

A study on Awareness of Micro Health Insurance- a special reference to Teachers in First Grade colleges of Mandya District

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Abstract

Background: Micro insurance for health is one method to address expected health needs. Teachers in first grade colleges of mandya district were target respondents for this study. The study was conducted to assess the awareness on micro health insurance among the target respondents.

Methods: a sample of 40 out of available teachers in first grade colleges has been used to collect the primary data. Structured questionnaire has been used with simple random sampling technique. Simple percentages, mean, standard deviation and one sample t test have been used with the help of SPSS version 20 to analyse and interpret the data.

Results: Majority of the respondents (62.5%) are male teachers and 37.5% of them are female. Majority (70%) of the respondents are falling in the age group of 20-30. 20% of them are falling in the age group of 30-40. 7.5% of them are falling in the age group of 50-60 and 2.5% of them are falling in the age group of 40-50. Calculated p-value for all the variables found less than 0.05 at 5% level of significance, it can be inferred that the alternative hypothesis stating “There is an awareness of micro health insurance” is accepted and the null hypothesis is rejected.

Conclusions: The study is concluded that the respondents are aware of micro health insurance, majority of them know it through internet and social circles, estimated monthly expenses of them fall in the range of Rs.1,000 to Rs.2,000, they felt micro health insurance is beneficial, Majority of them have trust on micro health insurance provider, majority of the respondents’ family members are 4 and main stream of them have agreed that micro health insurance is a way to protect them in hard times.

Keywords: Micro Health Insurance (MHI), Teachers, First Grade College (FGC),

I. Introduction:

Micro health insurance is also called mutual health insurance; community based health financing, community health insurance etc. It is a form of micro insurance in which resources are pooled to mitigate health risks and cover health care services in full or in part. Health micro insurance schemes are more complex in nature compared to life insurance schemes, as they provide services towards specific risks or illness and involve the role a health care provider, whether independent of or in partnership with the scheme. The scheme can be provided by government, a private insurance company or a Non-government Organization (NGO).

Health micro insurance is important for the poor because health risks are often identified by the poor as the greatest and costliest risks amongst all other natural, social, economic etc risks faced by them. And Health problems not only impact expenditure of the household, but also reduce the productivity and lessen the productivity for growth. According to Devadasan and others, in the community health insurance increasing access to hospital care, the poor become further impoverished in the process of seeking health services. Nearly 40% of hospitalized patients sell assets or borrow money to afford treatment and an average of 24% fall further down the poverty trap in this process. There is a close relationship between the health conditions of the people and the economic growth of the country in which they live. Some of these factors prove that health micro insurance is critical to reduce poverty and improve household conditions in poor and developing countries.

II. Review of Literature:

Bhat and Jain (2006) studied the factors determining the demand for private health insurance in a micro insurance scheme setting. The deliberate has used two stage model, first the factors which affect the insurance purchase decisions and at second level, studying factors which affect the amount of insurance purchase. The results indicate that income and healthcare expenditure are significant determinants of health insurance purchase. Savitha and KB (2012) conducted a study to ascertain the knowledge and awareness on the scheme features of Sampoorana Suraksha Programme (SSP), a micro insurance programme initiated by SKDRDP in Karnataka. The results indicate that the degree of knowledge and awareness of the main features were more prevalent amongst members who have been renewing rather than the newly insured SSP members. Hoque (2015) found higher proportions of women in programme area aware on different components of material health services than in comparison area. Dror et al. (2009) studied two schemes in India, two of which are member operated and one a commercial schemes, using household surveys of insured and uninsured households and interviews with managers. Madhur and Saha (2019) reviewed research articles and found health mutual can effectively provide mass health protection to the poor and not so poor through efficient business models.

III. Research Gap:

The above reviewed research studies have not paid attention on awareness of micro health insurance amongst teachers in first grade colleges of mandya district. Hence, the present study has been pursued.

IV. Scope of the Study:

The study was concerned to the variables on awareness of micro health insurance amongst teachers in first grade colleges of mandya district. It is confined to awareness analysis of teachers in first grade colleges. The study is limited to first grade colleges of mandya district.

V. Research Questions:

- 1) What are the demographic profiles of respondents?
- 2) How is the awareness of micro health insurance?

VI. Objectives of the Study:

The study has following specific objectives.

- 1) To know the demographic profile of respondents
- 2) To analyse the awareness of micro health insurance

VII. Research Hypothesis:

H= “There is no awareness of Micro Health Insurance”

VIII. Research Methodology:

IX. Sample Design: the study has population of teachers in first grade colleges of mandya district. Simple random sampling procedure has been used for collecting the primary data. Sampling area has been restricted to Mandya district only. The data have been collected from 40 respondents.

X. Sources of Data: Both primary and secondary data have been used in the study. Primary data have been collected from teachers in first grade colleges of Mandya district. A tool of Google form has been used to record the response. The primary data have been collected through structured interview schedule and totally 100 interview schedules were administered to the teachers in FGC. But 40 respondents were able to respond the interview schedules with the response rate of 40%. Secondary data have been collected through journals, newspapers, magazines, text books to review the literature and understand theoretical background.

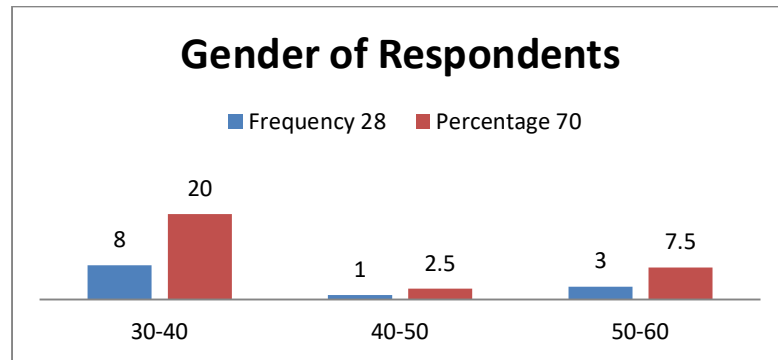
XI. Statistical tools and techniques: the study has used suitable techniques such as simple percentage, mean, standard deviation and one sample t-test with the help of SPSS 20 version to test the hypotheses and interpret the data to draw the conclusion.

XII. Results and Discussion:

a) Demographic Data: the demographic variables such as Gender, Age group are very important. The following tables show demographic profile of respondents.

TableNo.1: showing Gender of Respondents

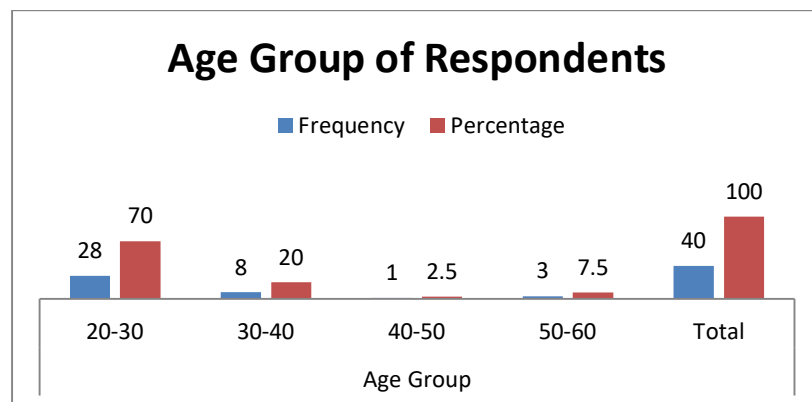
Particulars		Frequency	Percentage
Gender	Male	25	62.5
	Female	15	37.5
	Total	40	100.0



The above table and chart shows the gender of respondents. Majority of them (62.5%) are male teachers and 37.5% of them are female. It shows male respondents have shown keen interest answering the interview schedule.

Table No.2: showing Age Group of Respondents

Particulars	Frequency	Percentage
20-30	28	70.0
30-40	8	20.0
40-50	1	2.5
50-60	3	7.5
Total	40	100.0



The above table and chart shows the age group of respondents. Majority (70%) of the respondents are falling in the age group of 20-30. 20% of them are falling in the age group of 30-40. 7.5% of them are falling in the age group of 50-60 and 2.5% of them are falling in the age group of 40-50. It is found that young teachers have shown more interest in responding the interview schedule.

b) Testing of Hypotheses: For the purpose of testing, the following null and alternative hypotheses are formulated.

H0: “There is no awareness of micro health insurance”

H1: “There is an awareness of micro health insurance”

Table No.3: Result of One Sample t-test with respect to awareness of micro health insurance

Variables	N	One Sample Statistics		t-statistic	P-Value
		Mean	SD		
a) Awareness of Micro Health Insurance	40	1.2750	.45220	17.832	.000
b) How do you know about Micro Health Insurance	40	2.9500	1.03651	18.000	.000
c) Estimated monthly medical expenses	40	1.6000	.90014	11.242	.000
d) Micro health insurance is beneficial	40	1.2000	.40510	18.735	.000
e) Trust on micro insurance provider	40	1.2100	.40520	18.755	.000
f) Number of family members	40	3.8500	4.65502	5.231	.000
g) Insurance is a way to protect in hard times	40	1.1000	.30382	22.898	.000

Table 3 shows the variables which influence awareness of micro health insurance amongst teachers in first Grade College of mandya district. From the study, it is observed that mean value of awareness of micro health insurance amongst respondents is 1.2750 and it indicates that majority of the respondents have said yes that they are aware of micro health insurance. It is also observed the mean value 2.95 when they were asked how you know about micro health insurance and it shows that they came to know through internet and social circle more. It is 1.6 mean value when estimated monthly expenses are asked and understood that monthly expenses of majority respondents have fallen in between Rs.1, 000 to Rs.2, 000. It is also found that majority of the respondents have felt that micro health insurance is beneficial as the mean value lies in 1.2. It is also found that majority of the respondents have opined that they trust on micro insurance provider as its mean value came to 1.21. Majority of the respondents' family members are 4 as it is evidenced by its mean value 3.85. Finally, the mainstream respondents have agreed that insurance is way to protect in hard times as it also evidenced by its mean value 1.10. Calculated standard deviation is inferred that there is less deviation in the opinion of the teachers (less than 1) except in the opinion of how do you know about micro health insurance (1.03651) and Number of family members (4.65502). From the study, it is cleared that since calculated p-value for all the above variables found less than 0.05 at 5% level of significance, it can be inferred that the alternative hypothesis stating "There is an awareness of micro health insurance" is accepted and the null hypothesis is rejected.

XIII. Findings of the Study:

Health is a wealth. Health consciousness is highly deserved. Insuring health is a proactive measure for unexpected medical need. Micro health insurance is inevitable for all type of people. The present study is made on checking whether teachers in first Grade College have awareness on micro health insurance or not. The study is concluded that the respondents are aware of micro health insurance, majority of them know it through internet and social circles, estimated monthly expenses of them fall in the range of Rs.1,000 to Rs.2,000, they felt micro health insurance is beneficial, Majority of them have trust on micro health insurance provider, majority of the respondents' family members are 4 and main stream of them have agreed that micro health insurance is a way to protect them in hard times.

XIV. Conclusion:

Many micro insurance service providers are providing insurance services to protect the health of community. The present study is made to check the awareness of teachers in first grade colleges of mandya district. It is concluded that the teachers are aware of micro health insurance and felt such services are beneficial in their hard times to meet their medical expenses.

XV. References:

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