



AWARENESS OF HEALTH INSURANCE IN DHARMAPURI DISTRICT

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Abstract

In India, even though improvements in access to health care, social inequality are gross in both rural and urban areas. A lot of middle and lower socio economic class families are compressed under amount overdue at the time of hospitalization due to lack of health insurance. Health financing is a significant part of broader efforts to ensure social protection in health. Although “health insurance” is still an unknown word for the majority rural people. The study objective to assess the awareness about Health Insurance in rural areas and to explain the socio demographic characteristic of respondents. They have a look at changed into carried out within the Dharmapuri district. A sample size of 110 was selected using the convenience sampling procedure. Conclude the awareness concerning health insurance in rural population is very low. There is vital need to educate the rural population about the importance of health insurance.

Key words- Rural area, awareness, socio-economic, importance.

Introduction

Health insurance is a tool where ‘an individual or group purchase health care treatment in advance by paying a fee called premium. In other words, it's an tool which helps to defer, delay, reduce or in sum avoid payment for health care incur by individuals and household. Health insurance is rapid rising as an important device to finance health care needs of the people. The need for an insurance organization that works on the essential principle of pooling of risks of unforeseen costs of persons lessening ill and needing hospitalization by Charging top class from a much wider population base of the similar community.

For most people live in developing countries and particularly in rural areas “health insurance” is still an indefinite word. It is usually unspecified that people cannot afford such type of social safety (except the upper class). For most people live in poor developing countries illness still represent a enduring threat to their income earning ability. Beside the direct costs for treatment and drugs, not direct costs for the lost labour force of the ill and the occupy person have to be shoulder by the family.

The rural population faces the same dangers because the urban populace which includes illness, harm, coincidence and loss of life. The rural population is more vulnerable to such risks because of their social and economic situation. There is a feel need to provide financial protection to rural families for the dealing of major ailments, requiring hospitalization and surgery. Health insurance could be a way of removing the financial barrier and improving convenience to eminence medical care by the poor and also an efficient social safety instrument. The insurance sector for low-income family in the rural population remainder at a very nascent stage in India.

With this kind of position existing, there has not been much development in the coverage of our rural population within the health insurance system. Whether this is due to lack of awareness on part of the public is to be unwavering. So this study was undertaken with the objectives of to examine the socio-

economic and demographic characteristics of the selected sample and to assess the awareness about Health Insurance in rural area.

Statement of the problem

To manage up with the growing healthcare expenses, medical insurance is a good choice. Indians have a few shape of medical health insurance, in most cases inadequate. This low percentage might be due to the lack of expertise approximately medical health insurance. The present study was carried out assess the awareness about health insurance in rural areas and to described the socio-demographic characteristics of respondents.

Scope of the study

Health insurance is the one which wires human life from the unexpected situation because of their forecast about future from the unforeseen medical expenses through the individual, family floater, predictive health care etc. in these fast changing world, lifestyle changes induce diseases and other constant diseases which plays a essential role in financial losses by health issues, the health insurance is a necessity. The research work was to study the level of awareness of policyholders about health insurance in rural areas and to explain the socio-demographic character of respondents.

Objective of the study

- To evaluate the awareness approximately medical health insurance in rural regions
- To described the socio-demographic characteristics of respondents.

Review of literature

Sini and karpagam (2016) analyzing the awareness of policy holders towards medi claim insurance as it's a need for every person. The study about awareness towards health insurance policies of different companies, factors that influence health insurance premium among the policyholders and customer satisfaction about medical insurance premium. The study sample size is 150 and chosen random basis. Statistical tools is percentage analysis, chi-square and weighted average. Conclude unaware about the aspect and if the company try to give more advertisements about the product then the level of awareness about the product can be improved destiny period of time and if the agency attempts to reduce the declare span of the respondents.

Arun vijay and krishnaveni (2017), the study aim to find out the awareness level of health insurance among the people in Ernakulam district, their pattern of contribution of health insurance policies and availing health insurance policies in different age groups. The data was collected from 150 people among public. The only way for lessening this gap down is through hopeful the people for purchasing the individual health insurance policies for the self and family.

Anandalakshmi and Brindha (2017), scrutinize the awareness of health insurance schemes, factors influence the purchase decision of policyholders in purchasing health insurance policy and level of customer satisfaction towards agent's service of a company. The study's sample size was 100 respondents, and it was done in the city of Coimbatore using a practical random sampling approach. Conclude most of them awake through agents and treatment of the life is the main factor to take insurance policy and most of the respondents are satisfied with their agents service. The existing health insurance programmes needed important reforms to make them more efficient and socially useful.

Research methodology

The study is based on the descriptive research which include primary as well as secondary data. Primary data was collected from public, men and women who feel right to different age groups, working at different sectors and different culture. Secondary data was collected from different journals and past studies on health insurance and awareness. The Dharmapuri district served as the study's location. A sample size of 110 was selected using the convenience sampling procedure.

Data analysis and interpretation

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	54	49.1	49.1	49.1
	Female	56	50.9	50.9	100.0
	Total	110	100.0	100.0	

The above table shows that gender wise classification the female respondents are 50.9 percent and male respondent 49.1 percent.

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 30	93	84.5	84.5	84.5
	30-40	9	8.2	8.2	92.7
	40-50	4	3.6	3.6	96.4
	Above 50	4	3.6	3.6	100.0
	Total	110	100.0	100.0	

84.5% of respondents were under the age of 30, making up the majority of the sample.

		Education			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	school level	2	1.8	1.8	1.8
	Graduate	18	16.4	16.4	18.2
	post graduate	65	59.1	59.1	77.3
	Others	25	22.7	22.7	100.0
	Total	110	100.0	100.0	

The education status of the respondent 59.1 percent having post graduate and 18.2 percent are having the graduate.

		Occupation			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government Employee	15	13.6	13.6	13.6
	Private Employee	20	18.2	18.2	31.8
	Professional	12	10.9	10.9	42.7
	Business	9	8.2	8.2	50.9
	Others	54	49.1	49.1	100.0
Total		110	100.0	100.0	

Among the respondents, 49.1 percent of the population belongs to other source and 18.2 percent respondent our occupation is private employee.

		Marital status			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	25	22.7	22.7	22.7
	Unmarried	85	77.3	77.3	100.0
	Total	110	100.0	100.0	

The above table shows that 77.3 percent of the respondent unmarried and 22.7 percent of the respondent married.

		Family type			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Joint Family	44	40.0	40.0	40.0
	Nuclear Family	66	60.0	60.0	100.0
	Total	110	100.0	100.0	

The above table shows that 60 percent of the respondent family type is nuclear family and 40 percent of the respondents' family type is joint family.

		Size of family			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2	5	4.5	4.5	4.5
	2-3	17	15.5	15.5	20.0
	3-4	37	33.6	33.6	53.6
	above 4	51	46.4	46.4	100.0
	Total	110	100.0	100.0	

The above table shows that 46.4 of the respondent family size is above 4 and 15.5 percent of the respondent family size is 2-3.

Annual income					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	up to 3,00,000	100	90.9	90.9	90.9
	3,00,000-5,00,000	10	9.1	9.1	100.0
	Total	110	100.0	100.0	

The above table shows that 90.9 percent of the respondent annual income is up to 3,00,000 and 9.1 percent of the respondent annual income is 3,00,000- 5,00,000 lakhs.

Residential area					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rural	24	21.8	21.8	21.8
	Urban	18	16.4	16.4	78.2
	semi urban	68	61.8	61.8	100.0
	Total	110	100.0	100.0	

The above table shows that 61.8percent of the respondent living in semi urban area and 21.8 percent of the respondent living in rural area.

Conclusion

Awareness about health insurance is poor; then awareness creation is needed. Education, socio-economical status and occupation were constructive determinants for opting health insurance. Media seem to have played an important role in distribution of information. This calls for effective information, education, and communication tricks which will improve accepting of insurance by the public. There should be implementation of health insurance policies which can benefit rural India.

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