

PalArch's Journal of Archaeology
of Egypt / Egyptology

**"A STUDY ON AWARENESS LEVEL AND THE INFLUENCE OF
EDUCATIONAL QUALIFICATION TOWARDS THE HEALTH
INSURANCE POLICIES (WITH SPECIAL REFERENCE TO CHENNAI
CITY)"**

Ms. S. SUDHA¹, Dr. S. MURUGESAN²

**¹Research Scholar & Assistant Professor – Sdnb Vaishnav College For Women,
Chromepet, Chennai.**

**²Research Supervisor, Principal – Thiruthangal Nadar College of Arts and Science,
Selavayal, Chennai.**

**Ms. S. SUDHA, Dr. S. MURUGESAN, A STUDY ON AWARENESS LEVEL
AND THE INFLUENCE OF EDUCATIONAL QUALIFICATION TOWARDS
THE HEALTH INSURANCE POLICIES (WITH SPECIAL REFERENCE TO
CHENNAI CITY), -- PalArch's Journal Of Archaeology Of Egypt/Egyptology
18(1). ISSN 1567-214x**

**Keywords: Health insurance, Influence of Educational Qualification, awareness,
demographic variables.**

ABSTRACT

Health Insurance is a very important sector which should be focused by all of us. The Government is taking initiatives and many schemes to promote health insurance and improve the health conditions of all the citizens. It is very essential to all of us to lead a healthy life. The importance of health insurance is gaining momentum year after year. This paper throws a light on the awareness of health insurance and the influence of educational qualification towards the health insurance policies. The awareness level of the health insurance policies and the impact of educational qualification with respect to various factors influencing the purchase of health insurance policies are studied. There are many factors like coverage benefits, convenience, accessibility, premium terms etc. which influence the purchase of the health insurance policies. The various factors and their influence on purchase of health insurance are studied on the basis of educational qualification of the respondents. The author concluded that there is high awareness level on the whole and only few factors are significant while many factors are insignificant with respect to educational qualification.

INTRODUCTION:

Health insurance concept was started in India in the year 1952. Initially Employees State Insurance Scheme was introduced vide ESI Act of 1948. Later on, many government schemes were introduced. The development of health insurance was

seen after the privatization in 2000. Many private insurers started entering into the health insurance sector. The importance of health insurance is felt by many people especially after the covid-19 outbreak in the year December 2019 which was declared as pandemic by World Health Organization. It is necessary to know the awareness and perception of the customers towards health insurance. In this study, the author discusses the importance of health insurance, its need and factors influencing the purchase of health insurance.

IMPORTANCE OF THE STUDY:

Healthy life is very essential to all. In order to lead a healthy life, people should follow healthy tips, healthy food, diet, exercises etc. Due to changes in food habits, style of living, lack of physical exercises, adulterated foods, etc., people could not lead a healthy life. Though scientific advancements could be seen on one side, new diseases are creeping on another side. The outbreak of covid-19 also made people to understand the need of keeping healthy body and mind. Those people who have not taken health insurance earlier also understand the need of taking health insurance as it gives protection against diseases and medical expenses and treatments.

OBJECTIVES OF THE STUDY:

1. To study the awareness level of the health insurance policies in Chennai.
2. To determine the influence of demographic variable educational qualification towards factors influencing purchase of health insurance policies and awareness level of the health insurance policies.

RESEARCH METHODOLOGY:

The present study is based on both the primary and secondary data made by the researcher. The primary data is collected through structured survey questionnaire. The secondary data is collected from various sources like journals, websites, text books, newspapers etc. The sample size taken is 200 in Chennai, the capital city of Tamil Nadu. The data collection is made by using Convenient sampling method.

LITERATURE REVIEW:

BHAGEERATHY.RESHMI, et.al.(2012), studied and concluded that family income, occupation, education, religion and socio-economic status have significant association with awareness of health insurance in an urban south Indian population at Mangalore city. In a study on the Customer's Perception towards Insurance with Reference to Bangalore City, made by *LINA GEORGE, (2014)*, out of the total respondents of the survey, maximum respondents were aware of insurance industry and less people were not aware. Majority were retired persons and others, followed by unemployed youth, and last one housewives among the people who are aware.

L. SIVARAMAKRISHNAN AND TI. M. SWAAMINATHAN (2015) discussed about the awareness and public receptivity of health insurance products in Kanchipuram town, Tamil Nadu. The aim of the researchers was to study the customers awareness and influence of demographic factors such as age, income, gender and occupation towards the health insurance products to determine the factors that had influenced

and motivated the customers to purchase the health products. They concluded that though there was no significant difference between the various factors influencing the insurer to insure towards Insurance plans, there was a significant difference between the various plans in which the respondents had insured. In an article on Perceptions of insurance by *KAPIL MEHTA (2017)*, the author said that an IRDAI study shows increasing awareness of term insurance but home insurance remains largely unknown. The study, conducted by the National Council of Applied Economic Research (NCAER), covered 30,200 households across the country. Though majority are aware of the overall health insurance policies, only very few are having the indepth knowledge on policy terms, diseases coverage and benefits, exclusions etc.

ANALYSIS OF THE STUDY:

Percentage Analysis:

Percentage analysis is one of the statistical measures used to describe the characteristics of the sample or population in totality. Percentage analysis is made for the demographic variables like gender, marital status, age, educational qualification, occupation and awareness level of health insurance policy.

Table No. 1 - Descriptive Statistics

Variables	Category	Count	Column N
Gender	Male	111	55.45 %
	Female	89	44.55 %
Age	Upto 25 years	51	25.5 %
	25 to 40 years	58	29 %
	40 to 65 years	69	34.5 %
	Above 65 years	22	11 %
Marital status	Single	63	31.5 %
	Married	137	68.5 %
Type of family	Joint family	87	43.5 %
	Nuclear family	113	56.5 %
Education	Schooling	14	7 %
	Under graduate	91	45.5 %
	Post graduate	39	19.5 %
	Professional	56	28 %
Occupation	Government	36	18 %
	Private	75	37.5 %
	Business	20	10 %
	Professionals	16	8 %
	Retired	17	8.5 %
	Others	36	18 %
Awareness of health insurance policy	Highly aware	106	53 %
	Moderately aware	80	40 %
	Very little aware	14	7 %
Health Insurance Policy taken	Government / Public	57	28.5 %
	Private Insurer	82	41 %
	Both Public and Private	26	13 %
	Not taken any	35	17.5 %

Source: Primary Data

Inference:

✚ From the above table, we can infer that 55.45% of the respondents are males and 44.55% are females. This shows that males are higher in representation than females.

✚ With regard to age, majority (34.5%) respondents are in the age group 40 –65 years followed by 25 – 40 years (29%). Respondents of less than 25 years is 25.5%. People above 65 years constitute the least number (11%) of the respondents.

✚ From the marital status table, we can infer that 31.5% are single and 68.5% are married. Maximum respondents are married.

✚ The frequency distribution of the type of family shows that 43.5% belongs to joint family and 56.5% belongs to Nuclear family. Compared to Joint family, Nuclear family respondents are higher in representation.

✚ The distribution of educational qualification shows 7% of the respondents have done their schooling, 45.5% are undergraduates, 19.5% are postgraduates and 28% are professionals. Undergraduates constitute the maximum of the respondents.

✚ With regard to occupation, 18% are government employees, 37.5% are private employees, 10% are businessmen, 8% are professionals, 8.5% are retired and 18% is represented by other occupation respondents. Private employees form the maximum respondents.

✚ From the frequency distribution of awareness of health insurance policies, we can infer that 53% are highly aware, 43% are moderately aware and 7% are very little aware of the health insurance policies. Maximum number of respondents are highly aware of the health insurance policies and only minority people are very little aware of the health insurance policies.

✚ The frequency of the respondents based on the health insurance policies taken shows that 28.5% have taken Government or Public Insurance Policies, 41% have taken Private insurance, 13% taken both Public and private and 17% have not taken any health insurance policies at all. From the above, we can conclude that majority prefers or have taken Private insurance, next priority is given for only Government insurance policies. Least of the respondents have taken both public and private health insurance policies. Few of them have not taken any health insurance policy.

The diagrammatic representation of the percentage analysis is given under the following figures 1 and 2.

FIGURE 1 - FREQUENCY DISTRIBUTION BASED ON EDUCATIONAL QUALIFICATION

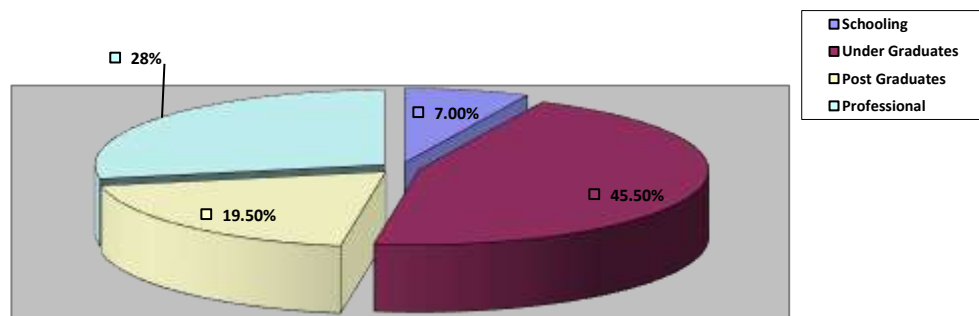


FIGURE 2 - FREQUENCY DISTRIBUTION BASED ON THE AWARENESS LEVEL OF HEALTH INSURANCE



Anova : Anova is a statistical tool which is used to determine the variance or difference between the groups and within the groups. There are two classifications of Anova namely One way Anova and Two way Anova.

Hypothesis I:

Null Hypothesis: There is no significant difference on educational qualification with respect to factors influencing the purchase of health insurance policies and awareness level.

Alternative Hypothesis: There is significant difference on educational qualification with respect to factors influencing purchase of health insurance policies, awareness level and satisfaction level.

Table No. 2 - One Way Anova

Educational Qualification and Factors Influencing Purchase of Health Insurance Policies

Dimensions	Educational Qualification	Mean	Std. Deviation	F Value	P value	Result
Source of Knowledge	Schooling	13.	4.346	1.478	0.222	Insignificant
	Under	15.	4.247			
	Post	15.	4.225			
	Professional	16.	4.912			
Type of Insurer	Schooling	6.0	1.859	4.389	0.005	Significant
	Under	7.0	1.825			
	Post	7.6	1.811			
	Professional	7.7	1.606			
Easy Accessibility	Schooling	10.	3.056	2.596	0.054	Insignificant
	Under	10.	3.332			
	Post	11.	2.659			
	Professional	12.	3.072			
Coverage of Diseases	Schooling	10.	2.235	1.222	0.303	Insignificant
	Under	11.	2.964			
	Post	11.	2.611			
	Professional	11.	2.679			
Premium	Schooling	7.2	2.128			Significant

Terms	Under	7.0	2.089	3.090	0.028	
	Post	7.4	1.715			
	Professional	8.0	1.689			
Other Benefits	Schooling	14.	4.052	2.470	0.063	Insignificant
	Under	14.	3.449			
	Post	15.	2.901			
	Professional	15.	3.551			
Environment and Hygiene factors	Schooling	10.	3.668	1.650	0.179	Insignificant
	Under	10.	3.133			
	Post	11.	2.661			
	Professional	11.	3.466			
Personal Factors	Schooling	26.	6.654	1.389	0.247	Insignificant
	Under	27.	7.718			
	Post	29.	5.630			
	Professional	29.	6.570			
Overall Influencing Factors	Schooling	99.	17.118	3.316	0.021	Significant
	Under	103	21.441			
	Post	109	15.494			
	Professional	112	19.865			
Awareness level	Schooling	1.5	0.650	0.059	0.981	Insignificant
	Under	1.5	0.654			
	Post	1.5	0.556			
	Professional	1.5	0.630			

Source: Primary Data

Inference:

✚ The p values of Source of Knowledge, Easy Accessibility, Coverage of Diseases, Other benefits,, Environmental and hygiene factors and Personal Factors are 0.222, 0.054, 0.303, 0.063, 0.179 and 0.247 which are more than 0.05. Hence the null hypothesis is accepted at 5 percent level of significance. Hence concluded that there is no significant difference among Educational Qualification with respect to the above factors.

✚ The p value of Type of Insurer is 0.005 which is less than 0.01. Hence null hypothesis is rejected at 1 % level of significance and alternative hypothesis is accepted. Hence it is concluded that there is highly significant difference among different educational qualification with regard to Type of Insurer.

✚ The p value of Premium Terms is 0.028 which is less than 0.05. Hence null hypothesis is rejected at 5% level of significance and alternative hypothesis is accepted. Hence it is concluded that there is significant difference among different educational qualification with regard to Premium Terms.

✚ The p value of Overall Influencing factors is 0.021 which is less than 0.05. Hence null hypothesis is rejected at 5% level of significance and alternative hypothesis is accepted. Hence it is concluded that there is significant difference among different educational qualification with regard to overall influencing factors.

✚ The p value of awareness level is 0.981 which is more than 0.05. Hence null hypothesis is accepted at 5% level of significance. Hence it is concluded that there is no significant difference among different educational qualification with regard to the awareness level of health insurance policies.

FINDINGS AND CONCLUSIONS:

1. From the Descriptive analysis, we can conclude that majority of the respondents are males. Joint family respondents constitute majority. Respondents aged between 40 to 65 years form the maximum of all. Undergraduates constitute the majority of the respondents. Government or Public Insurance policies are taken by most of the respondents. It is given more preference than the private insurers. Maximum respondents are highly aware of the health insurance policies.

2. From the One-way Anova, we could find and conclude that there is no significant difference among the respondents based on educational qualification with respect to the factors Source of Knowledge, Easy Accessibility, Coverage of Diseases, Other benefits, Environmental and hygiene factors and Personal Factors. It is almost same for all the category of the qualified people. With regard to the factors, Type of Insurer, Premium terms and overall influencing factors, there is either highly significant or significant differences between the respondents based on the educational qualification. There is no significant difference among different educational qualification with regard to the awareness level of health insurance policies.

Though the awareness level is higher, it has to be still improved in order to make more people under the coverage of health insurance. The government should take some more steps and provide many new schemes to increase the health insurance coverage.

REFERENCES:

- Bhageerathy.Reshmi, M.Sc., N.Sreekumaran Nair, Ph.D, Sabu.K.M, Ph.D, Dr B.Unnikrishnan, M.D (2012)- *“Attitude And Their Correlates Towards Health Insurance In An Urban South Indian Population”*, Management In Health, Xvi/1/2012; Pp. 32-35
- LINA GEORGE, (2014), – *“A study on the Customer’s Perception towards Insurance with Reference to Bangalore City”* , International Journal of Applied Services Marketing Perspectives, Vol 3, June 2014, Pg nos. 918 - 923
- L. SIVARAMAKRISHNAN AND TI. M. SWAAMINATHAN (2015) – *“Awareness and public receptivity for health insurance products a study with reference to Kanchipuram town, India”*, International Journal of Current Research and Academic Review ISSN: 2347-3215, Volume 3 Number 5 (May-2015) pp. 112-121, www.ijcrar.com
- Kapil Mehta, “Perceptions of insurance are improving”, <https://www.livemint.com/Opinion/ko2Ku5801Ydkl3dO7NjKFK/Perceptions-of-insurance-are-improving.html> , May 17, 2017
- *“Healthcare Industry in India”* - www.ibef.org/industry/healthcare - Dec 2019
- en.wikipedia.org
- KOTHARI C R, *“Research Methodology”*, New Age International Publishers, 2011