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"Factors Affecting Demand for Health Insurance in Indore District"

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ABSTRACT

Health is a human right. The linkage between good health and economic development has been shown by various studies across the globe. The spiral nature of the ever escalating medical costs in the country exerts pressure on the financial budget of individuals. A single episode of hospitalization disturbs the very budget of an individual irrespective of his financial standing. Health Insurance has come up as one such mechanism to aid and ease out the financial stress that one undergoes during a medical emergency. The product mainly caters to the expenses incurring out of medical emergency calling for tertiary care. This paper investigates the penetration of health insurance in India taking Indore as a case. For this, a survey has been conducted for 400 patients admitted in the hospitals of the district. The penetration of health Insurance is found to be occupationally driven besides being decisively affected by the income levels of the respondents. Education attainment plays a significant role by making people aware about this product and avail one. Females showed a greater access to this product as compared to their male counterparts. The city is emerging as a preferred destination for procuring tertiary care by the people around the region, the willingness to avail an insurance plan is as low as 27% further characterized by its urban confinement. Rural penetration was found to be as low as 2.17%. Around 45% of the respondents were unwilling to buy a health plan despite being aware about it .The findings seek immediate need to create awareness about the benefits of health insurance amongst the masses same being vital for country's economic development and the better life quality for the people.

INTRODUCTION

The term "development" envisages within itself many dimensions thereby giving it a wide scope of study. When the same looked at a macro vision, becomes multifarious. The concept as a whole has traversed a long way to reach at its current conception of quality of lives. While till the early twentieth century a General Employment level in the economy was a parameter of economic development, the Great Depression of the 1930's nullified this conception. With the passage of time a country's developmental status came to be measured by the share of an individual in the country's total earnings (Per Capita Income). This measuring rod also lacked the potential to measure the concept in its totality. A country's development is integral of its quantitative as well as qualitative aspects of its citizens lives. As the **World Development Report (2000)** puts it- "The principal and equally important goal of development policy is to create sustainable improvements in the quality of life of all people." Raising per capita income and consumption is a part of that goal the other aspect –poverty reduction, expansion of access to health services and increasing educational levels. The same thought is reflected by Nobel laureate Prof. Amartya Sen when he says that good health is an integral part of good development.

Good health and Economic prosperity tend to support each other. Health is a human right and its inclusion in development aspect proves its vitality. Its inclusion in the **Millennium Development Goals (MDGs)** projects it as the central theme of 3 out of 8goals which in turn are directly related to improvement in health

status. The country's economic system based on the paradigm of mixed economy, the delivery of health is in the purview of the State list with the Centre merely playing a role of financer and policy maker. Major concern for the policy makers is not just confined in reaching outto maximum people but also to ensure an acceptable level of health for its citizens. The countrywhere more than 89.2% of the health expenditure is borne by the users as against the world average of 45.53% **(World Bank Report, 2014)**, the provisioning for the same becomes the need of the hour. Primary incapability of the State to deliver its citizens affordable medical services,medical scenario based on a "fee for service "model,and the spiral growth of the escalating medical costs in the country has nessiciated the citizens to provision for their current and future health issues. The concept of Health insurance is most suited in this scenario.

Health insurance is an indemnity contract between the insured who can be an individual or a group and insurer where the latter promises to pay for the medical costs of the insured who become sick due to specified and covered illnesses or due to accidents.The mode of payment may be direct payment or reimbursement as the case may be. The latter is provided when the insured gets a treatment in any of the non-network hospitals.The providers of this insurance may be public or private.The insured pays a sum called "premium" by means of which he ensures for himself all the expenses arising from his medication calling for tertiary care.This payable about is dependent on the policy that the insured opts. Several studies have been undertaken in the country which has raised several varied issues regarding health insurance in India. However those using primarily collected data are quite few. There is no empirical study in Madhya Pradesh pertaining to probable end users of health insurance i.e. the patients admitted in the hospitals. The present study is an attempt to fill this gap.

Present Scenario:

The health insurance product line of the parent industry is at a nascent stage in the country though observing a fast growth. Over the years it has become the second line of business for most of the private insurers who have been permitted to enter the Indian market post liberalization. The sector as a whole has experienced significant development in the recent past. Establishment of the Insurance Regulatory and Development Authority (IRDA)that not only regulates the parent sector's functioning, but also protects the interests of the policy holders, has come as a boon for the end users. The fact that certain loop holes stillremain inregulating the health sector, IRDA has allowed the involvement of the Third Party Administrators (TPAs) who act as an intermediary between the insurance companies, the service providers (hospitals) and the customers (beneficiaries). Table: 1 indicates the growth of the health insurance segment of the parent sector where in the net premium collection shows a consistent increment in volume over the years. The public sector growth rate was at par with the industry's growth at 28.23%. The private sector grew at 27.64%.

Table: 1
Net Premium Collection in India for Health Insurance

Sector	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Private	587.51	959.83	1599.51	1815.42	2281.03	2666.52	3117.59	4513.78	4615.95
Public	1317.20	2175.68	3094.87	3937.98	5457.25	6805.84	7980.91	7249.62	12014.06
Total	1904.71	3135.52	4694.38	5753.40	7738.28	9472.36	11098.50	11763.40	16630.01

Source: Handbook on India Insurance Statistics.

LITERATURE REVIEW

Literature on health insurance suggests income as one of the most important determinants affecting the health insurance buying decision, same being evident all through the globe.Health Expenditure is another important variable affecting the purchase decision. It is based on the proposition that households incurring higher health expenditure are more prone to hospitalization episodes, and are thus probable buyers of health insurance. **Sekthivel Selvaraj and Anup K Karan(2012)** found that the private sector involvement in the health care provisioning, has made the health care access and affordability beyond the reachof the masses and further pushed them in the vicious Poverty circle.

Rama JoglekarPal (2008) analyzed the catastrophic element of the health expenditure and found that attainment of elementary formal education significantly affected the health expenditure of the family by keeping it on a lower side. Her study entails that medical insurance does play a significant role in reducing the health shocks of a family if its economic head is medically insured and it also reduces the total budget allocation for OOP health expenditure in urban areas. Further that the poorer households are more susceptible to the incidence of a sudden health shock compared to their richer counterparts. **Anjali Radkar and Rajalaxmi Kamath (2007)** analyzed the health care costs in the peri-urban areas of Pune and found that the poorer households spent 5 to 6 percent of their total monthly expenditure on health care. Variables like occupation affect the availing status when analyzed in solitude.The purchase decisionalso seems to be affected by the hierarchical stature. The impact of the occupational profile is also governed by the form of employment. The organized sector employees enjoy relatively easy access and usage of the benefits of health insurance as compared to the unorganized sector employees. **K.Sujatha Rao's (2005)** study on the health insurance in India agrees that a completely State funded health care system cannot be an appropriate mechanism for ensuring equity access to health especially in a case of wherein the majority of the employment is coming from the unorganized sector. Education of the household head significantlyaffects the insurance availing status.Knowledge and awareness about the product of health insurance plays a vital role in availing a health insurance plan in our country. Studies on this aspect are scanty.

Ramesh Bhat and SrikanthRajagopal(2005) analyzed the Mediclaim data to understand relation between the diseases patterns and the quality of care and implications for health insurance in our country. The entire analysis is based on the Diagnostic Related Grouping (DRG) adopted by most of the private insurers in USA and Australia. In other words the findings emphasize on the setting and adoption of a similar DRG guideline in the country.

Sukumar Vellakal (2009) in his paper hypothesized that higher is the familiarity of the people about the concept of insurance (as regards various schemes running) higher are their chances to avail a Health Insurance policy. He analyzed the role of the insurance agents in promoting the health insurance policies in the market. **Jonathan Bauchet et al (2010)** investigated whether micro insurance helped in improving the quality of health care and found that availing an insurance plan does not necessarily imply that the insured patients will move to higher quality providers.

Rajeev Ahuja(2004) focusing on the poor population of the country, revealed that not only the health expenditure in the country has a dominance of the Out of Pocket expenditure but also that the same is regressive in nature. The study also stresses on the implementation of Community Based Health Insurance schemes in the country so as to ensure equitable access for the poor. **A.V Patil et al(2002)** emphasized on the state of rural health of India that still needs to be taken care of and further advocated the need for a shift from the prevailing "Bio-medical" to a "Socio cultural" model.

J Yellaih and G.Ramakrishna(2012) used a logistic model to identify the socio economic determinants of health insurance in Hyderabad city and concluded that Occupation, Income, Health Expenditures and Awareness are the main determinants of health insurance. Further they found that age and education were positively associated with the demand for health insurance but were statistically not significant. A similar conclusion is drawn by **Ramesh Bhat and Nishant Jain (2006)** in their study to analyze factors determining demand for health insurance in a micro insurance scheme named Charotar Arogya Mandal of Anand. The team also investigates such factors that affect the amount of insurance purchase. It concludes that income and health care expenditure play a significant role in determining health insurance purchase. Family size, composition, age and understanding about future healthcare expenditure also play a significant role were some other conclusions that were drawn by the team.

The Literature review entails the fact that there is an urgent need to look for better alternatives for managing health care in the country. Both -state funded and community based systems have their own limitations .It is thus the need of the hour that the private sector with its huge capital strength and innovative ideas takes the initiative and actively participate in managing the health concerns of people. The private sector can have a deeper penetration in the Indian market only if it is able to understand the real aspirations of its target consumer.

RATIONALE OF THE STUDY

India being a welfare state ,the success of a govt. financed health scheme is affected by factors like the income and structure of the economy (employment in the formal and informal sector); population distribution and capacity of the existing health infrastructure to deliver facilities along with the administrative structure of an economy **(K.S.Rao, 2005).** India is still recognized as a developing country where majority of the population is working in the informal sector .This restricts their insurance exposure that the formal sector extends to its employees. The revenue that the state generates is solely tax driven, a restricted source. The funds so generated have to be equally allocated amongst the other priorities of the economy. It is thus evident that the health provisioning cannot just be solely dependent on the state.The growing inflation in the economy exerts pressure on the health costs thereby making them grow spirally. Health care costs have witnessed a phenomenal rise in the current times. This rising health costs have made their provisioning essential. Besides the increased awareness in the masses has instigated them to think about their future needs of their health just as they plan for their other requirements of future. This consciousness has led the customers to insure not only themselves but their family members for any future medical expenses and other related requirements. This arrangement of “paying on own” has been fulfilled by the concept of health insurance which is one such mechanism that not only takes care of the person's present health needs but also makes a provision for the future mishaps if any.

With the parent sector opening itself for private investment and new players- both domestic as well as foreign, coming in, it is this segment (health insurance) thatshows enormous potential of growth in the near future. But at the same time it is also necessary to understand the needs and aspirations of the target consumer. Health insurance primarily focuses on the in-patient care i.e. all services and procedures that require more than 24 hours of hospitalization are covered under a health insurance policy. This study tries to reach out to the probable end users and understand their access and coverage to the product of health insurance.

OBJECTIVES OF THE STUDY

The present study is proposed to meet the following objectives:

1. To study the socio-economic aspects which create the demand for health insurance in Indore region.
2. To study the factors those encourage or discourage people from availing health insurance.

RESEARCH METHODOLOGY

This study focuses on in patient care wherein 400 patients admitted in the hospitals of Indore District were approached by means of schedules. Depalpur, Sanwer, Hatod, Indore and MHOW tehsils that are an integral part of the district were also included for the purpose. The Sampling Plan comprised of Multi Stage Random Sampling. The first stage comprised of selection of tehsils, where all the 5 tehsils were selected. The second stage comprised of selection of the hospitals that are functioning in these areas. For simplification, the hospitals were categorized as Government Hospitals, Corporate Hospitals and Private hospitals/Nursing Homes. The survey was conducted for 14 hospitals functioning in Indore Tehsil, and care was taken to include all the hospitals functioning in the rural belt. Hospitals tapped in Indore, include both network (10) and non-network (4) units including the Government hospital like Maharaja Yashwant Rao Hospital (commonly known as M.Y Hospital.) Overall, 20 hospitals were studied.The third stage of sampling comprisedof the patient selection, which in turn was done on a random basis. 20 patients from each hospital were interviewed.The sample thus comprised of 400 patients.

DATA ANALYSIS AND INTERPRETATION

Social Profile of insured and non-ensured patients:

Table: 2 shows the social profile of respondents that would help us understand their social stature which in turn might affect their insurance availing decision. It is inclusive of parameters like age, gender, family structure and educational Qualification of the Household Head

Age of insured and non-ensured patients:

Age plays an important role in economic decisions. It refers to the natural process of biological increment that one undergoes over a period of time. Generally it symbolizes the effect of time on a person, which lays a significant impact on the way a person feels, perceives, comprehends and reacts in accordance, besides growing physically. Every passing year in one's life progresses him through various stages of development. Often this journey comes across with medical ailments of varied nature. Since the present study was conducted in the hospitals of the district it essentially entailed the health status of the residents. Mean age of insured respondents was found to be 41.57 years while that of the uninsured respondents came out to be 38.89 years. Highest proportions (27.5%) of the patients were found to be aging more than 50 years of age. Insurance penetration was prominently observed in this age group with 32.40% patients revealing to avail a health plan. This segment was followed by the patients aging between 30 and 40 years with 23.14% respondents accepted to avail a health plan. The findings reveal the acceptance of the product of health insurance by those who actually need it the most or will need it in near future (more than 50 years), the fact that the same is at a nascent stage cannot be ignored. The uninsured segment saw the dominance of the young brigade of patients aging between 20 and 30 years (27.05%) followed by the relatively higher age group of 50 years and above (25.68%).The findings point out at the ill health of the resident population at both the extreme ends.

Table:2

Social Profile of Patients

Serial No.	Background Characteristics	Insured Patients		Uninsured Patients		Total Patients	
1.	**Gender**	**Numbers**	**%**	**Numbers**	**%**	**Numbers**	**%**
	Male	50	46.29	150	51.36	200	50.00
	Female	58	53.71	142	48.64	200	50.00
	Total	108	100	292	100	400	100
2.	**Age**						
	Less than 20	13	12.03	33	11.30	46	11.5
	20-30	16	14.82	79	27.05	95	23.75
	30-40	25	23.15	47	16.09	72	18.00
	40-50	19	17.59	58	19.87	77	19.25
	More than 50	35	32.41	75	25.69	110	27.5
	Total	108	100	292	100	400	100
3.	**Family Type**						
	Joint	57	52.78	137	46.92	194	48.5
	Nuclear	51	47.22	155	53.08	206	51.5
	Total	108	100	292	100	400	100
4.	**Dependent members**						
	Zero	4	3.70	7	2.39	11	2.75
	1-3	66	61.11	127	43.49	193	48.25
	3-6	32	29.63	117	40.07	149	37.25
	More than 6	6	5.56	41	14.05	47	11.75
	Total	108	100	292	100	400	100
5.	**Educational qualification of household head**						
	Illiterate	3	2.78	20	6.85	23	5.75
	Primary	1	0.93	48	16.44	49	12.25
	Secondary	13	12.04	97	33.22	110	27.50
	Graduate	20	18.51	45	15.42	65	16.25
	Post Graduate	32	29.63	46	15.75	78	19.50
	Professionals	26	24.07	24	8.22	50	12.50
	Technical	13	12.04	12	4.10	25	6.25
	Total	108	100	292	100	400	100

Gender of insured and non-insured patients:

The sample was found to be equally representative for both genders; however the females showed greater access (53.71%) to health coverage over their male counterparts. The uninsured segment saw the lead taken by the male decision makers (51.36%).The Indian society which is generally characterized as a gender biased society, female dominance for greater accessibility to specialized health care is a welcome change. Spread of health coverage over the females also signifies the changing perception and seriousness towards female health in families.

Family structure of insured and non-insured patients:

A Family is the first social unit of a society where the members are bonded genetically. In India after marriage this is yet another institution that holds prime importance .The Indian society majorly comprises of two types of family Structures-Joint and Nuclear. The joint format of families has always existed in the country though

over the years its prevalence has been taken over by its nuclear format. The respondents were enquired about the type of families they resided in. The district as a whole was found to be dominated by the nuclear family structure with 51.50% of the respondents revealing to stay in one.. The exposure for Health Insurance was found to be concentrated over the joint format of families (52.78%) as against their nuclear counterparts. However the uninsured segment was dominated by the nuclear format (53.08%). Joint format is usually assumed to be acting as a cushion against odds but its dominance in the insured segment indicates towards the changing social structure wherein the financial element of the cushion that a joint format is generally expected to deliver is depleting. This can be due to the ever escalating nature of the medical costs.

Dependency:

If income generation is a measure to assess the financial stature of an individual, his family composition of dependent members can be assumed to assess the quality of his financial standing. More dependent members act as a constraint for an individual's financial ease.It was found that greatest proportions (48.25%) of respondents revealed to have a dependency ranging between 1-3 members, followed by those having 3-6 dependent members. The findings indicate at the changing social format of the Indian society wherein more people are showing a preference to stay in nuclear format. Further they also indicate at the significance of smaller families which the people have started to understand and adhere to. However the decision to be health insured does not clearly seem to be affected by the number of dependent members in the family since both –insured and uninsured segments saw the prevalence of lesser dependency.

Educational qualification of household head:

Indian society is essentially characterized by its male dominance, the role of decision makers and the effect of their education qualification on their decision making capacity is worth studying. Keeping this in view the decision makers were enquired about their educational background. The level of education attainment was found to be majorly confined till the secondary level, with 27.5% of the decision makers admitted to have done. These were followed by the post graduates (19.5%) and the graduates (16.25%). Impact of better education attainment was clearly seen in the spread of health coverage amongst the insured patients. The spread was found to be more over the Post Graduate decision makers (29.62%), followed by those attaining professional qualification (24.07%). The uninsured segment was dominated by the secondary pass out decision makers (33.22%) followed by the respondents attaining primary education (16.44%). The dominance of the better educated decision makers indicates that education broadens the understanding and awareness of the people and helps them take better economic and financial decisions. Those who were uninsured, lower levels of education attainment can be attributed as of the reasons about their unawareness and resultant reluctance to buy health insurance amongst others.

Economic profile of insured and non-insured patients:

Table: 3 shows the Economic profile of respondents that would might affect their insurance availing decision. It is inclusive of parameters like Family income, occupation, expenditure on health insurance, and educational Qualification of the Household Head. The study shows the patients' monthly income of a household is around 35000 while that of an insured and an uninsured household is around 62000 and 25000 respectively. The findings clearly indicate at the widened income disparities within the sample classified on insurance availing status. The sample's monthly expenditure on health care is around 1400/- (4.01% of income) while an insured household spends 1800/- as health care expenditure (2.93%).An uninsured household spends 1257/-(5.006%) on health care expenditure. It indicates that the uninsured spend relatively more on health care as compared to their insured counterparts.

The level of income of the patients:

Consumer behavior is decisively regulated by his income. Analysis of income was done taking the total

income earned by the respondents that may be cumulative of their income earned from other sources. Huge income disparities were found to be existing within the study area where a major segment of the patients hailed from the lowest income segment (27.25%), followed by the highest income group (20.75%) . The findings project availing health insurance being decisively governed by the level of income of the patients. Those who availed one, majority (46.29%) hailed from the highest income bracket of monthly earnings above 60,000; followed by the relatively high income generators (22.22%) earning a monthly income that fell into the bracket of 40,000 and 60,000. The uninsured segment was dominantly taken over by the lowest income generators whose monthly earnings were less than 10,000(37.33%),followed by those who earned a monthly income ranging between10,000-20,000(24.31%). The findings portray availing health insurance as a product for "class" and not for the "mass.

Table:3

Economic Profile of Patients

Serial no.	Variables	Insured Patients		Uninsured Patients		Total Patients	
		%	Numbers	%	%	Numbers	%
1.	**Occupation**						
	Salaried	66	61.11	74	25.35	140	35.00
	Self Employed	16	14.81	88	30.14	104	26.00
	Professional	7	6.48	6	2.05	13	3.25
	Farmers	1	0.93	20	6.85	21	5.25
	Laborers	1	0.93	44	15.06	45	11.25
	Others	17	15.74	60	20.55	77	19.25
	Total	108	100	292	100	400	100
2.	**Income**						
	Less than 10,000	0	0	109	37.33	109	27.25
	10,000-20,000	11	10.19	71	24.32	82	20.50
	20,000-40,000	23	21.30	47	16.09	70	17.50
	40,000-60,000	24	22.22	32	10.96	56	14.00
	More than 60,000	50	46.29	33	11.30	83	20.75
	Total	108	100	292	100	400	100
3.	**Health Expenditure**						
	Less than 500	10	9.26	79	27.05	90	22.50
	500-1500	50	46.29	155	53.08	205	51.25
	1500-2500	32	29.62	43	14.73	74	18.50
	2500-5000	9	8.34	14	4.79	27	6.75
	More than 5000	7	6.49	1	0.34	4	1.00
	Total	108	100	292	100	400	100

Health expenditure:

It conceptually refers to that part of total expenditure that a household usually spends on the upliftment of health of its component members. The present study assumes it as an expense that is inclusive of expenditure associated with illness, regular medications and treatment but exclusive of medications that calls for tertiary care. The sample showed a mean monthly expenditure at 4.01% of the total income, though substantial difference was observed within the location. On assessing the same with the health coverage option, those who were uninsured spent around5.00% of their total earnings as health expenditure as against the insured who spent merely 2.93%.The gap in expenditure can be attributed to the grown consciousness amongst people who are educated and insured and thus are more conscious for preventive rather than curative care.

Family medical history of Insured patients:

Genetics play an indispensable role in the lives of people when it is the matter of their health. A medical track record of an ailment in the family makes the future generations easily susceptible for it. Current scenario of unhealthy lifestyle has added on to the probabilities of sufferings form lifestyle related diseases along with those that have been transferred genetically. The study focused on track records of some diseases in the families of the respondents. The findings reveal that 34.75% of the respondents had a track record of diabetes in their families. Of the same merely 35.97% had availed a health insurance plan. 45.25% of the respondents revealed to have a medical record of blood pressure complaints of which 32.59% were exposed to health coverage.19.25% had a cardiac history in their families, and 28.57% availed health coverage. The findings clearly pin point that despite of the awareness of the health risks that people are exposed to, a substantial portion of the population lives uninsured that in turn is a matter of concern and probe.

Factors Affecting Decisions to Avail Insurance:

Table: 4

Factors affecting decision to avail insurance

Serial No	Reasons for taking Health Insurance	No. of Patients	Percentage
1.	Health insurance acts as a tool for Tax rebate	12	11.11
2.	Premiums act as tool for restraining extravagance	4	3.70
3.	Premiums act as incentives	3	2.77
4.	Insurance provides upfront credit during medical emergency	38	35.18
5.	Way too planned life	25	23.14
6.	Necessary as regards escalating medical costs	45	41.67
7.	Ensures easy access to better treatment quality	14	12.96
8.	Prevents financial stress	38	35.18
9.	Provides peace of mind	5	4.62
10.	Necessary with changing lifestyle	27	25.00
11.	Part of employment	75	69.44

Table: 4 shows the factors that affected the insured patients to avail a health plan. Majority (69%) of the respondents revealed that they availed a health plan since the same came as a part of their employment terms.42% of the respondents felt that a health insurance plan was necessary as regards the escalating nature of the medical costs. The fact that availing an insurance plan not just provides upfront credit at the time of medical emergency and thus prevents financial stress was an opinion of 35 % of the insured respondents. Near about 23% of the insured patients opined that availing a health plan was a step towards a planned life, while merely 5% felt that insurance provides peace of mind. Around 25% felt that it has become necessary with the changing lifestyle of today. Insured users are entitled for cashless medical treatment by the insurers in the specified hospitals that are being pre specified. Merely 13% felt that insurance provides easy access to better treatment quality.

Factors detrimental for availing Insurance:

Table: 5 shows the various factors that act as barriers for the respondents from availing insurance. The dominant reason that came out was the sheer unawareness on the part of respondents about the very concept of health insurance. Round 38.35% respondents were found to be unaware about it. A substantial proportion of respondents were reluctant in buying a health plan since they felt that they were substantially well off in meeting any medical emergency. In today's scenario of spiraling medical costs, provisioning for same has become need of the hour. People's reluctance for buying same can be attributed to the fact that they are yet not aware about the actual benefits of availing insurance. Around 16% of the respondents felt that buying a health plan was too expensive venture for them. As many as 14% of the people felt that they were sufficiently insured by their employers and hence did not felt the need for buying one by their own. Around 14% of respondents did not feel the need of availing health insurance. Also around 18% patients were observed being adequately well off to manage any financial emergency. The reasons clearly indicate the casual attitude of people towards buying health insurance. It also reflects that they have still not been able to develop confidence in this line of insurance as they have for the" life segment.

Table: 5

Factors detrimental for availing Insurance

S.No.	Reasons for non-Subscription of Health Insurance	No.	Percentage
1.	Not Required	40	13.69
2.	Adequately well off to manage any financial emergency	52	17.81
3.	current plans don't match requirements	6	2.05
4	too expensive to buy	46	15.75
5.	sufficiently insured by employers	41	14.04
6.	premiums don't fetch value for money	19	6.50
7.	Isn't easy to settle down claims	6	2.05
8.	too many exclusions	5	1.71
9.	time period too short	2	0.68
10.	unaware about concept of health insurance	112	38.35
11.	Others	12	4.10

Awareness and Knowledge partners:

Table: 6 shows the quality of insurance penetration .It was found to be as low as 27%.However the same is spread over to the actual end users since a health insurance plan concentrates on facilitating those who have been admitted in the hospitals for seeking tertiary (specialized) care. Empirical studies across the country

have found insurance penetration to be ranging between 11%-12% when the same was enquired on a random basis (Ludhiana, Imphal, Hyderabad, Jalandhar).Further on introspecting the knowledge channel, health coverage was found to be occupationally driven with 42.60% of the insured revealing to avail a health plan that came as a part of their employment. Role of agents also came out to be substantially affecting the health coverage with 29.62% admitting to avail insurance on the suggestion of the agents. Agents have a very crucial role to play in this scenario. They not only act as knowledge partners for this product but also as the vital agents who let the people know the actual intricate details of the policies held by them there by resulting in acceptance of this product by the masses.

Table: 6

Awareness and Knowledge partners

Serial No.	Particulars		No. of Patients	Percentage
1.	Awareness about Health insurance			
		Not Aware	112	28.00
		Aware but not subscribed	180	45.00
		Aware and Subscribed	108	27.00
			400	100
2.	Knowledge path via:			
		Friends	7	6.49
		Relatives	10	9.27
		Advertisements	13	12.03
		Agents	32	29.62
		Part of Employment	46	42.59
		Total	108	100

Conclusion:

Liberalization of the insurance sector came up with the opening up of health insurance segment with varied players. Given the time frame, need and health financing scenario in the country with minimal assistance from the government, it was assumed that this segment would grow manifolds looking at the demographic, economic and epidemiological situation. However the health insurance penetration in the country continues to be very low. The macro level scenario has descended down to the district. Insurance penetration in Indore can be characterized by its occupationally driven nature. Further the same is decisively governed by the income levels of the people. While the insured fell into the highest income brackets (more than 60,000), the uninsured invariably fell into the lowest category of income generators(less than 10,000). The impact of educational attainment was clearly observed in decision making for availing a health plan. While the educated preferred the insurance option and availed one, the uninsured segment was exceptionally identified by its confinement of formal education for as low as secondary level. Of all, it was the salaried segment that showed maximum access to health insurance which itself was exceptionally provided by their respective employers. Agent's role came to be profoundly seen as a knowledge partner. Besides this preference diversity, one common thing that floated was the level of unawareness and reluctance amongst those who were uninsured. A considerable proportion of respondents felt that they were financially well off to deal with any kind of medical emergency, so were reluctant to have it and those who felt that health insurance as a product was too expensive for them to buy and that the premiums didn't fetch the value for money paid . Rural population was found to be completely unaware about the concept of private health insurance. Insurance to them was confined to life aspect. Further their low paying capacity restricts the –agents' approachability.

Ignorance in the rural population paved way for misconceptions in the minds of rural people. It was also found that the city is emerging as medical hub and came out to be preferred destinations for receiving tertiary medical care in the region as well. Health insurance as a product has come up as a class product and not for mass reason being its strong association with the income levels of the end users. The findings seek immediate need to create awareness about the benefits of health insurance amongst the masses same being vital for country's economic development and the better life quality for the people. Further the insurers need to financially motivate the agents to spread awareness about health insurance and give an equal preference to this line of product.

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