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ONLINE FIELD SURVEY ON AWARENESS OF HEALTH INSURANCE IN TELANGANA STATE**SUDIREDY NARENDAR REDDY****RESEARCH SCHOLAR, DEPARTMENT OF COMMERCE & BUSINESS MANAGEMENT, KAKATIYA UNIVERSITY, WARANGAL; &
ASST. PROFESSOR
GOVERNMENT DEGREE & P.G. COLLEGE
GODHAVARIKHANI****ABSTRACT**

Several researches are conducted on awareness of health insurance of consumers in different parts of India. I wish to know awareness of Telangana people on health insurance. In this background, I conducted this online survey by use of Google forms. And online technologies like WhatsApp, Face book and Gmail. Primary objectives of this survey are to find out awareness of health insurance in Telangana, to find out relationship between age and awareness, to find out factors responsible for awareness of health insurance products and how much respondents are willing to pay premium per year. 84 respondents participated in this survey. Findings of the survey are 30-50 age group people are more aware of health insurance, friends and families is main promoter of health insurance followed by newspapers and internet. Respondents are willing to pay premium up to 30,000 per year. Star Health Insurance Company is well known to respondents followed by SBI, ICICI.

KEYWORDS

health insurance, customers awareness on health insurance, general insurance awareness, mediclaim policy.

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INTRODUCTION

In India life insurance was introduced in 1818 when Oriental Life Insurance Company began its operations in the British India. In the same way General Insurance was introduced in 1850 with entry of Triton Insurance Company in Kolkata. Government of India nationalized life insurance in 1956 and General Insurance Corporation of India was set up by merging 1) New India 2) United India 3) National 4) Oriental companies as its subsidiaries.

Health Insurance, part of General insurance, was first introduced in 1912. In 1947 "Bhore Committee Report" makes recommendations for the improvement of health services in India. In 1948 the central government introduced the Employees State Insurance Scheme (ESIS) for employees in private sector. In 1954 Central Government Health Scheme (CGHS) was introduced for central government employees and for their families. In 1986 Mediclaim was introduced by Government Insurance Companies.

In 1991 Government of India liberalized insurance sector and allowed private sector. In 1991, after formation of Insurance Regulatory Development Act (IRDA), Health insurance membership becomes four times from 2007 to 2011. In Health care delivery and financing 72% out of packet spending. India's per capita spending on Health care is \$109 below global average \$863. Major public health insurer in India is General Insurance Corporation (GIC). It along with its subsidiaries holds 60% of market share.

The Non-life premium grew by 23% in FY12. It is INR430 billion FY11 and INR530 billion in FY12. At the end of September 2011, Non-life insurance consisted of 25 players – 6 public insurers, 3 stand alone health insurers, 1 reinsurer and 15 private insurers. According to SWISS Re, India's non-life insurance market was ranked number 19 among 156 countries in terms of premium in FY11. The Gross written premium underwritten by the non-life insurance sector in FY11 was IN453 billion up from INR369 billion in FY10 registering a significantly high growth of 23% over the previous year of 15.34%.

By 2016, there are 24 life insurance companies, 25 non-life insurance and 6 health insurance companies exists in the Indian market. The Indian Insurance industry had a CAGR 10.49% over the past 11 years. The country is the fifteenth largest insurance market in the world in terms of premium volume. In the case of non-life insurance, the insurance density (premium per capita) improved from 2.4 USD in 2001 to 11 USD in 2015. Health insurance contributed 28% to non-life pool of gross direct premium collected in FY16.

In this background I wish to collect data on awareness of health insurance in Telangana people by use of Google forms. Respondents are request to fill Google form containing questionnaire. Online platforms like face book, whatsapp and Gmail are used to obtain data from respondents.

REVIEW OF LITERATURE

B.B.L Sharma, K.S Nair and T.Bir (2002), "National seminar on development of Health Insurance in India: Current status and future directions – an overview", Health and population perspective and issues 25(1): 11-25, 2002 - Researchers in this paper pointed out the following recommendations for development of Indian Health insurance sector. 1) Health insurance shall be provided with human face 2) in health insurance BPL families and slum dwellers have to be given priorities 3) Comparative studies may be conducted on the outcome and possibilities of public private membership in health insurance in India. 4) Rural health insurance shall be provided through panchayathi raj institutions 5) Prevention and promotion services are to be included in the activities of all service providers in the ambit of Health insurance system.

B. Reshmi, N.Sri kumaran Nair, K.M.Sabu and B.Unni krishnana (2007), " Awareness of Health insurance in a south Indian population – a community based study ", Health and population perspectives and issues 30(3):177-188, 2007 -Researchers in this paper concluded that many respondents have no idea about benefits and risks involved in Health insurance policy. Low and middle income groups are a potential market for health insurance. It is better to understand perceptions of people before they launch a new policy.

Sonal Kala & Dr. Premila jain (2015), "Awareness of Health insurance among people with special reference to Rajasthan (India)", International journal of Business Quantitative Economics and Applied Management Research, ISSN 2349-5677, Volume 1, Issue 12, May 2015, pp 21-31 -Researchers in this paper concluded that respondents in Rajasthan aware of health insurance but denied to take health insurance or mediclaim policies. People have more trust in Government general insurance companies. Respondents are not much aware of terms and conditions and they believe that health insurance companies are not transparent.

Suman Devi, Dr.Vazir Singh Nehra (2015), "The problems with Health insurance sector in India", Indian journal of Research paripex, ISSN 2250-1991, Volume 4, Issue 3, March 2015, PP 6-8 -In this paper researchers stated that third party administrators are doing much delay in settlement of claims, hospitals are charging more to insured patients, there are frauds committed by customers in group insurance schemes. Insurance companies are deceiving customers by hiding important things in policies.

Indian Chamber of Commerce (2017), Indian insurance perspectives -In this paper it is concluded that insurers in India are developing enterprise innovation models that are capable of closely monitoring the latest trends in innovations and customer expectations. The priority of insurers is differentiating the capabilities that fuel profitable growth versus low performing activities. For the future growth of insurance companies employees are very crucial and they must be technology savvy. In India face-to-face discussion with agents is essential to improve business hence mix of man and machine method shall be adopted. In India most of customers don't see insurance is relevant and necessary. More and more communication with customers will change this opinion

STATEMENT OF THE PROBLEM

Researcher finds no work is undertaken to know awareness of health insurance in Telangana State. Hence this research work is undertaken to know awareness of consumers or customer about health insurance, products, policies and premium amount and how much they willing to pay health insurance premium per year.

OBJECTIVES

The research has the following objectives

1. To find out relationship between age and awareness.
2. To find out which factors are responsible for awareness of health insurance products.
3. To find out how much premium per year respondents are willing to pay.
4. To find out which health insurance companies are customers aware of.
5. To find which families, joint or nuclear, aware of health insurance products.

RESEARCH METHODOLOGY

Primary data is collected by use of Google forms. Data is collected from 84 members by use of online platforms like face book, whatsapp and Gmail. All are from Telangana state. Convenience sampling is used. Questionnaire included in Google form is sent to Whatsapp numbers, face book Id and Gmail IDs. Data was analyzed using Ms-Access 2017 and MS-Excel.

RESULTS AND DISCUSSION

TABLE 1: IT RELATIONSHIP BETWEEN AGE AND AWARENESS OF RESPONDENTS IN HEALTH INSURANCE MATTERS

Age	Awareness YES	Awareness No	Total
20-30	8	0	8
30-40	36	0	36
40-50	20	4	24
50-60	16	0	16

Source: Data collected by me via Google forms.

FIGURE 1

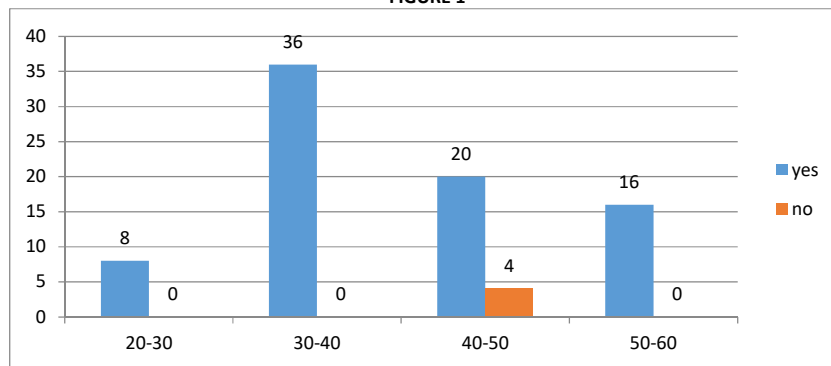


TABLE 2: THIS TABLE SHOWS RELATIONSHIP BETWEEN AGE AND INSTRUMENTS THAT CREATE AWARENESS LIKE TELEVISION, NEWSPAPERS, INTERNET ETC.

age	TV	Newspapers	Internet	Doctor	Friends and family	Insurance agents	Total
20-30	4	0	0	0	4	0	8
30-40	0	12	8	0	12	4	36
40-50	0	0	4	4	16	0	24
50-60	0	0	4	0	12	0	16

Source: Data collected by me via Google forms.

FIGURE 2

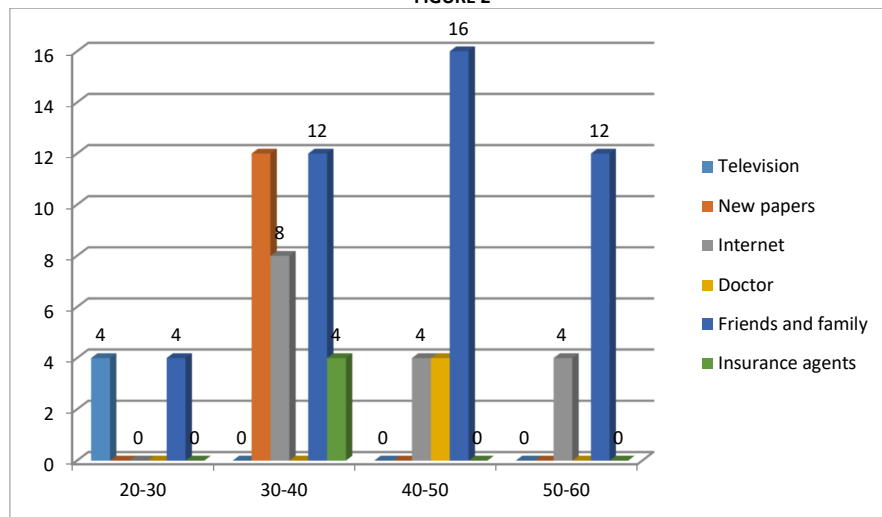
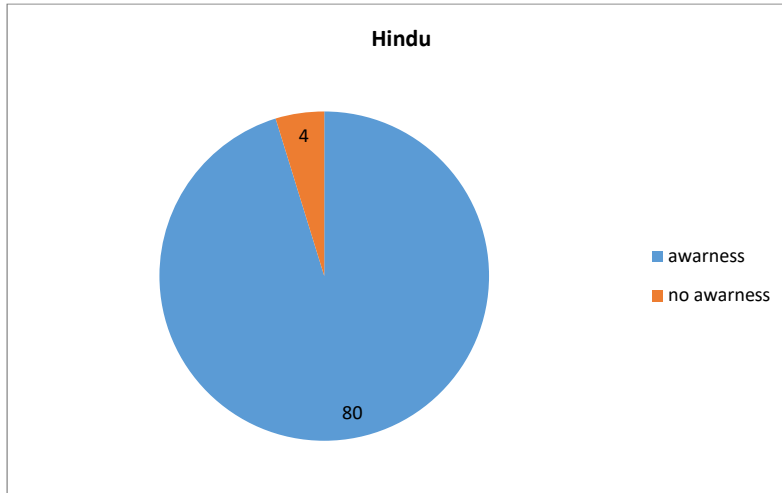


TABLE 3: THIS TABLE GIVES US INFORMATION ABOUT RESPONDENT'S RELIGION AND AWARENESS

Religion	Awareness Yes	Awareness NO
Hindu	80	4
Muslim	0	0
Christina	0	0
Buddhist	0	0
Others	0	0

Source: Data collected by me via Google forms.

FIGURE 3



The following table shows relationship between Income level and ability to pay health insurance premium. This table gives information about income level higher than 30,000 month.

TABLE 4: RELATIONSHIP BETWEEN INCOME LEVEL AND ABILITY TO PAY HEALTH INSURANCE PREMIUM

Health insurance premium willing to pay per year in Rupees	Number of respondents
0	8
500	4
5000	12
8000	8
9000	4
10,000	8
25,000	4
30,000	4

Source: Data collected by me via Google forms.

FIGURE 4

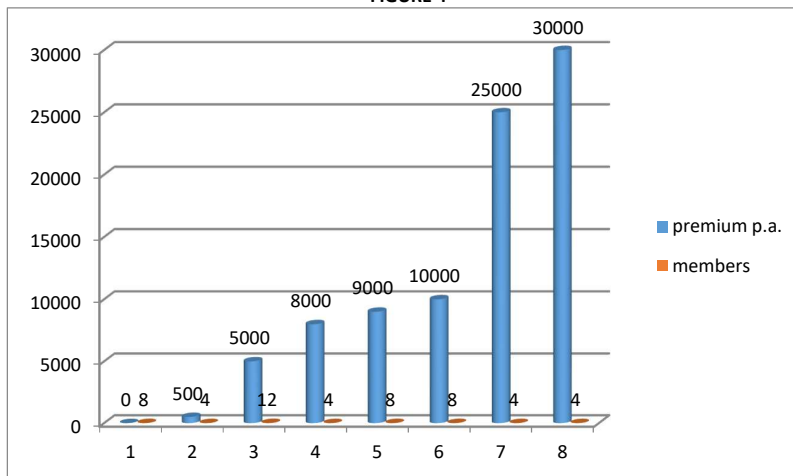


Table 5 shows relationship between Income level and ability to pay health insurance premium. This table gives information about income level from 25000-30,000 per month.

TABLE 5: RELATIONSHIP BETWEEN INCOME LEVEL AND ABILITY TO PAY HEALTH INSURANCE PREMIUM

Health insurance premium willing to pay per year in Rupees	Number of respondents
0	4
1000	4
6000	4
50,000	4

Source: Data collected by me via Google forms.

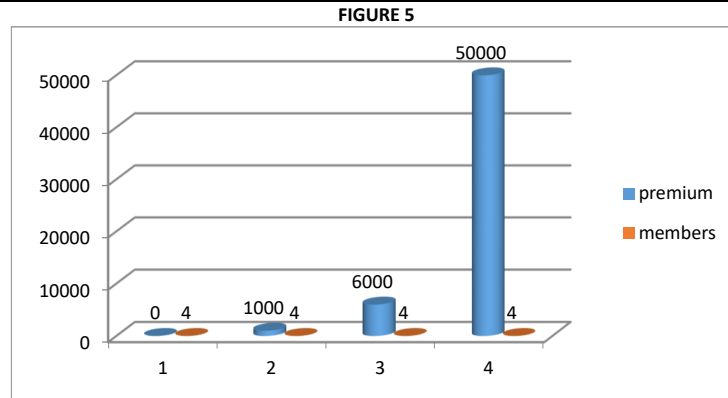


Table 6 shows relationship between Income level and ability to pay health insurance premium. This table gives information about income level from 20,000-25,000 per month.

TABLE 6: RELATIONSHIP BETWEEN INCOME LEVEL AND ABILITY TO PAY HEALTH INSURANCE PREMIUM

Health insurance premium willing to pay per year in Rupees	Number of respondents
1000	4
15000	4

Source: Data collected by me via Google forms.

Table 7 shows relationship between Income level and ability to pay health insurance premium. This table gives information about income level from 10,000-15,000 per month.

TABLE 7: RELATIONSHIP BETWEEN INCOME LEVEL AND ABILITY TO PAY HEALTH INSURANCE PREMIUM

Health insurance premium willing to pay per year in Rupees	Number of respondents
12000	4
2000	4

Source: Data collected by me via Google forms.

Table 8 shows relationship between education level and awareness of General insurance companies. This table is related to higher education level like P.G. and Above.

TABLE 8: RELATIONSHIP BETWEEN EDUCATION LEVEL AND AWARENESS OF GENERAL INSURANCE COMPANIES

General Insurance Company	Number of Respondents aware about it.
LIC	16
SBI Life	8
Star Health	20
Apollo	4
ICICI	8
Andra Bank Arogya dhan	4
No awareness	16

Source: Data collected by me via Google forms.

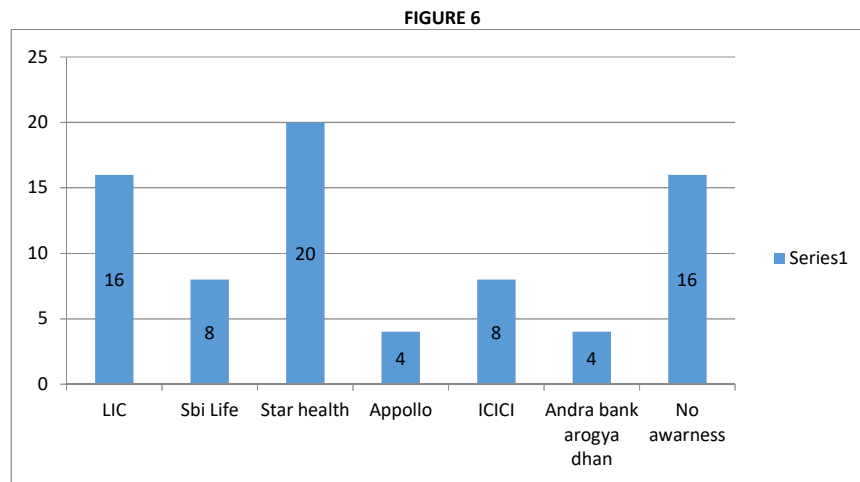


Table 9: This table shows relationship between education level and awareness of General insurance companies. This table is related to education level Degree.

TABLE 9: SHOWS RELATIONSHIP BETWEEN EDUCATION LEVEL AND AWARENESS OF GENERAL INSURANCE COMPANIES

General Insurance Company	Number of Respondents aware about it.
LIC	4

Source: Data collected by me via Google forms.

TABLE 10: THIS TABLE SHOWS RELATIONSHIP BETWEEN EDUCATION LEVEL AND AWARENESS OF GENERAL INSURANCE COMPANIES. THIS TABLE IS RELATED TO EDUCATION LEVEL LITERATE

General Insurance Company	Number of Respondents aware about it.
ICICI Lombard	4

Source: Data collected by me via Google forms.

TABLE 11: THIS TABLE SHOWS RELATIONSHIP BETWEEN OCCUPATION AND PREMIUM PAYING CAPACITY

Occupation	Willing to pay premium up to rupees	Number of respondents
Government service	30,000	44
Profession	12,000	24
Retired	10,000	4
Others	2,000	12

Source: Data collected by me via Google forms.

FIGURE 7

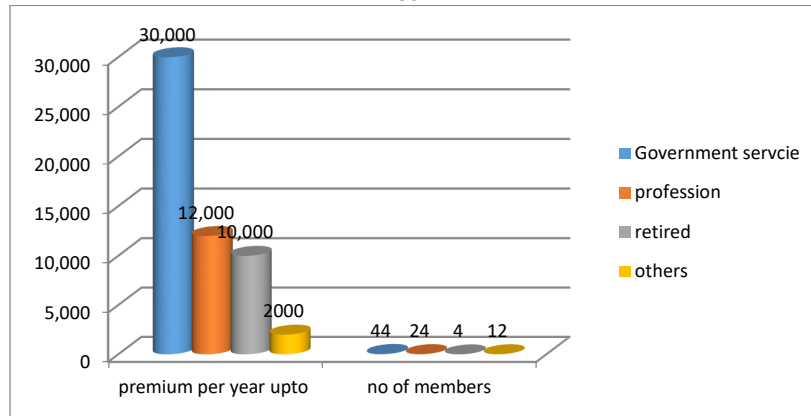


TABLE 12: SHOWS RELATIONSHIP BETWEEN GENDER AND AWARENESS OF HEALTH INSURANCE

Gender	Male	Female
Awareness	60	20
No Awareness	4	0

Source: Data collected by me via Google forms.

FIGURE 8

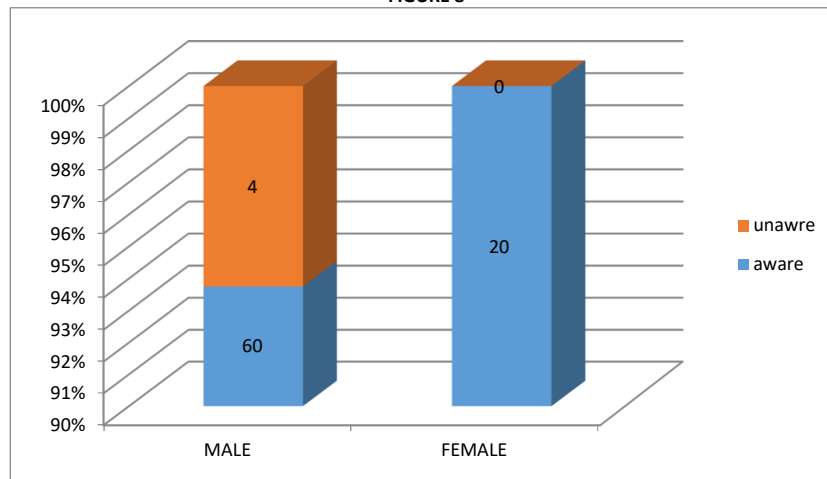
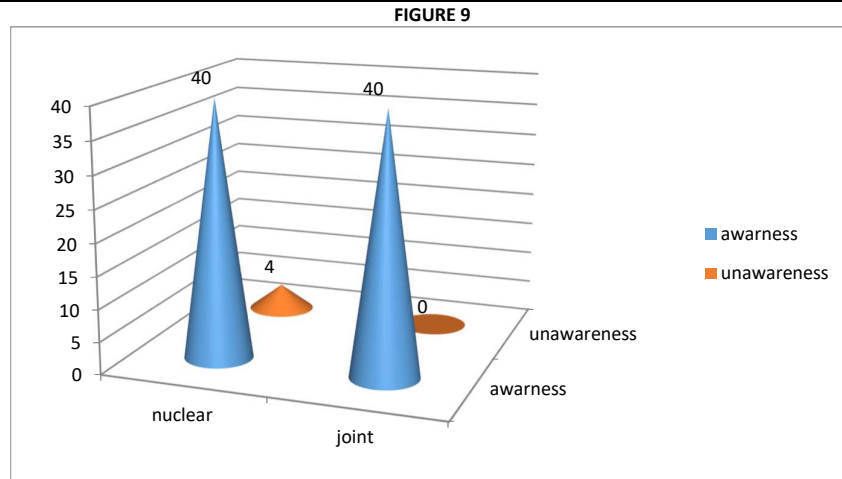


TABLE 13: SHOWS RELATIONSHIP BETWEEN TYPE OF FAMILY AND AWARENESS OF HEALTH INSURANCE

Family	Nuclear	Joint
Awareness	40	40
No Awareness	4	0

Source: Data collected by me via Google forms.



FINDINGS

- 1) From table 1 we can find that middle aged group i.e. 30-50 years people are more aware of health insurance.
- 2) From table 2 we can find that respondents age group between 30-40 year get awareness from news papers, friends and family and internet. Respondents between age group 40-50 and 50-60 get awareness from friends and family.
- 3) From table 4 we can conclude that respondents are ready to pay health insurance premium up to Rs.30, 000. Probably this is due to increasing cost of hospitalization. But most of respondents are willing to pay up to Rs. 10,000.
- 4) From table 6 and 7 respondents are willing to pay premium based on income level.
- 5) From table 8 it can be concluded that most people aware of Star health insurance company followed by LIC, SBI, ICICI.
- 6) From table 9 it can be concluded that Government servants and professional people are willing to pay more premium to get good services.
- 7) From table 10 and 11 it can be stated that both male and female are aware of Health insurance and both joint and nuclear family are aware of health insurance.

CONCLUSION

From the above research paper, I can conclude that Telangana people are aware of Health insurance products. They are ready to pay more premiums. Premium payment capacity is based on income level and education qualification. Role of insurance agents in promoting health insurance products is very low. Many respondents know about health insurance products from friends and family.

LIMITATIONS

Only 84 respondents participated in this online survey. This survey may be extended with printed questionnaire or schedule method so that more accurate results are found. Convenience sampling method is used. Survey may be taken up with random sampling method.

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