# IMPACT OF GENDER, FAMILY SIZE & TYPE IN HEALTH INSURANCE A STUDY WITH SPECIAL REFERENCE TO CHENNAI CITY AMONG STANDALONE HEALTH INSURERS

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**Abstract:** Every individual almost require health insurance owing to many factors .It has become absolutely a necessity for coverage of risk due to high cost of treatment which has to be met out due to medical emergencies . Further, the medical inflation rates in present days are so high. It is very clear that failing to hold an adequate health cover will lead to lot of stress financially, mentally and physically owing to higher expenses. . In India, only 1 billion of the Indian population is covered through health insurance. According to WHO, 31% and 47% of the hospitalisations in urban and rural India respectively and are either financed by loans or through sale of assets. Moreover 70% of Indians spend their entire income on healthcare and 3.2% of Indians fall under the poverty line owing to high medical bills. It is also a fact that the expectations will be from individual beneficiaries which may differ among individuals and it may differ also from one insurance company to other.  Hence a research study has been taken up to understand specifically whether there will be any impact of Gender, Family Size towards the Expectations, Experience and Satisfaction on the Services offered by the selected insurance companies. Data were collected from 531 samples from salaried and business class from Banking, IT & IT enabled Services and from Manufacturing sector in the city of Chennai from Standalone Health Insurers. The collected data were analysed with appropriate statistical tools. The results are found to be critical that Gender has only little impact whereas the family size and family type has more impact in health insurance.

**Keywords: RSBY -** Rashtriya Swasthiya Bhima Yojana, BPL –, BPO – Business Process Outsourcing, IT – Information Technology, CGHS – Central Government Health Scheme.

## 1. Introduction

The family size depicts the number of earning members in the family which depicts the affordability of payment of premium. The expected claims also can be ascertained based on the

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size of the family.  The number of Senior Citizens in the family who are Dependant parents and their age will reflect the claims and coverage of insurance in case of family floater as well as in Group policy.  The Government programmes like Chief Ministers Health Care, Rashtriya Swasthiya Bhima Yojana, Ayushman Bharat will also have an impact based on the Gender, Family size and Type. Presently 34% of the enrolments made by the public under Ayushman Bharat relates to Cancer patients in India which shows the outflow of the scheme.  The Lower Income groups have much need of health care based on the immunity and standard of living and amenities whereas the need for health care for Higher Income groups is relatively less in numbers. But the expectations of the Higher Income groups are much higher in terms of Services as the affordability of premium is also on the higher side.

In today's scenario every child birth happens with cesarean and not normal delivery as a matter of practice. As far as the premium payment, gender does not play a big role in metro like Chennai as both the spouses are employed or one is self-employed and other is employed likewise where by both are found to be income generators .  It is also a common practice that group policies taken by Corporate for their employees covering their families as well.  The family size has got impact on the premium and the limits of Sum Insured which also again reflects on the claims.  Now a days the type of family is mostly nucleus and  the Child care is expensive and that too the  maintenance cost is very high that to for  a Down Syndrome child due to special care of food, education, medical expenses, attendant's care etc. Hence an attempt has been made in this research to analyse the fact of Gender, Family size & Type with reference to insurance. Hence a research study was conducted and the data were collected  from  the salaried and business class respondents working in  Banking, IT & IT enabled Services, and Manufacturing sector in the city of Chennai relating to Standalone Health Insurers. The said problem was not analysed by earlier researchers of the respondents having health insurance in the city of Chennai.

## 2.  Literature Review

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*Joana Sara Valson & V K Ramamurthy (2018)* in their article on "Gender differences in their relationship between built environment and non-communicable diseases – A systematic review". Risk factors on Non-Communicable Diseases (NCD) are growing globally as there is increase in population. Gender difference and theme of access to control were found that sex differences, biological susceptibility, gender norms, values, roles and activities which create difference in relationship. They found that sedentary play, conversation, watching television for boys and studying, doing house work for girls resulting in obese. The cause of obesity for men are due to lack of control of diet and for women socialisation in densely populated areas. They further found that gender differences have an expected pattern with respect to mental health or physical activity or obesity. Gender differences relate to access and use of health services, health check-up behaviour, treatment options, experience in health care setup. They concluded that ethnic background ethnic background of neighbourhood and Income levels have also emerged among men and women in built up environment, physical activity and social relationships, cohesion in outdoor and recreational activities. It was further concluded that built environment has relationship with non-communicable diseases and interventions have to consider gender differences as NCD factors. Finally, they concluded that smart cities and green cities could incorporate gender-based preferences like recreational facilities, safety of crimes, and traffic for walking.

**Sampurna Bhuyan (2016)** in research thesis stated" analysed income, savings, borrowing, expenditure pattern of organized sectors in the city of Guwahati. Further the study focuses on income and expenditure on health insurance schemes in both public and private sector in Assam. It was reported that the average family size is 3 to 4 person and the population mean age is 43 years from the samples size of 360 numbers . Further it was concluded that 93% of unorganized sector are in self-insurance which means that most of the underprivileged are in unorganized sector which suggest for Universal Health Insurance plan. Affordable policies have to be designed by the Government for urban, semi-urban and rural population and the State Governments have to revive the public sector hospitals and Health Centre's thereby addressing the scarcity of medical and Para-

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medical staff requirement. More over the Infant mortality rate is highest in Assam in the entire country due to no logistic support, non-availability of costly medicines, medical equipment's, vaccines etc. It was finally concluded that Community Based Health Insurance (CBHI) only can solve the issue of Universal Insurance coverage in unorganized sector and insisted that every Indian should be made mandatory for a health cover on time and especially on life threatening diseases. The methods of copayment shall have to be streamlined to avoid moral hazard and the pollution control mechanism by the State Govt of Assam. The creation of financial mechanism to protect the poor from financial disaster due to sickness is the need of the hour which is prone in unorganized sector as there is very low purchasing power. CBHI integration is multifaceted and should be integrated between all stake holders and Willingness to pay were the focus of the study.

**Chennappa D (2015)** in article "Differential Premium Pricing in Health Insurance" in IRDAI Journal Vol XIV attempted to develop a new model of premium affordable to all sections of the society. It was found that higher Sum Insured are paying lesser premium and the Out of pocket expenses remains at 65% and claim ratio exceeding 100%. The age factor is based on age, sum insured and income of policy holder. He further found that there is no variation in premium between rural, urban, rich and poor, male and female in Health Insurance in India. The study revealed that older folk pay more premium and look for less claims, but younger folk pay less premium and expect more claims. It was concluded that Public Health Insurance (PHI) is meant for Lower Income Groups whereas in India it is bought by Higher Income Groups and hence there is no subsidy in PHI schemes. It was finally concluded that it is should be affordable and attractive to the LIG.

## 3. Research Gap

The data relating to Health Insurance are not adequate to estimate the financial impact of an individual policy and a family floater. The demography might also have impact between the Expectations vs Experience by the Insured or the patients who are family

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members as there is growing medical exigencies and that too in polluted metro cities like Chennai. The studies have not predicted the impact of Gender, Family size and Family type in the City of Chennai relating to Health Insurance with reference to special reference to  standalone health insurers.

## 4. Objective of the Study

The primary objective of this research is to study the impact of selected demographic profile characters like their Gender, Family size and Family type towards the Expectations, Experience and Satisfaction on the Services offered by the selected insurance companies.

**The specific objectives are: -**

1, To study the influence of selected personal and socio-economic variables towards **Purchase decision** of Health insurance.

2.To analyse the influence of selected personal and socio-economic variables towards **Branding of Health insurance companies.**

3.To find out the influence of selected personal and socio-economic variables towards the **satisfaction of the service quality of selected Health insurance companies.**

   **5.Hypothesis:**

1.   There is no significant influence of (a) gender (b) age (c) employee status (d) nature of industry (e) qualification (f) marital status (g) annual income on Purchase decision of Health insurance

2.   There is no significant influence of (a) gender (b) age (c) employee status (d) nature of industry (e) qualification (f) marital status (g) annual income on Branding of Health insurance companies

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3.  There is no significant influence of gender on satisfaction towards (a) Tangibles (b) Reliability (c) Commitment (d) Empathy (e) Assurance (f) Premium price (g) Know-How Quality (d) Responsiveness of Health insurance companies.

## 6.Methodology

Data were collected from 531 samples from salaried and business class from Banking, IT & IT enabled Services and from Manufacturing sector in the city of Chennai using a well structured questionnaire which covers   the demographic factors viz., Gender, Family size and Family type of the respondents and the collected primary data were analysed. The methodology adopted is based on the Standalone Health Insurers who have sold 24,96,496 numbers of policies in the year 2016-17 in India. Out of which the number of policies sold in the State of Tamilnadu is 10,25,288 numbers during the same period.

   The samples were collected through interview method and scheduling method from the respondents. The data were analysed using Radar diagram, Percentile method and ANOVA.

Sampling:

. The Health policies sold by Standalone Health Insurers in the city of Chennai is 6,37,539 numbers  of policies.  The minimum samples required are 384 whereas the data collected are 531 samples. The data were collected using Judgement sampling. The Sampling is arrived using the formula as under:

$$n = \left[\frac{Z\sigma}{D}\right]^2$$

SAMPLE SIZE - 531

## 7. RESULTS

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**Objective: To understand the impact of Gender, Family size & Family type towards the cost of insurance, Branding and Purchase Decision relating to Health Insurance.**

**The Personal profile of the respondents will depict the number of male and female respondents under Gender classification. The number of members in the family will project size of the family. The family in cities are mostly nuclear and hence the Family type will reflect the number of respondents in Joint family of Nuclear family.**

**The table below depicts the Gender, Family size & Family type of the respondents.**

**Chart 7.1 Personal Profile of the respondents**

| Particulars | Classification | Number of Respondents | Percentage |
|---|---|---|---|
| **Gender** | Male | 372 | 70.1 |
| | Female | 159 | 29.9 |
| **Age** | 21 - 30 years | 151 | 28.4 |
| | 31- 40 years | 185 | 34.8 |
| | 41- 50 years | 107 | 20.2 |
| | 51- 60 years | 46 | 8.7 |
| | Above 60 years | 42 | 7.9 |
| **Education** | SSLC/HSC/Diploma | 15 | 2.8 |
| | Graduate | 161 | 30.3 |
| | Post Graduate | 217 | 40.9 |
| | Professional | 138 | 26.0 |
| **Marital status** | Single | 151 | 28.4 |
| | Married | 380 | 71.6 |
| **Number of** | 1 person | 86 | 16.2 |

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| earning persons | 2 persons | 133 | 25.0 |
|---|---|---|---|
| | 3 persons | 175 | 33.0 |
| | 4 persons | 93 | 17.5 |
| | > 4 persons | 44 | 8.3 |
| **Family type** | Nuclear | 378 | 71.2 |
| | Joint | 153 | 28.8 |

Source: Primary data

Majority of the respondents (70.1%) owning health insurance policies in Chennai are male and the remaining respondents (29.9%) are female.

Out of the selected 531 respondents, 34.8% of the respondents are in the age group of 31-40 years, 28.4% of them falls in the age group of 21-30 years, 20.2% are 41-50 years old, 8.7% of the respondents are in the age group of 51-60 years and 7.9% of them belong to above 60 years of age.

With regard to education, 40.9% of the respondents are post-graduates, whereas 30.3% of them are Graduates, another 26.0% of the respondents are having professional degree and 2.8% of the respondents are possessing SSLC/HSC/Diploma level education.

.**Table 7.2 shows the Gender, Age, Family size and Type**
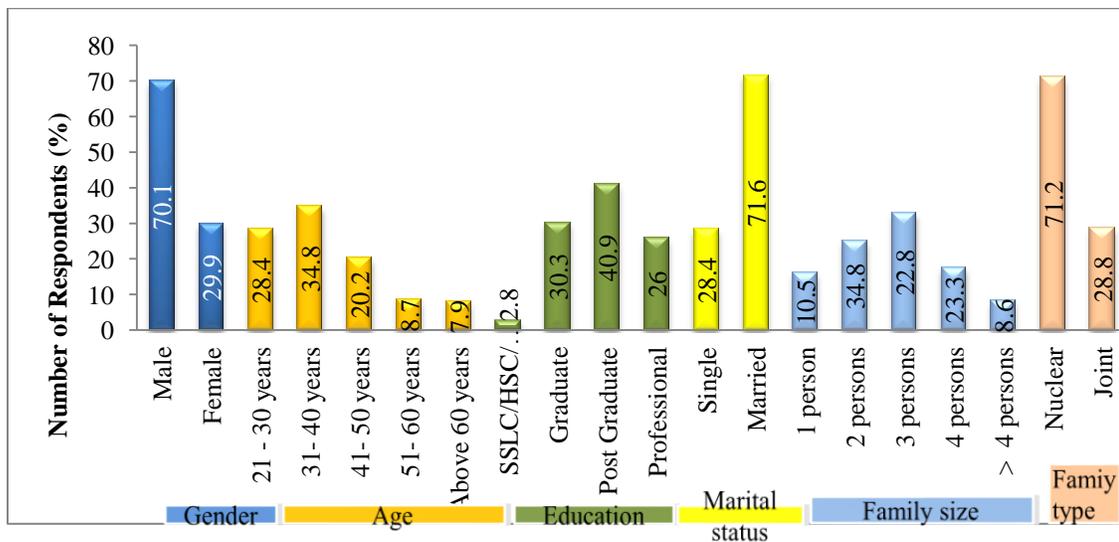
Regard to Owning of health insurance policies 71.6% of the married respondents were found to have and the remaining 28.4% of the respondents living as single also own health insurance in Chennai.

In the table 7.2, 33% of the respondents' family are having 3 earnings persons, 25% of the respondent's family are running with two earning members, 17.5% of the respondents are running with 4 salaried persons, 16.2% of the family are running with only one earning person and 8.3% of the families are running with more than 4 earning persons.

Majority (71.2% )of the respondents are living in nuclear family and the remaining 28.8% of them are living as joint family.

## 7.3 Influence of personal /socio economic variables on Purchase decision of Health insurance

To study the influence of personal /socio economic variables on Purchase decision of Health insurance in Chennai. on Purchase decision of Health insurance, one-way ANOVA is applied.

**Null hypothesis $H_0 1$ : There is no significant influence of (a) gender (b) age      (c) employee status (d) nature of industry (e) qualification   (f) marital status     (g) annual income on Purchase decision of Health insurance**

Table 7.31 displays the results of influence of Gender, Family size & Family type variables on Purchase decision of Health insurance.

**Table7.31**
**Influence of demographic variables on purchase decision**

|  | **Category** | **N** | **Mean** | **S D** | **F-value** |
|---|---|---|---|---|---|
| **Gender** | Male | 372 | 3.83 | 0.452 | **0.883** **(p=.348)** |
|  | Female | 159 | 3.79 | 0.468 | |
| **Age** | 21 - 30 years | 151 | 3.82 | 0.478 | **10.214**** **(p<.001)** |
|  | 31- 40 years | 185 | 3.91 | 0.395 | |
|  | 41- 50 years | 107 | 3.86 | 0.448 | |

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|---|---|---|---|---|---|
| | 51- 60 years | 46 | 3.64 | 0.479 | |
| | Above 60 years | 42 | 3.48 | 0.441 | |
| **Employee status** | Salaried | 396 | 3.87 | 0.437 | **23.458\*\*** |
| | Business | 135 | 3.66 | 0.476 | **(p<.001)** |
| **Nature of industry** | Manufacturing | 55 | 3.42 | 0.351 | **13.882\*\*** |
| | Banking | 266 | 3.89 | 0.443 | |
| | IT / ITES | 105 | 3.86 | 0.422 | **(p<.001)** |
| | Construction / Real Estate | 54 | 3.84 | 0.448 | |
| | FMCG | 51 | 3.75 | 0.495 | |
| **Qualification** | SSLC/HSC/Diploma | 15 | 3.7 | 0.485 | **4.927\*\*** |
| | Graduate | 161 | 3.8 | 0.427 | |
| | Post Graduate | 217 | 3.9 | 0.439 | **(p=.002)** |
| | Professional | 138 | 3.72 | 0.494 | |
| **Marital status** | Single | 151 | 3.88 | 0.468 | **4.651\*** |
| | Married | 380 | 3.79 | 0.45 | **(p=.031)** |
| **Annual income** | Less than Rs 5 lakhs | 142 | 3.65 | 0.499 | **4.141\*** |
| | Rs. 5 - 10 lakhs | 185 | 3.57 | 0.444 | |
| | Rs. 10 - 15 lakhs | 86 | 3.27 | 0.456 | **(p=.042)** |
| | Rs. 15 - 20 lakhs | 57 | 3.45 | 0.432 | |
| | Above Rs.20 lakhs | 61 | 3.20 | 0.397 | |

*Significant at 5% level     ** Significant at 1% level

**Gender**

From the table7.31, the 'F' value **0.883** is insignificant at 5% level, null hypothesis $H_01(a)$ is accepted. Hence significant influence of gender on purchase decision of health insurance is not observed

**Table 7.4 shows the table on Branding**
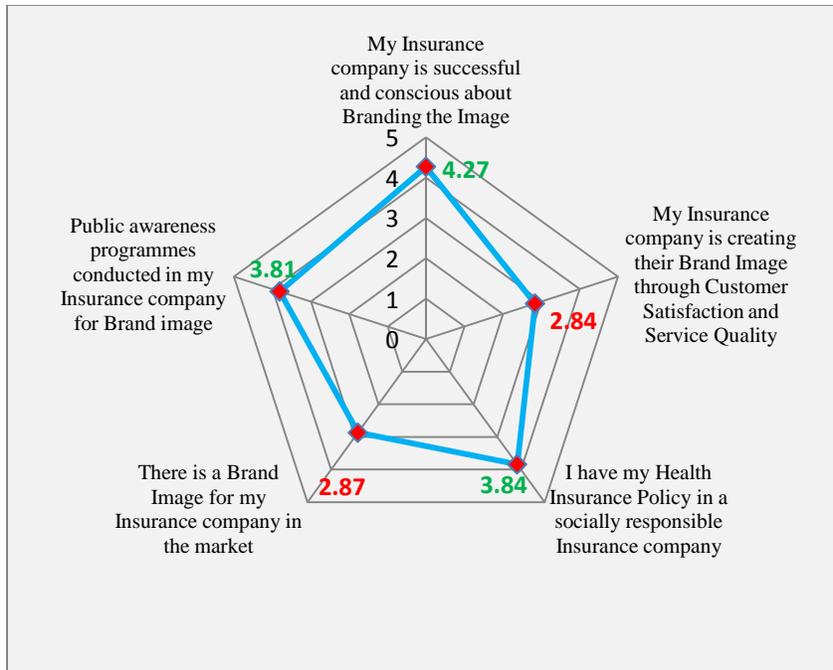
### 7.4.1 Influence of personal /socio economic variables on Branding

This section is prepared to assess the influence of personal /socio economic variables on Branding of Health insurance companies. To assess the influence of personal /socio economic variables (gender, age, employee status, nature of industry, qualification, marital status and annual income) on Branding of Health insurance companies, one-way ANOVA is applied.

**Null hypothesis $H_0$ 2: There is no significant influence of (a) gender (b) age (c) employee status (d) nature of industry (e) qualification (f) marital status (g) annual income on Branding of Health insurance companies**

Table .7.4.2 displays the results of influence of personal /socio economic variables on Branding of Health insurance companies.

**Table .7.5**

**Influence of demographic variables on branding**

|  | Category | N | Mean | S D | F-value |
|---|---|---|---|---|---|
| **Gender** | Male | 372 | 3.95 | 0.543 | **1.221 (p=.270)** |
|  | Female | 159 | 3.89 | 0.59 |  |
| **Age** | 21 - 30 years | 151 | 3.87 | 0.559 | **10.702** (p<.001) |
|  | 31- 40 years | 185 | 4.02 | 0.5 |  |
|  | 41- 50 years | 107 | 4.06 | 0.544 |  |
|  | 51- 60 years | 46 | 3.8 | 0.594 |  |
|  | Above 60 years | 42 | 3.5 | 0.545 |  |
| **Employee status** | Salaried | 396 | 3.98 | 0.533 | **14.787** (p<.001) |
|  | Business | 135 | 3.77 | 0.598 |  |
| **Nature of industry** | Manufacturing | 55 | 3.44 | 0.548 | **13.661** (p<.001) |
|  | Banking | 266 | 4.02 | 0.536 |  |
|  | IT /  ITES | 105 | 3.94 | 0.514 |  |
|  | Construction / Real Estate | 54 | 3.97 | 0.446 |  |
|  | FMCG | 51 | 3.91 | 0.615 |  |
| **Qualification** | SSLC/HSC/Diploma | 15 | 3.87 | 0.522 | **4.596** (p=.003) |
|  | Graduate | 161 | 3.95 | 0.537 |  |
|  | Post Graduate | 217 | 4 | 0.546 |  |
|  | Professional | 138 | 3.79 | 0.58 |  |
| **Marital status** | Single | 151 | 3.96 | 0.534 | **0.842 (p=.359)** |
|  | Married | 380 | 3.91 | 0.567 |  |
| **Annual income** | Less than Rs 5 lakhs | 142 | 3.69 | 0.567 | **3.664*** (p=.038) |
|  | Rs. 5 - 10 lakhs | 185 | 3.48 | 0.522 |  |
|  | Rs. 10 - 15 lakhs | 86 | 3.29 | 0.565 |  |
|  | Rs. 15 - 20 lakhs | 57 | 3.84 | 0.628 |  |
|  | Above Rs.20 lakhs | 61 | 3.57 | 0.567 |  |

*Significant at 5% level        **Significant at 1% level

**Gender**

From the table .7.5, the 'F' value **1.221** is not significant at 5% level, the null hypothesis $H_0 2(a)$ is accepted.  Hence significant influence of gender on Branding of health insurance is not observed.

**7.5.2 Influence of gender on satisfaction towards Service quality dimensions of Health insurance companies**

This section is prepared to assess the influence of gender on satisfaction towards Service quality dimensions of Health insurance companies in Chennai. To assess the influence of gender on Service quality dimensions of Health insurance companies, one way ANOVA is applied.

**Null hypothesis $H_0$ 3: There is no significant influence of gender on satisfaction towards (a) Tangibles (b) Reliability (c) Commitment (d) Empathy (e) Assurance (f) Premium price (g) Know-How Quality (d) Responsiveness of Health insurance companies**

Table .7.6 displays the results of influence of gender on satisfaction towards Service quality dimensions of Health insurance companies in Chennai.

**Table 7.6**
**Influence of gender on satisfaction towards Service quality dimensions**

|  | Category | N | Mean | S D | F-value |
|---|---|---|---|---|---|
| **Tangibles** | Male | 372 | 3.71 | .587 | **0.310** **(p=.578)** |
|  | Female | 159 | 3.68 | .586 |  |
| **Reliability** | Male | 372 | 3.72 | .576 | **0.141** **(p=.708)** |
|  | Female | 159 | 3.70 | .51978 |  |
| **Commitment** | Male | 372 | 3.69 | .535 | **0.343** **(p=.558)** |
|  | Female | 159 | 3.72 | .536 |  |
| **Empathy** | Male | 372 | 3.72 | .519 | **0.001** **(p=.974)** |
|  | Female | 159 | 3.72 | .524 |  |
| **Assurance** | Male | 372 | 3.70 | .531 | **0.228** **(p=.633)** |
|  | Female | 159 | 3.73 | .516 |  |
| **Premium price** | Male | 372 | 3.62 | .564 | **0.109** **(p=.741)** |
|  | Female | 159 | 3.64 | .544 |  |

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|---|---|---|---|---|---|
| **Know-How Quality** | Male | 372 | 3.74 | .582 | **0.574** |
| | Female | 159 | 3.78 | .543 | **(p=.449)** |
| **Responsiveness** | Male | 372 | 3.59 | .581 | **0.953** |
| | Female | 159 | 3.65 | .593 | **(p=.330)** |

## Tangibles

From the table .7.6, 'F' value **0.310** is not significant at 5% level, null hypothesis $H_03(a)$ is accepted. Hence significant influence of genders on satisfaction towards tangibles of Health insurance companies is not observed.

## Reliability

F value **0.141** in Table .7.6 indicates that it is not significant at 5% level, the null hypothesis $H_03(b)$ is accepted. Hence significant influence of gender on satisfaction towards reliability of health insurance companies is not observed.

## Commitment

F value **0.343** in Table .7.6, indicates that it is insignificant at 5% level, the null hypothesis $H_03(c)$ is accepted. Hence significant influence of gender on satisfaction towards commitment of health insurance companies is not observed.

## Empathy

F value **0.001** in Table .7.6 indicates that it is not significant at 5% level, the null hypothesis $H_03(d)$ is accepted. Hence significant influence of gender on satisfaction towards empathy of health insurance companies in not observed.

## Assurances

F value **0.228** in Table .7.6 indicates that it is insignificant at 5% level, the null hypothesis $H_03(e)$ is accepted. Hence significant influence of gender on satisfaction towards assurance of health insurance companies is not observed.

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**Premium price**

F value **0.109** in Table .7.6 indicates that it is insignificant at 5% level, the null hypothesis $H_0 3(f)$ is accepted. Hence significant influence of gender on satisfaction towards premium price of health insurance companies is not observed.

**Know –how quality**

F value **0.574** in Table .7.6 indicates that it is not significant at 5% level, the null hypothesis $H_0 3(g)$ is accepted. Hence significant influence of gender on satisfaction towards know-how quality of health insurance companies is not observed.

**Responsiveness**

F value **0.953** in Table .7.6 indicates that it is insignificant at 5% level, the null hypothesis $H_0 3(h)$ is accepted. Hence significant influence of genders on genders on satisfaction towards responsiveness of health insurance companies is not observed.

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### 8.1.1SUMMARY AND CONCLUSIONS

**Personal profile of the respondents**

Most of the respondents (70.1%) owning health insurance policies in Chennai are male and the remaining respondents (29.9%) are female.

8.1.1.1 In the selected 531 respondents, 34.8% of the respondents are in the age group of 31-40 years, 28.4% of them falls in the age group of 21-30 years, 20.2% are 41-50 years old, 8.7% of the respondents are in the age group of 51-60 years and 7.9% of them belong to above 60 years of age.

8.1.12 40.9 % of the respondents are post-graduates, whereas 30.3% of them are graduates, another 26.0 % of the respondents are having professional degree and 2.8% of the respondents are possessing SSLC/HSC/Diploma level education.

8.1.1.3 71.6% of the married respondent's own health insurance policies in Chennai and the remaining 28.4% of the respondents living as single also own health insurance policies in Chennai.

8.1.1.4 33% of the respondents' family are having 3 earnings persons, 25% of the respondent's family are running with two earning members, 17.5% of the respondents are running with 4 salaried persons, 16.2% of the family are running with only one earning person and 8.3% of the families are running with more than 4 earning persons.

8.1.1.5 71.2% of the respondents are living in nuclear family and the remaining 28.8% of them are living as joint family.

### 8.1.2 Socio economic profile of the respondents

8.1.2.1 74.6% of them working as monthly salaried employees and the remaining 25.4% of them are doing their own business.

8.1.2.2 50.1% of the respondents are working in the banking industry, 19.8% of them employed in IT/ITES industry, 10.4% of them working in manufacturing industry, 10.2%

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of the respondents involved in construction/real estate field and 9.6% of them working in FMCG industry.

8.1.2.3 34.8% of the respondents earning rs.5-10 lakhs as their annual income, whereas 26.7% of them earning less than rs.5 lakhs per annum, another 16.2% of the respondents annual income was rs.10-15 lakhs, 11.5% of them earning more than Rs.20 lakhs per annum and 10.7% of the respondents earning rs.15-20 lakhs.

8.1.2.4 48.4% of the respondent's family only 2 earning persons, 41.1% of the families running with single man earning, 8.3% of the respondents family running with 3 earning members, 1.1% of the family running with the salary of 4 members and another 1.1% running with more than 4 earning members.

### 9.1    CONCLUSIONS

The present study concludes that salaried respondents' expectations are much higher than experiences in Standalone Health Insurers in Chennai than the business class. The Purchase Decision are faster in case of single than married persons as the financial commitments are high in case of married respondents.

**9.1.1**    The Lower Income Group and the Middle-Income group have less choice towards Health Insurance as the available surplus are minimal due to increased cost of living. The main focus for the Standalone Health Insurers is required in this segment. Further the Health Insurance should not viewed by the Insured mainly as a Tax Deduction rather this has to be viewed as Health Protection. The Banking and IT/ITES respondents are more in Chennai and their expectations on Service quality is much higher as the awareness of the products are more. The Higher Income group are satisfied with the service quality of Standalone Health Insurers as their affordability is high to bear the cost of treatment, room rent in specialized category. The Cashless facility is one the vital financial variant apart from Tax Deductions and Discounts in premium as purchase decision is also dependant on this core factor.

9.1.2    IRDA as regulator has directed all the insurers to provide for internal ailments like ENT problems, Dental etc and charge uniform pricing as the present pricing and

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coverage differ from insurer to insurer resulting in huge burden on the insured both financially, mentally and physically especially for Senior Citizens and retired prospects.

## 10. Suggestions

**a.** The Government and the NGO's shall have to take priority of collection of data relating to Health Insurance on Gender, Family size and Type.

b. The nature of policy whether the family floater and Individual Health policies should be obtained by the Regulator IRDA and publish the data of all Insurers as presently there is no requirement for the Insurers to furnish such data.

c. The Governmental schemes like Ayushman Bharat, CGHS, RSBY, Chief Ministers Health Care should be made available for all underprivileged in the Lower Income Group.

**Suggestions for Further research:**

i. There is scope for further research for all the Insurers who sell health insurance as one of the products . There is opportunity for further research as the data of the yesteryears will enable all the Insurers to compare themselves within the country and outside India.

ii. The Premium affordability and the Risk involved based on the Family size and Family Type can be compared with the scenario in other countries.

## BIBLIOGRAPHY

1. Anita J (2008) "Emerging Health Insurance in India" in the 10th Global Conference of Actuaries" – Indian Institute of Actuaries Pages 81-97, https://www.actuariesindia.org/downloads/gcadata/10thGCA/Emerging%20Health%20Insurance%20in%20India-An%20overview_J%20Anitha.pdf

2. Anitha J, Emergence of Health Insurance in India – An overview  in 10th Global

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Conference of Actuaries  Pages 1-17

3. *Chennappa D (2015) "Differential Premium Pricing in Health Insurance" in IRDAI Journal Vol XIV, No. 1, Pages 3 to 9.*

4. Chima Arieal Onoka (2014) "The Private Sector in National Health Financing Systems – the role of health maintenance organisation and health care provieders in Nigeria" PhD thesis, London School of Hygiene & Tropical Medicine. DOI: 10.17037/PUBS.02089174 – Pages 1 to 233.

5. Chandralekha Mukherjee (2013) "Finding Health under High Risk category" – Money Today –Print Edition July 2013.

6. Joana Sara Valson & V K Ramamurthy (2018) in their article on "Gender differences in their relationship between built environment and non-communicable diseases – A systematic review". [Journal of Public Health Research 2018; 7:1239], Pages 43 to 49.

7. *James P C (2017) "Removing the Pain Points in Health" in IRDAI Journal Vol XV, No. 1, Pages 45 to50.*

8. *James P C (2016) "Leveraging distribution for Main streaming Insurance" in IRDAI Journal Vol XIV, No. 2, Pages 11 to 15*

9. Krishnekumaar S T & Dr Meenakshisundaram K S (2015) "A Study of Down Syndrome – The Medicare & Positive Parenting". AEIJMR – Vol 3 – Issue 9 – Sept 2015 ISSN 2348, Pages 1 – 8

10. Robert Kaba Alhasan [et al] (2016) " Perceptions  of frontline Health workers on Ghana's National Health Insurance Scheme before and after Community Engagement interventions. BMC Health Services Research, 2016 16(192): 1-11

11. Robert Kaba, Alhasan, Stephen OpokuDuku, Wendy Janseus, Edward Nkeituch & Nicole Speaker (2015) " Comparison of perceived and technical health care quality in primary health facilities : Implication for a sustainable national health insurance scheme in Ghana". PLoS ONE, 2015 10(10): 1-20.

12. Robert Kaba Alhasan [et al] (2015) " Effect of Community Engagement interventions on Patients Safety and Risk Reduction efforts in primary health facilities". PLoS ONE, 2015 10(11): 1-19.

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*13.* Robert Kaba Alhasan <sup>et al</sup> (2015) " Efficiency of private and public primary health accredited by National Health Insurance Authority in Ghana. BMC Cost Effectiveness and Resource Allocation, 2015 13(23): 1-14

*14. Rohit Kumar (2015) "A Core Competency – Delivered on Time, Every Time" in IRDAI Journal Vol XIII, No.10, Pages 4-9.*

*15.* Sampurna Bhuyan (2016) " Enhancing Health Security in Assam ; Exploring the Efficacy of Health Insurance" Thesis submitted to Guwahati University, KK Handique Library, 331-255, BHU, I 2529.

*16.* Sanjiv Mittal (2015) " A Study of Relationship of Service Quality, Customer Satisfaction and Service Value with Customer Loyalty of Life Insurance Customers in India. International Conference on Issues in Business Administration and Economics (IBAE-2015) Nov. 25-26, 2015  Paris (France), Pages 1-4.

*17.* Times of India (Chennai edition) dated 3.1.2020, Pages 1 & 15 titled " Regulator tells all insurers to offer standard health policy".

## CURRICULAM VITAE

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Winner of Best Director Award, ,Best Academic Administrator Award and Best Academic Performer and Administrator Award. .. A multi-faceted seasoned professional having over 38 years of rich & dynamic experience in Teaching, General Management / Personnel Administration/ Training & Development / HRM and Facilities Management across industry verticals. • A keen strategist & planner, with excellent communication & exceptional interpersonal and man management skills with the ability to motivate a large strength of men under adverse circumstances. Result oriented, dynamic, timely accurate reporter. External Examiner for Ph.D. for various universities. Member in the Editorial Boards in more than 107 national and International journals of repute. Written many research papers in National and International journals. Four PhD SCHOLARS completed under his guidance.

**Dr S T Krishnekumaar, National Head – Legal & Asset Recovery (Small Commercial Vehicles) and Principal Officer (Bancassurance) in IndusInd Bank Limited rank the position of Vice President**. I have been taking a lead role in Insurance of the Bank for the past 16 years.  The expertise is more on General Insurance including Health and Life Insurance. The stint in this Bank enabled me to handle various portfolios in legal, secretarial, branch operations, Insurance & Asset Recovery ad my overall experience is 28 years. I have been a Trainer for Insurance Business apart from my sales exposure in General and Life Insurance Business and floating of companies for acting as Intermediaries.

My educational qualifications viz., M.com., LL,B., MBA., ACS (final)., FIII., CAIIB.  Apart from the fellowship in Insurance, I hold a Reinsurance Broking Certification certified by IRDA through Insurance Institute of India, Certification of Digital Banking from IIBF, Certification on Mediation awarded by Edward Bruce Academy, United States.

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