and the factors affecting the demand for health insurance among working youth. The study is conducted through a questionnaire with a sample of 200. The study highlighted that only 37% of the total sample have subscribed for health insurance and there are five factors as the main barriers to the subscription of health insurance. There is a significant association between education and willingness to pay for health insurance.

Key words: Barriers, GDP, Health insurance, OOP, Willingness.

INTRODUCTION

Human resources are the real wealth of nations. An increase in national income does not always lead to human welfare. Economic development coupled with human development should be the primary goal of a nation. Though India is one of the fastest growing economies its rank is 134 on Human Development Index (HDI). The HDI provides a composite measure of three dimensions of human development: living a long and healthy life, being educated and having a decent standard of living. Total public expenditure on health in the country as percentage of GDP now stands at around 1.1 per cent.

Today many countries are shifting over to health insurance as a mechanism of financing their healthcare program. Most health insurance schemes can be classified into three broad categories, social health insurance, private health insurance and community (or micro) health insurance. In India, we have a fourth category called government initiated health insurance schemes that do not fit into any of the above three categories.

GROWTH PATTERN AND TRENDS IN HEALTH INSURANCE

Increasing awareness about health insurance, rising healthcare costs and also, the recent de-tariffing of the general insurance industry has increased emphasis on health insurance. Health insurance has become the fastest growing segment in the non-life insurance sector in India. The non-life insurance industry had underwritten a total premium of Rs. 70610 crore in India for the year 2013-14 as against Rs. 62973 crore in 2012-13, registering a growth of 12.13 per cent as against an increase of 19.10 per cent recorded in the previous year.

It has emerged as an increasingly significant line of business for non-life insurance companies, and many prominent life insurance companies now have health insurance products. During 2013-14, the non-life insurance industry has issued around one crore health insurance policies which covered a total population of 21.62 crore. While government sponsored health insurance policies have contributed 72 percent of the total number of persons covered. The commercial health insurance policies had contributed the balance 28 percent of all persons covered

during 2013-14. Over the last four years, the number of persons covered under health insurance has seen moderate decline mainly due to decrease in number of persons covered under government health insurance schemes.
The Indian non-life insurance sector witnessed a growth of 4.1 per cent during 2013. During the same period, the growth in global non-life premium was 2.3 per cent. However, the share of Indian non-life insurance premium in global non-life insurance premium was small at 0.66 per cent and India ranks 21st in global non-life insurance markets.

The number of persons covered under health insurance has been also steadily increasing over the years. Considering the vast potential for health insurance any increase in this segment appears to be inadequate. Many states have recently initiated large scale health insurance programs in association with non-life insurers to protect these vulnerable groups from such health-related financial hazards. Some prominent schemes are Rajiv Aarogyasri scheme in Andhra Pradesh, and the centrally-sponsored Rashtriya Swasthya Bima Yojana (RSBY) Vajpayee Arogyasri Scheme, Karnataka and Chief Minister Kalaignar Health Insurance Scheme, Tamil Nadu being launched in many states across the country. Such schemes increased the number of beneficiaries covered to have coverage under some form of health insurance.

STATEMENT OF THE PROBLEM

In India more than 80% of health care expenditure are out of the pocket and a very few have subscribed for health insurance. There is a very low use of health insurance product by employed youths. There is a need to understand the barriers for not subscribing for health insurance and to study the effect of education level, salary and other factors associated with the non-purchase of health insurance by working youth.

SIGNIFICANCE OF THE STUDY

The present study is an effort in the area of health insurance to assess the demographic variables like age, gender, marital status, education level, and income of the working youth between the age group of 21-35 and their willingness to pay for it.

SCOPE

This study seeks to analyze the willingness of young population to pay for health and understand the barriers in the subscription of health insurance.

OBJECTIVES OF THE STUDY

1. To examine and explore the various factors which act as barriers and ultimately obstruct the subscription of health insurance
2. To determine the willingness to pay for health insurance by non-health insurance holders

HYPOTHESES

There is no significant association between the gender, age, education level and income of respondents and their willingness to pay for health insurance.

RESEARCH METHODOLOGY

Sample Design

This study is done among working youth (aged between 21-35) where selection of sample of respondents is convenience sampling and on the whole 200 samples are collected from the general public.

Sources of Information

Primary data was collected with the help of pre-designed questionnaire. The questionnaire consisted of various aspects of demographic profile; Awareness, exposure and knowledge regarding health insurance and barriers in the path of subscribing for one. The questionnaire also includes their willingness to subscribe for one based on certain conditions.

Tools and techniques of Analysis

The analysis of data collected has been carried out by using factor and chi-square analysis**.** The relationship among set of many interrelated variables are examined and represented with the help of factor analysis. The approach used in the factor analysis is "Principle Component Analysis". In this component analysis, the total variance in the data is considered. The Chi-square statistics is used to test the statistical significance of the observed association in a cross-tabulation.

REVIEW OF LITERATURE

According to Brainard (2008), similar to economies in the developed nations, the success and development of health insurance plans in developing nations depend upon the mix of health service providers (public or private) and the governments overseeing them. It has been observed that countries with majority of the population following Islam have lower insurance consumption level, the study has emphasized that demographics play a key role.

It is pointed out by Musgrove, Zeramdini, and Carrin (2002) that in developing countries private health insurance remains limited to high income level groups but as Sbarbaro (2000) observed that the groups of people who are most likely to face health related issues are the lower income level group. According to Sekhri and Savedoff (2005) even in Europe the initial stages of health insurance development were dominated by coverage provided by the local unions and organizations which provided insurance regardless of the demographics and offered a single slab rate to everyone.

Lofgren et al. (2008), in a study conducted in Vietnam it was found that willingness to pay for health care services was directly proportional to the level of income, education, size of family and the number of lingering diseases in a household. It was concluded that the demand for private health insurance is on the rise in the rural areas of the country because awareness about health is increasing. It was also found that if population is pushed towards obligatory health insurance, it leads to more usage of health care facilities as compared to when population goes for voluntary insurance (Sepehri, Sarma, & Simpson, 2006). According to Shehzad (2005) financing of health care has been a critical issue when talking about improving the quality of health sector in developed and emerging economies.

Joglekar (2008) examined the impact of health insurance on catastrophic out-of-pocket (OOP) health expenditure in India and taken zero percent as threshold level to define and examine such impact. Garg and Karan (2009) assessed the differential impact of out-of-pocket (OOP) expenditure and its components between developed and less developed regions in India. The results showed that OOP expenditure is about 5% of total households' expenditure.

DATA ANALYSIS AND INTERPRETATION

Although health insurance is not a new concept and people are also getting familiar with it, yet 7.5% of the population are not aware about the health insurance. It is clear from the study that 92.5% of people are aware of health insurance yet only 37% have subscribed for health insurance and rest 63% were still without any health insurance. The study shows that friends and family is the major source of awareness about health insurance followed by workplace and T.V. The above findings are shown in table 2.

Table -1, Demographic profile of the Respondents

Respondent's Profile	Characteristics	Frequency	Percent
Gender	Female	58	29
	Male	142	71
	Total	**200**	**100**

Age	22-25	111	55.5
	26-28	63	31.5
	29-31	21	10.5
	32-35	5	2.5
	Total	**200**	**100**
Marital Status	Married	33	16.5
	Unmarried	167	83.5
	Total	**200**	**100**
Education	Doctorate	1	0.5
	Graduation	97	48.5
	Higher Education	5	2.5
	Post Graduation	97	48.5
	Total	**200**	**100**
Occupation	Accountant	5	2.5
	Analyst	2	1
	Analytics	2	1
	Banking and financial services	2	1
	Business	17	8.5
	Consulting	2	1
	Customer service	2	1
	Data scientist	1	0.5
	Engineer	23	11.5
	Government Job	6	3
	Guest Lecturer	3	1.5
	Healthcare Professional	19	9.5
	HR	1	0.5
	Insurance	2	1
	IT	100	50
	Marketing	10	5
	R and D	1	0.5
	Teaching	2	1
	Total	**200**	**100**
Income	1 Lakh - 3 Lakhs	69	34.5
	10 Lakhs - 15 Lakhs	13	6.5
	3 Lakhs - 5 Lakhs	63	31.5
	5 Lakhs - 10 Lakhs	33	16.5
	Above 15 Lakhs	6	3
	Less than 1 Lakh	16	8
	Total	**200**	**100**

Source: Primary Data

Table- 2, Awareness and Sources of Awareness of Health Insurance

Awareness about Health Insurance	**Valid**	**Frequency**	**Percent**
	Aware and subscribed	74	37.0
	Aware but not subscribed	111	55.5
	Not aware	15	7.5
	Total	**200**	**100.0**
Sources of Awareness	**Particulars**	**Frequency**	**Percentage**
	Newspaper	60	15.83
	TV	68	17.94
	Family & Friends	124	32.72
	Agents	32	8.44
	Workplace	82	21.64
	Doctors	12	3.17
	Tax Consultants	1	0.26
	Total	**379**	**100**

Barriers in the Subscription of Health Insurance

Unlike reasons for having health insurance, there are many reasons for not having health insurance. They are the factors or the barriers in the subscription of health insurance. All these reasons were taken in the form of variables and those respondents who haven't subscribed for a health insurance were asked to rank the reasons on a five point Likert scale. Where 5 signifies strongly disagree, 4 signifies agree, 3 signifies neutral/indifferent, 2 signifies disagree and 1 signifies strongly disagree. Thereafter factor analysis was run in order to condense these variables. All these variables along with their description are shown in a tabular form.

Table- 3,List of Variables along with their Description

Variable	**Description**
V1	Not aware about health insurance
V2	No one suggested about it
V3	Do not feel the need of it
V4	Not taken by friends, relatives and others
V5	Low salary
V6	Lack of comprehensive coverage
V7	Non availability of tailor made schemes
V8	Lack of reliability and flexibility
V9	Difficult to approach insurance agents
V10	Insurance agencies are not well aware about the policies
V11	Behavior of insurance agents were not satisfactory
V12	Complex process of claims
V13	More deductible applicable
V14	All diseases are not covered
V15	All linked hospitals are not easily covered
V16	Lack of knowledge on portability of health insurance

Factor Analysis

Factor analysis is performed on the data collected from the 126 (those who haven't subscribed) samples randomly selected from 200 respondents. The result of the factor analysis reveals that out of 16 variables there are five key factors that are the chief barriers for the subscription of health insurance. The respective percentage of the variance of all these factors derived from the factor analysis is represented in the tabular form in table 4.

Table 4 Total Variance Explained by Various Factors

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.234	25.840	25.840	4.234	25.840	25.840	3.080	19.250	19.250
2	2.975	18.154	44.993	2.975	18.154	44.993	2.980	18.626	37.876
3	1.840	11.500	56.493	1.840	11.500	56.493	2.174	13.588	51.464
4	1.418	8.862	65.356	1.418	8.862	65.356	1.639	10.245	61.709
5	1.048	5.553	71.909	1.048	5.553	71.909	1.632	10.200	71.909
6	.894	5.590	77.499						
7	.750	4.690	82.189						
8	.642	4.013	86.202						
9	.573	3.582	89.784						
10	.413	2.550	92.363						
11	.341	2.132	94.495						
12	.228	1.427	95.922						
13	.202	1.262	97.185						
14	.192	1.199	98.383						
15	.133	.853	99.237						
16	.122	.763	100.000						

Extraction Method: Principal Component Analysis.

- It is observed that only 5 factors have Eigen value more than one, hence we proceed with these factors.
- The total variance explained by these 5 factors are 19.250, 18.626, 13.588, 10.245 and 10.200 percent of the variance, whereas the cumulative variance explained by these factors is 71.909 percent and the rest of the variance are due to the factors which are beyond the scope of the study.

Table -5,Rotated Component Matrix[a]

	Component				
	1	2	3	4	5
V1	.416	.011	.054	**.702**	-.255
V2	-.140	.035	.237	**.745**	.200
V3	.046	-.098	**.779**	.407	.038
V4	**.742**	-.178	.241	.260	-.192
V5	-.188	.478	-.324	**.482**	-.054

V6	.105	.166	**.793**	.045	-.005
V7	-.123	.319	-.251	.117	**.793**
V8	.489	.190	.189	-.136	**.683**
V9	**.882**	-.021	.000	-.102	.202
V10	**.840**	-.181	.252	.006	.019
V11	.460	-.042	**.681**	-.177	-.277
V12	-.522	**.597**	.253	.027	.258
V13	-.169	**.637**	-.104	-.034	.192
V14	-.131	**.782**	.038	-.086	.285
V15	-.050	**.811**	.120	.026	.180
V16	.133	**.691**	-.192	.202	-.238
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.					
a. Rotation converged in 14 iterations.					

Interpretation

- Each statement corresponding to the highlighted factor loading is correlated with the factor corresponding to the factor loading.
- Higher the factor loading, stronger is the correlation between the factors and the statement.

Table- 6,Factor Extraction Table

Factors	**% of variance**	**Variables included in the factor**	**Loading**
F1	19.250	Not taken by friends, relatives and others	0.742
		Difficult to approach insurance agents	0.882
		Insurance agencies are not well aware of the policies	0.840
F2	18.626	Complex process of claims	0.597
		More deductible applicable	0.637
		All diseases are not covered	0.782
		All linked hospitals are not easily covered.	0.811
		Lack of knowledge on portability of health insurance.	0.691
F3	13.588	Do not feel the need of it	0.779
		Lack of comprehensive coverage	.793
		Behavior of insurance agents were not satisfactory	.681
F4	10.245	Not aware about health insurance	.702
		No one suggested about it	.745
		Low salary	.482
F5	10.200	Non availability of tailor made schemes	.793
		Lack of reliability and flexibility	.683

Interpretation

- Factors are in the order of degree of importance i.e. factor 1 is more important than factor 2; factor 2 is more important than factor 3 and so on.

- The factor 1 and 2 has 19.250% and 18.626% of variance which is the highest variance as compare to other 3 factors where percentages of variance are 13.588, 10.245, and 10.200.

Willingness to join and pay Health Insurance by Non-Health Insurance policy holders

An analysis on non health insurance policy holders have been done in order to know their willingness to join and pay for health insurance.

Table -7,Willingness level of non health insurance policy holders and ranking of conditions to buy

Particulars	**Frequency**	**Percent**
Buy, if following conditions are fulfilled	59	46.5
Not ready to buy	17	13.4
Ready to buy	6	4.7
Still need some time to buy	45	35.4
Total	**127**	**100.0**

Conditions to Buy	**Rank**
If it covers all the health care expenses, including dental	1
If there is no waiting period for claims for a new policy	2
If cashless facility is available in non-network hospitals as well	3
If there are any tailor made schemes	4
If health insurance covers for pre-existing conditions	5

- It is clear from the table that 46.5% of non health insurance policy holders are ready to buy if the following conditions are fulfilled and 35.4% still need some time to buy**.**
- Only 4.7% of them are ready to buy health insurance.
- Conditions to buy have been ranked and rank 1 is assigned to "if it covers all the healthcare expenses, including dental" followed by other conditions.

Chi-square was used in order to find out the association between the variables associated with the individual having impact on their ability and willingness to pay for health insurance.

H01: There is no significant association between the gender of respondents and their willingness to pay for health insurance.

Table 8

Gender*Willingness Cross Tabulation						
		Willingness level of Non-Health Insurance policy holders				
		Buy, if following conditions are fulfilled:	Not ready to buy	Ready to buy	Still need some time to buy	Total
Gender	Male	42	13	2	30	87
	Female	16	4	4	15	39
Total		**58**	**17**	**6**	**45**	**126**

Chi-Square Tests			
	Value	Degrees of freedom	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.446[a]	3	.217
Likelihood Ratio	4.118	3	.249
N of Valid Cases	126		

Interpretation

- Pearson Chi-Square statistic, χ 2 = 4.446, and p= 0.217. The null hypothesis is accepted, since p > 0.05.

H02: There is no significant association between the age of the respondents and their willingness to pay for health insurance.

Table- 9,Age * Willingness level of Non-Health Insurance policy holders Cross tabulation

		Willingness level of Non-Health Insurance policy holders				
		Buy, if following conditions are fulfilled:	Not ready to buy	Ready to buy	Still need some time to buy	Total
Age	22-25	34	8	5	31	78
	26-28	17	7	0	12	36
	29-31	6	1	1	2	10
	32-35	1	1	0	0	2
Total		**58**	**17**	**6**	**45**	**126**

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.808[a]	9	.455
Likelihood Ratio	10.366	9	.322
N of Valid Cases	126		

a. 11 cells (68.8%) have expected count less than 5. The minimum expected count is .10.

Interpretation

- Pearson Chi-Square statistic, χ 2 = 8.808, and p =0.455; the null hypothesis is accepted, since p > 0.05.

H03: There is no significant association between education level of the respondents and their willingness to pay for health insurance.

Table -10
Education Level*Willingness level of Non-Health Insurance policy holders Cross tabulation

		Willingness level of Non-Health Insurance policy holders				
		Buy, if following conditions are fulfilled:	Not ready to buy	Ready to buy	Still need some time to buy	Total
Education Level	Doctorate	0	0	1	0	1
	Graduation	32	9	5	25	71
	Post Graduation	26	8	0	19	53
	Higher Education	0	0	0	1	1
Total		58	17	6	45	126

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.360[a]	9	.003
Likelihood Ratio	14.126	9	.118
N of Valid Cases	126		

Interpretation

- Pearson Chi-Square statistic, χ 2 = 25.360, and p =0.003; the null hypothesis is rejected, since p < 0.05.

H04: There is no significant association between the income of the respondent and their willingness to pay for health insurance.

Table -11,Income per annum * Willingness level of Non-Health Insurance policy holders Cross tabulation

		Willingness level of Non-Health Insurance policy holders				
		Buy, if following conditions are fulfilled:	Not ready to buy	Ready to buy	Still need some time to buy	Total
Income per annum	Less than 1 Lakh	7	3	2	4	16
	1 Lakh - 3 Lakhs	20	6	3	22	51
	3 Lakhs - 5 Lakhs	20	5	0	11	36
	5 Lakhs - 10 Lakhs	8	3	1	6	18
	10 Lakhs - 15 Lakhs	3	0	0	2	5
Total		58	17	6	45	126

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.464[a]	12	.748
Likelihood Ratio	10.402	12	.581
N of Valid Cases	126		

Interpretation

- Pearson Chi-Square statistic, χ^2 = 8.464, and p =0.748; the null hypothesis is accepted, since p > 0.05.

Summary

As the healthcare expenses are rising there is a greater need for subscribing for health insurance so as to reduce out of the pocket expense. The study reveals that 92.5% of the population is aware about the presence of health insurance out of which only 37% have subscribed for health insurance. This means that rest 62.5% of the population are paying healthcare expenses out of the pocket. This study shows that this is the populations who have chances of getting financially affected if they have to undergo any healthcare services thus affecting the prosperity of a family and henceforth a country.

This study has also concentrated on identifying the factor or barriers affecting the subscription of health insurance. It was found that there are five factors which have a greater role as the barrier for subscription of health insurance. Those variables in those five factors are:

- Not taken by friends and family
- Difficult to approach insurance agents
- Insurance agencies are not well aware of the policies
- Complex process of claims
- More deductible applicable

- All diseases are not covered
- All linked hospitals are not easily covered
- Lack of knowledge on portability of health insurance
- Do not feel the need of it
- Lack of comprehensive coverage
- Behavior of insurance agents were not satisfactory
- Not aware of health insurance
- No one suggested about it
- Low salary
- Non availability of tailor made schemes
- Lack of reliability and flexibility

From the study, it shows that that more the level of education greater is the number of people who have subscribed for health insurance. Alternatively, the analysis of willingness to subscribe and pay for health insurance was done to know whether non health insurance policy holders are ready to buy or not and the results reveal that only 4.7% of the population are ready to buy health insurance without any conditions and 46.5% are willing to buy only if certain conditions are fulfilled.

The association between various variables linked with the respondents have been determined by their willingness to pay for health insurance and the results shows that on one hand there is no significant association between gender, age and income with willingness to pay for health insurance and on the other hand there is significant association between education level and willingness to pay for health insurance.

CONCLUSION

The insurance sector acts as a mobiliser of savings and a financial intermediary and is also a promoter of investment activities. It can play a significant role in the economic development of a country, while economic development itself can facilitate the growth of the insurance sector.

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