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A Study on Health Insurance Acceptability Among Salaried Individuals with Special Reference to Mannar Panchayat, Alappuzha District, Kerala

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Abstract

The study attempts to understand the health insurance acceptability among salaried individuals with special reference to Mannar Panchayat, which belongs to the Alappuzha District of the state of Kerala. Access to health insurance improves the productivity of the workforce, as it enhances health conditions. The economic constraints to accessing healthcare can be reduced through health insurance. But awareness and acceptability of health insurance remain poor in most parts of Kerala. The study attempts to analyse the acceptability of health insurance among salaried individuals in a rural place called Mannar in Kerala. The study is made based on primary data collected from 75 randomly selected salaried individuals from Mannar Panchayat. The study defined salaried individuals as a person who get a fixed compensation for their services rendered to the employer on a regular basis. The objectives of the study were to identify the job profile of the salaried individuals in the study area, to examine health insurance awareness among the salaried individuals, and to analyze the various factors that affect buying of health insurance products by salaried individuals. The study identifies the trustworthiness of the company, better schemes offered by them and easy claim settlement as the major factors which attract an individual in selecting a health insurance company.

Keywords: Health Insurance, Acceptability, Salaried Individual, Mannar Panchayat, Kerala

Introduction

The health of the citizens is fundamental to national progress in any sphere. It is obvious that if the people of the country are healthy, they can contribute significantly to the economic development of the country. Philosophers claim that human life is full of uncertainties. In general, human beings must prepare themselves to meet such uncertain circumstances. It may not always be probable for us to prevent such a thing from happening. But it is possible to take various measures to ease the financial consequences to act accordingly. Every Government and Public Administrative department across the world focus on enhancing the health of its citizens, as good health is one of the primary requirements for human productivity in a country, which can lead to the overall expansion of society and the economic growth of the nation.

The insurance sector plays a fundamental and pivotal role in the economy's growth. A world without insurance would be very difficult to progress and develop.

Effective functioning of health insurance sectors in a country supports the nation and its citizens, by providing the people to cover unexpected financial expenses and the nation in the provision huge investments to meet its infrastructural and other development needs. Purchasing a health insurance policy is one of the types of financial investment for the future of an individual.

The investment in health insurance is a sort of “Life Risk Management” which assures security to a person against uncertainty and risks regarding the timing of illness and the amount of possible expenses required for his illness. Moreover, health has been declared as a fundamental human right.

The rising health care cost has forced many individuals to budget their monthly income, expenditures, and spending and simultaneously allocate a proportion of their income for meeting the rise in personal healthcare expenses. As a result, individuals started availing health insurance coverage not only for themselves but also for their family members including their dependents. For a majority of the salaried households, health insurance provides a cushion against medical emergencies. Health insurance cover enables a person to enjoy a healthy and stress-free life in the long run.

With rising medical expenses, a health insurance policy would help a person to sail through a bad patch. *“The World Health Organization defines health as complete physical, mental and social well-being and not merely the absence of disease and injury. As per WHO, a country’s Health Systems comprise of all the organizations, institutions and resources that are devoted to produce health actions.”*

Significance of the Study

‘Healthy people means a healthy nation’ because a healthy workforce is a key to the well-being and survival of the nation. The healthcare contribution made by the public sector is a mere 1% of the GDP - it has not increased proportionally to tend to the country’s growing population. Without health insurance, being able to afford good medical treatment at private facilities remains a distant dream for low and middle-income groups. The low permeation of health insurance products across India is one of the major reasons why millions of people

every year are pushed towards poverty and poor health. To develop human assets of the country with an improved quality of life, health insurance awareness and acceptance is the need of the hour.

Statement of the Problem

A large section of the working population belongs to the poor and middle-class categories. To maintain health and efficiency, these working people need to have timely and sufficient health treatment. But now healthcare costs are skyrocketing and beyond the capacity of an average individual. This makes it difficult for a person to access essential and quality healthcare treatment and services. Therefore, health insurance coverage is the best for an individual, family members and dependents for health-related expenses and quality treatment. This study is conducted to examine the acceptability of health insurance among salaried individuals in the Mannar Panchayat in the Alappuzha District of Kerala.

Objectives of the Study

- To study the job profile of the salaried individuals in the study area.
- To examine the health insurance awareness among the salaried individuals.
- To analyze the various factors that affects the buying of health insurance products by salaried individuals.

Methodology

Both primary and secondary data are used to analyze this study. Primary data are collected from a sample of 75 salaried individuals in the Mannar Panchayat through online questionnaire method and telephonic interview. Stratified sampling method is used for primary data collection. The study was conducted during the period April 2022 to September 2022. The secondary data are collected from published articles, related books, IRDA (Insurance Regulatory and Development Authority) circulars and other related published or secondary information.

Review of Literature

Gumber & Kulkarni (2000) explored that in rural and urban areas, the private sector played a dominant role in providing services for ambulatory

(i.e., acute and chronic morbidity). According to the above research study conducted in Ahmedabad, Gujarat, it was observed that over 92% of the uninsured households in both rural and urban areas have no awareness of the existing health insurance schemes although, they reside near to the households who covered by the health Insurance schemes like SEWA (Self Employed Women's Association) and ESIS. The study demonstrated the need for effective information, education and communication activities to improve understanding of health insurance among the people.

Prithviraj Dasgupta and Kasturi Sengupta (2002) studied the evolving scenario in the insurance industry in India and identify the features of online insurance that improves the conventional insurance model and thus, make it more attractive for the Indian Insurance Industry to go online with the advent of the internet, online processes are replacing conventional models in our society.

Devadasan, N, et al., (2004) concluded that the poor in India need to be protected from high out-of-pocket expenditures on health. A well-managed pre-payment system with risk pooling is effective in removing financial barriers at the time of illness. This can increase access to care, an important step towards improving the health status of households. Community health insurance is an innovative method to extend social protection to excluded groups.

Kent Ranson et al., (2004) suggest that community health insurance could be an interim strategy to finance the health care of the people; till a more formal social health insurance is in place. Also, suggest that this is a feasible alternative given that community-based organizations and movements exist in India.

Randall. R, et al., (2007) found that private insurance coverage that differs from traditional patterns—for instance, limited-benefit coverage or plans with very high deductibles—might also achieve lesser health improvements.

Sukumar Vellakkal, (2009) found that the 'insurance habit' of the people results in a kind of intrinsic insurance education in the form of familiarity with various forms of insurance which in turn has a positive externality on the probability to going in for health insurance.

Dilpreet Singh (2010) pointed out the main reasons for the restraint in the growth of health insurance during the last decade. It includes inadequate healthcare infrastructure, limited reach, significant underwriting losses for health insurance business in India, lack of standardization and accreditations norms in the healthcare insurance industry in India, insufficient data on Indian consumers and disease patterns resulting in difficulty in product development and pricing. There has been some resistance from health insurance companies, which is adding to the suspicion of customers before making any decision to enroll in a health insurance policy.

Jangati Yellaiah, (2012) discusses, the need to shift from the current predominance of out-of-pocket payments to a health insurance program. The study was carried out to identify the determinants – of awareness of Health Insurance in Andhra Pradesh. From the variables, effective information, education and communication activities are the major factors to improve the understanding of people about insurance.

Nilay Panchal, (2013) states that health insurance is increasing day by day, which most people pay out of their pockets. In the current scenario of consistency increasing medical expenses, some people also sell their personal assets. The researcher would like to know which factors affect health insurance and the reasons for not having one in rural areas. From the analysis, the study said that level of income of respondents plays a vital role in purchasing health insurance. The study found that because of low awareness people do not have health policies and sometimes because of a lack of financial tools people do not purchase health insurance because of high premiums by the view of them.

Manish Pandey, et al., (2015) recommend free or cheap public healthcare for lower-income groups and better customer-focused insurance products for middle and higher-income groups. With improving infrastructure, macroeconomic conditions, raising awareness about the benefits of health insurance products, better accessibility, easier product description with no fine prints, trust in insurance as an investment through TPA, convenience of enrollment & claim process, the health insurance penetration should improve.

Tarun Chauhan, (2017) analysed the awareness level of urban unorganized sector employees about health insurance schemes. It has been found that three main reasons i.e. low income, not hearing about it and financial constraints or problems are more influencing for taking health insurance schemes among the public. The study suggested that the government through its health department should make a policy and thereby should ensure that every unorganized worker should be a member of the health insurance sector.

Narware P.C. (2017) found that people are getting aware of health insurance but this awareness is not reflected in the purchase of policies, it is quite limited. A large portion of people spends money for their healthcare from out-of-pocket (OOP). The majority of the respondents showed their willingness to purchase policies subject to comprehensive coverage provided by the insurers at affordable costs. So, the results indicated that low levels of awareness and willingness to join are the main barriers to subscribing to health insurance.

Sreerenjini. S.C. (2018) conducted a survey of 390 households residing in coastal, hilly & midland areas containing urban and rural nature people to know their awareness level as to health insurance. She found that over 95% of respondents have fairly good knowledge as to health insurance and its different facets i.e. types, benefits, terms & conditions, need for it etc. The study concluded that the entry of private & foreign insurance companies cannot yet match up with the public sector companies. In the region-wise analysis of coastal, midland & hilly areas, the study found that the hilly & midland level people have better knowledge about all aspects of health policies than coastal households and urban people. So, awareness of various features of health policies should be directed towards coastal & urban people.

Mondal (2018) stated that health insurance provides coverage to the consumer against illness and accidents causing injuries to individuals. According to Micro Finance Institutions (MFIs), the expenses related to health problems have been proven a significant cause of defaults and hurdles to people to improve their economic conditions. The MFIs have realized it and therefore, they either started their own

health insurance programs or linked their clients to existing programs.

Sheeba (2019) studied 100 Health Insurance policyholders of public & private sector insurance companies of the Greater Mumbai Region, Maharashtra, India, regarding claim settlement/reimbursement from their insurance companies. She found that the majority of the respondents had their claim processing done through Third Party (TPA). Regarding the various claim settlement features, the overall level of satisfaction of the claimants of the public sector general insurance companies is relatively higher than the claimants of private sector general insurance companies. She further stated that statistically, there is no significant difference about their satisfaction from various claim settlement features of the health insurance presented by the company in the public or private sector general insurance companies.

Health Insurance: An Overview

Health Insurance can be defined in simple words as when an individual or a group purchase in advance, health coverage against the payment of a fee (i.e. premium). Pre-payment and risk pooling are the major essentials in health insurance. Health Insurance is a type of insurance plan that covers the cost of an insured individual's medical and surgical costs. Based on the type of health insurance protection, either the insured pays out-of-pocket expenses and is then repaid, or the insurance company makes payments directly to the service provider. In the health insurance terminology, the "Service Provider" is a clinic, hospital, physician, laboratory, or drug store. The "Insured, is the user of the health insurance scheme, the individual with the health insurance coverage.

Health Insurance is an insurance that covers the whole or part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons. It includes insurance for losses from accidents, medical expenses, disability or accidental death and dismemberment.

Definition of Terms Used

Health Insurance

It is a type of insurance coverage that pays for medical and surgical expenses incurred by the

insured. Health Insurance is more comprehensive term than medical insurance as it covers not only hospitalization expenses but also pre- and post-hospitalization expenses like ambulance charges, compensation for financial loss arising out of poor health conditions or due to permanent disability, which results in loss of income and more. Health Insurance is a tool which assures security to a person against uncertainty and risks regarding the timing of illness and the amount of possible expenses required for health.

Salaried Individual

A salaried individual means a person who gets a fixed compensation for his services rendered to the employer on a regular basis. Salaried Individuals earning salaries in the range of Rs. 10,000 to Rs. 1,00,000 from Private, semi-government and government sectors have been considered for the purpose of the study.

Mediclaim

It is a type of insurance cover which pertains specifically to hospitalization i.e. it covers only hospital-related expenses. Medical insurance is a narrower term than health insurance.

Premium

The amount the policyholder pays to the health plan each month or a year to purchase health coverage.

Assured/Customer/Insured/Consumer

The person who purchases the policy and to whom compensation is payable in case of loss occurring due to medical treatment.

Evolution of Health Insurance

The health insurance concept was first suggested in the year 1694 by Hugh the Elder Chamberlin from the Peter Chamberlain family. As a result, "Accident Assurance" began to be available in the 19th Century. However, in the middle to late 20th-century traditional disability insurance evolved into new health insurance programs. After that, with several amendments and innovations, health insurance came into existence. For the last 50 years, India has also achieved a lot in terms of health insurance.

Health Insurance in India

In India, the health insurance sector is only a few decades old. However, it has a deep-rooted history and the traces found in writings of Manu (Manusmriti), Yagnavalkya (Dharmashastra), and Kautilya (Arthashastra). It mentioned how the pooling of resources helpful during calamities like floods, fire, and epidemics.

After independence, primary health care was given importance and has seen considerable improvement. The history of health insurance in India began with an Employee's State Insurance Scheme (ESIS) in 1948. An umbrella of social security for blue-collar workers of the organized sector was introduced through the scheme. Health care services were provided through a network of dispensaries and hospitals that were impanelled with ESIS. ESIS coverage includes OPD and IPD expenses and cash benefits to compensate for the loss of pay and other medical contingencies. The scheme still prevails and is financed mainly through the contribution of employers and employees. A program for Central Government Health Schemes (CGHS), was also introduced in 1954. It was a contributory health scheme, especially to the central government employees and their families, to provide comprehensive healthcare services. The government of India and central government employees also contribute a nominal amount per month based on their pay scale, which is still going well.

Milestone

In 1986, General Insurance Corporation (GIC) to standardize the terms and conditions of health insurance launched India's first Mediclaim policy. It was a voluntary health insurance scheme covering hospitalization expenses with exclusions like pre-existing diseases, pregnancy, childbirth, HIV-AIDS, etc. Based on the indemnity clause, the expenditures were reimbursement directly through third-party administrators' mechanism. However, in 1991, after the new economic policy and liberalization process introduced by the Government of India, privatization of the insurance sector taken place. The Insurance Regulatory and Development Authority (IRDA) bill passed in the Indian parliament. In the health insurance evolution, it sets as a milestone.

Insurance Regulatory and Development Authority of India (IRDAI)

It is a statutory, autonomous and apex body set up by the Parliament of India under the Insurance Regulatory and Development Authority Act, 1999 and since 2000, it has been playing a pivotal role in promoting and ensuring orderly growth of the insurance industry in India. It governs and supervises the insurance industry in India and has been instilling confidence in the insurance sector with a fundamental commitment to discharge its mandate for orderly growth of the insurance sector. It has created confidence among the policyholders in the financial viability of the insurance companies by protecting their rights and interest. The main objectives are as follows to promote the interest and rights of policyholders, to promote and ensure orderly growth of the insurance industry, to ensure speedy settlement of genuine claims and prevent fraud and malpractices, to bring transparency and orderly conduct in financial markets dealing with insurance.

Health Agencies in India

As per, the Constitution of India (State List-II, Entry 6), healthcare of the community is the primary responsibility of the state. However, the following agencies are taking care of health of the people:

- The Central Government (The Ministry of Health through various schemes like Central Government Health Schemes (CGHS), Rashtriya swasthya Bima Yojana (RSBY).
- The State Governments (The State Health Ministry through the Department Of Health and Family Welfare, municipalities, zilla parishads, gramapanchayats, primary Health centers etc.).
- Voluntary Health Agencies/ Non-Governmental Organisations e.g.(NGOs) Rotary Clubs, Lion's Clubs, Indian Red Cross Society (IRCS), CHILD RELIEF & YOU (CRY) etc.
- Private sector and Public- Private-Partnership (PPP) Model for healthcare.

In India, mostly the health insurance business is conducted by the public sector insurance companies along with Government sponsored health insurance Now health Insurance business has shown a huge transition due to the efforts of the General Insurance Corporation of India (GIC) and other public sector

and private sector companies, IRDA and the awareness programmes by the above, introduction of private health care financing, increased income, reduction in bureaucracy, availability of different insurance products to the different classes of society, health consciousness among the people etc.

Employment State Insurance Scheme

This is a multidimensional National Health insurance scheme due to the fact that it provides socio-economic protection as well as social security to all workers in India. In addition, it provides the same privileges to those who depend on workers protected under this scheme. This insurance scheme commences upon the first day of insurable employment for each and every worker. The workers are provided with full medical care insurance for themselves and their families as well. On the other hand, a wide range of cash benefits is also entitled to those covered under this scheme (which is basically workers). They include cash in times of physical distress such as sickness or even when one might become disabled may it be temporary or permanent. In addition, for any woman who would lose the capacity to earn or dependents of persons injured during occupational accidents, are entitled to a monthly pension commonly referred to as dependents benefits.

This scheme is applicable only to all permanent factories employing more than ten employees and not applicable to each and every person or company. Recently, the scheme has been extended to various businesses such as shops, restaurants, road and motor transport and newspaper entities that employ more than 20 people.

About the Study Area

The study is based on the Mannar Panchayat situated in the Alappuzha district of Kerala. The demographic profile of the Panchayat according to the 2011 Census, is provided in table 1 given below.

Total Population	17067
Male Population	7869
Female Population	9198
Number of households	4564
Population of children of the age 0-6	1381

Male child population under the age of 6	678
Female child population under the age of 6	703
Literacy rate	96.39 %
Female literacy rate	95.21 %
Sex ratio	1169 females per 1000 males
Child sex ratio	1037 female child per 1000 male child

Source: 2011 Census

Total working population of Mannar Panchayat is 5456 which are either main or marginal workers. Out of the total workers 3890 are male and 1566 are female. Out of the total 4148 main workers, male main workers are 3199 and female main workers are 949. There are about 1308 total marginal workers in Mannar panchayat (Source: Mannar Grama Panchayat, Development Report 2021-22 and Census 2011).

Findings of the Study

This study dealt with Health Insurance acceptability among salaried individuals with special reference to Mannar Panchayat. The primary data has been collected from 75 salaried individuals. A detailed analysis of the primary data has been conducted to arrive at the relevant findings for each of the three objectives mentioned. The findings of the study are

- Based on the sample survey of 75 respondents, 98.7% of respondents are working in the private sector. Also, a majority of 72% of respondents earn a monthly income in the range of Rs.10000 – Rs.30000.
- According to the survey, only 20% of the respondents do work that causes health problems and only 6.7% of respondents work in an unclean or unhygienic environment.
- A majority of 49 respondents receive healthcare benefits from their job. Out of these, 65.3% were provided with health insurance.
- According to the survey, 86.67% of respondents are aware of health insurance. From those of who are aware, only 65.3% are policy subscribers.
- A total of 93.3% of respondents opined that awareness level increases with the increasing

level of literacy. Using chi-square test it is statistically proven that awareness level increases with increasing level of literacy.

- A total of 88% of respondents opined that demand for health insurance increases with an increase in awareness. But it is proven that demand for health insurance and awareness is independent using chi –square test.
- A majority of 43.75% of respondents cited lack of funds as a reason for not subscribing to health insurance despite being aware of it.
- Based on the sample survey, 57.15% of respondents are private sector policy holders. Also, 81.6% of respondents are satisfied with the premium rates. The major factors that influenced the respondents in selecting the insurance company are trust and security provided by them.
- In the period of study (April 2022 - September 2022), 55.1% of respondents are first-time policy takers. Only 44.9% of respondents renewed the policy one or more times. Out of these 67.35% of respondents are satisfied with renewal services.
- According to the survey, 38.7% of respondents made any claim under the policy. The majority of insurers took less than one week to settle the claim.
- Based on the sample survey, the important reasons for taking health insurance is to protect from rising healthcare costs for 66.3% of respondents and to provide better healthcare for families for 57.3% of respondents. Also, the important reasons for not taking health insurance are that high premiums are charged (44% of respondents) and no returns for investment (42.7% of respondents).
- According to the survey, the major factors which attract an individual in selecting a health insurance company are the trustworthiness of the company, better schemes offered by them and easy claim settlement.

Suggestions

Based on the study conducted, the researcher put forth certain suggestions to improve health insurance acceptability among salaried individuals.

- To improve the health insurance participation of salaried individuals, provide better schemes with moderate premiums.

- By increasing the range of diseases covered under a health insurance policy, the participation of salaried individuals in health insurance can be improved.
- For more convenience for the customer, reduce the time for claim settlement.
- Through customer-friendly interactions, insurance companies can increase their trustworthiness.
- Governments can conduct more awareness programs about the need and usefulness of health insurance policies in the scenario of social security.

Conclusion

The health insurance sector has undergone tremendous changes consequent to the liberalization of the economy and the entry of private firms. Both government and private sector firms are active players in the insurance market with several innovative schemes and practices. People generally hesitate to subscribe to health insurance policy notwithstanding the fact that illness will seriously affect their financial security and that insurance will protect them in this regard. Health insurance assumes significance in the present situation where lifestyle diseases are on the rise and medical care has become too expensive.

In the present study, 86.67% of respondents are aware of health insurance and out of these 65.3% are health insurance holders. The remaining 21.3% are not subscribed to any health insurance. It is mainly because of a lack of funds, higher premiums charged and no returns from the investment. People are looking for better quality products at affordable premium rates. Also, the trustworthiness of the company, security provided by them to the customer, better schemes offered, easy claim settlement procedure, more coverage of diseases and customer-friendly interaction of agents have much influence in choosing an insurance company by the customer.

The nation while witnessing economic expansion and development, ensuring a healthy life for all, assumes significance. As a matter of social security, the government should ensure the coverage of all citizens under health insurance.

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