International Journal of Scientific Engineering and Research (IJSER)
ISSN (Online): 2347-3878
SJIF (2024): 6.623

A Sociological Study on Attitude and Perception of Young Adult of Bengal regarding Family Health and Social Insurances

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Abstract: ***Emergencies of all types are by nature unpredictable and sudden in origin. Given these, they have the tendency to render their victims vulnerable, given their concomitant financial shocks. In instances where these persons are not prepared financially particularly for the emergencies, they suffer double agony. Along with national insurances in India, West Bengal in particular has WBHS scheme ie. a state-level health insurance welfare scheme. This scheme had begun in 2008 but 2014 saw a revamp and came to be known as the West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme. Swasthya Sathi was launched on 30th December 2016 and basic health cover for secondary/ tertiary care up to Rs. 5 lakh per annum per family were declared by government. These social insurances are government or institution runed systems to shoulder collective responsibility and provide mass benefit. Since young adults are mainly dependent on parents for insurance or security henceforth vulnerable to emergencies and disasters. Any kind eg. government or private of their insurance may it be health or security has to be borne by family. Cushioning individuals, families and communities against the financial burden of catastrophes and periods of incapacity and old age, is what insurance schemes seek to do. The present study aims to understand the attitude of young adults towards these schemes and policies. With the help of a self-prepared questionnaire data was collected from 60 respondents. The findings reveal that there is a positive attitude among young adults with respect to insurance and mediclaim the awareness and knowledge level is also positive. A variety of responses were obtained in the reasons for choosing certain policies over others where maximum respondents believed security and coverage is most important. Among the respondents who do not have policies, saving and investment attitude is a positive alternative. Those individuals prefer investing their saved sum in other sources rather than policies. Therefore, the growing awareness and popularity of these schemes and policies have been successful in attracting many clients because return value is often more then sum investment along with psychological/ emotional support. This paper would try to learn about attitude, perception of individuals towards theses insurances. How far theses insurances have implication in social milieu or how far it indicates a shift from Collective Care to Institutionalised Risk Management would also be studied.***

Keywords: Health Insurance, Medical Health Insurance, Social Insurances, Collective Care, Institutionalised Risk Management

1. Introduction

Health insurance is fast emerging as an important mechanism to finance health care needs of the people. The need for an insurance system that works on the basic principle of cooling of risks of unexpected costs of persons falling ill and needing hospitalisation by charging premium from a wider population base of the same community.

These social insurances are government or institution runned systems to shoulder collective responsibility and provide mass benefit. With improved literacy, modest rise in incomes, and rapid spread of print and electronic media, there is greater awareness and increasing demand for better health services. During the last 60 years India has developed a large government health infrastructure. Attitudes towards a decision making in buying health policies or insurance is generally considered as judgments and these are results of either direct experience of the social environment or through observations. Attitude may be defined as an enduring organisation of motivational, emotional, perceptual, and cognitive process with respect to some aspect of our environment (Beest et.al, 2003). Whereas, in the context of consumer behaviour, attitude is a learned predisposition to behave in a consistently favourable or unfavourable way with respect to a given object (Kanuk and Schiffman, 2000).Medi-claim policy is nothing but a health insurance policy that is designed to take care of one's healthcare expenses up to the sum assured, in case the person faces any sort of medical emergency, be it an illness or an accident that has led to hospitalisation. One must also take note of the fact that a medi-claim policy in India is issued for a defined time period. Once the renewal date nears, the person needs to pay the premium before the due date so as to continue enjoying its benefits. Ever increasing health care costs and decrease in caregiver in nuclear family setting have made it necessary to opt for mediclaim policies in India.it is extremely important for everyone to invest in some form of policy to keep themselves secured. Therefore, the attitude of young adults towards this is an interesting field of study.

2. Aims and Objectives of the Study

In the present study I have attempted to investigate the following aspects:

1) To get an insight in the attitude of young adults towards life-insurance and medi-claim facilities.
2) To investigate the level of awareness and factors which influence purchase of various policies among the working young adults regarding these policies.
3) To find out if there is a difference in the attitude and awareness regarding these policies among males and females belonging to the same age category.
4) To investigate the reason and understand the attitude of young adults who do not have policies.

3. Methodology

Thus, to do justice to the objectives of the study and satisfactorily obtain data, I have chosen Exploratory Research type to carry out the study.

3.1. Method of data collection

For the present study primary data was collected using the survey technique. However, secondary data was carefully analysed before enumerating the objectives of the present study.

3.2. Tools used for data collection:

The tool used for data collection for the current study was a self-prepared questionnaire. A questionnaire consists of a list of questions in a definite order. These questions are administered to the respondents, then the feedback is carefully scrutinised and recorded for analysis and interpretation. The questionnaire circulated consisted of 20 questions both open and closed ended. The first part consisted of general information, the second part included questions for the people who had policies whereas the third part consisted of questions to probe the individuals who didn't have policies. The questionnaire was mailed to several people and for some they were administered personally. The medium of the questions was Bengali. The size of the questionnaire was kept to an optimum of 20 questions which easily fulfilled the purpose of the questionnaire. For better feedback and quantitative analysis a scale was provided with the questions as well.

3.3. Technique of sample selection

In the current research, the sample was chosen using the Non-Probability Purposive Sampling (Sample population= 60). For the current study I have used this technique based on the availability of respondents and keeping in mind various aspects such as nature of the study, aspects of study and the criteria needed to participate in the study.

3.4. Setting of the Study

The present study is based on young adults who belong to Arambagh and adjoining areas. The data was collected from areas such as Arambagh and adjoining areas, Hooghly.

3.5. Ethical considerations:

The identity and response of the respondents was only used for educational purpose. Moreover, the consent of the respondent was taken before administering the questionnaire and along with this a clear background of the study was provided to them.

3.6. Inclusion criteria for the study

In order to be able to participate in the present study, the respondent must fulfill the following criteria:

1) The individual must belong to the specified age category which is young adulthood (All above 18yrs, education above 12 standard).
2) The respondents must be residing in Arambagh.
3) The individual must be willing to participate in the study.
4) The respondents must be working.
5) If the individual holds any policy, they should be aware of them and it must be an individual policy.

4. General Information about the study:

Part A mentions about some general informations-Marital Status (Single: 46, Married: 13, Separated/Widowed:1) among 60 respondents were enquired. Annual income (Below 1 Lac: nil, 1 Lac – 5 Lac: 49, 6 Lac – 10 Lac: 02, Above 10 Lac:9) reflected most to be lower middle class. Among the 60 respondents 42 (70%) have on going policies whereas 18 (30%) responded saying they did not have any policy or schemes in their name. This shows that even today, when there is so much awareness and advertisements regarding policies and insurance schemes nearly 30% of the sample population did not invest in these schemes. Part B focuses on the attitude and reason for purchasing the policies whereas part C attempts to investigate the possible reasons and attitude of young adults who refrain from buying any specific policy. When the respondents were enquired regarding the company from which they have purchased their policies maximum respondents said they (mostly male head like father/husband) have opted for government subsidised health schemes and few said they have invested in private companies. Government Schemes run for public benefits are most popular among these families.

5. Attitude and reason for purchasing the policies

The respondents or their family, who have policies were enquired about the factor which influences their purchasing decisions. A list of reasons (Tax planning measure: 1, Travelling national/international/migrant workers: 2, Employer's contribution: 2, Existing illness:13, Avail good quality medical treatment: 18, Risk coverage against future illness, old age etc: 23) was provided to them and they were asked to pick the reason which is most suitable to them. This helped to gage upon the attitude of young adults towards the idea of buying a policy and what stimulates them to go for purchase. was provided to them and they were asked to pick the reason which is most suitable to them. This helped to gage upon the attitude of young adults towards the idea of buying a policy and what stimulates them to go for purchase.

6. Source of Motivation

Young adults and families who took financial and investment decisions on the basis certain influences (insurance officials'-closed ones: 2(4.76%), Relatives: 8(19.04%), Friends/colleagues:16(38.09%), Advertisement and local political heads: 10(23.80%), Income Tax Advocate: 2(4.76%),others -during hospitalization: 4.Thus it is evident from the collected data that the level of awareness regarding various policies and schemes is relatively high. Individuals who are not investing in any policy or scheme are also well aware of the schemes and policies. Media and relatives are the most common sources of information regarding policies for both the insured and the uninsured group.

7. A Shift from Collective Care to Institutionalised Risk Management:

In countries like India, sickness and health expenses were traditionally managed through family support and family savings. A shift from joint family structure to a nuclear family setup has reduced scope for informal care. Buying insurance for self and family or enrolling in government subsidized/ sponsored social scheme/policy reduce responsibility of taking care of elderly parents or dependent family members. Getting registered into social schemes and policies are engineered to manage uncertainty or unpredictability in life. Lower-income groups commonly rely on government setups and to avail basic private healthcare, they get enrolled in public funded social schemes. Weaker public healthcare systems (CGHS, Ayshmann Bharat, Swastha Sathi scheme etc) has pushed individuals for buying private insurances. Incompetent social schemes reflect State's initiatives with health. Due to these incompetent social schemes, individuals from middle/ upper class are more likely to purchase private insurances/policies along with government schemes. They try to ensure multiple protective coverings within their financial opulence as they have fewer family members to act as care givers. To maintain economic independence they access information or resources to avail these protective coverings in anticipation of future uncertainties. Health benefits and treatment choices reflect on the notion of social class and stratification. Women in most of the households were found to be dependent members and the second insured person after the male head. Womens' health, a matter which was ignored traditionally seemed to gain some importance in suburban nuclear family settings.

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