The Study of Health Status and Attitudes towards Buying of the Mediclaim Policy as the Key Drivers for Buying of the Mediclaim Policy in the Gujarat State

Dr. Drishti B. Joshi

ABSTRACT

The Indian health care market at present is at US $ 100 Billion which is expected to reach to US $ 280 Billion by the year 2020. Healthcare spending is expected to grow to 13 per cent by the year 2025. This increasing cost of the health care services led by the various innovations in order to cure the complex diseases, or the newly technologically designed health care services has raised the issue of healthcare financing mechanism, health insurance. However, the health insurance market in India is at the nascent stage, and for grabbing the untapped opportunities of this unexploited health insurance market, the health insurance marketers require to understand the nerves of the health insurance seekers.

The present research study focuses on this critical emerging area of the marketing of the health insurance services. The key objective of this descriptive research study is to understand and evaluate mediclaim policyholders' opinions on their health status and attitudes pertaining to buying of the mediclaim policies, in the context of the selected background variables of the selected mediclaim policyholders. The primary data were conveniently drawn using structured-non disguised questionnaire from the selected cities in Gujarat State in order to offer key results, findings and implications using descriptive statistics and Chi-Square test.

Keywords: Black and Scholes option pricing model, Call option, Put option, Premium, Volatility, Paired sample T-test, Greeks Elements.

I. INTRODUCTION

The Indian health care market is expected to reach to US $ 280 Billion by the year 2020. Moreover, due to the demographic transition in India during the period 2010 to 2020, the number of middle class households with their earning between INR 200,000 and INR 1,000,000 per year is expected to rise about four-fold, i.e., from 24 Millions in the year 2010 to 93 Millions in the year 2020. During the period 2010 and 2020, India is expected to undergo an urban transformation at the speed and scale as similar to that of China. According to the projections of McKinsey Global Institute, the population of Indian cities is expected to become 590 Million in the year 2030. Consequently, the health care spending is likely to rise substantially to 13 per cent in the year 2025, which is much higher than the countries, namely, Brazil, China and South Korea (Health

Care; Gearing Up for Health Care 3.0, 2010). Also, the prevalence of chronic diseases, such as, coronary heart disease and diabetes is also expected to steadily rise 25 to 45 per cent of the patient pool in India. According to the report of PriceWaterhouse Coopers, it is estimated that 189 Million people in India will fall in the age group category of more than 60 years of age by the year 2025, which will further impose pressure of the health care spending in India to rise.

Thus, the increasing costs of the health care services led by the various innovations in order to cure the complex diseases, or the newly technologically designed health care services has raised the issue of the healthcare financing. Moreover, the role of the central government and state government is not adequate to finance the health care spends of the citizens, which results into the reliance of the people on the private out-of-pocket expenditures, consequently, highly raising these private out-of-pocket expenditure of the people. In such case the dire need for the effective mechanism that finances health care services has been felt, has to be identified and nurtured further. One of such mechanism identified is the health insurance.

Health insurance is an insurance against medical expenses and loss of earnings due to accident or illness, which may either cover only individuals, or extended to their dependents, or may be purchased on group basis, i.e., by a firm to cover its employees. The penetration of the health insurance industry in India is only at 7 per cent with the retail sub-segment being close to 4 per cent, which seems to be negligible vis-a-vis the sky-rocketing share of out-of-pocket expenditure on health care for a majority of population.

Thus, the health insurance market of India offers the huge untapped field of opportunities to grab by their innovation and health care seeker friendly marketing strategies. This has led to raise the curiosity amongst the health insurance marketers from the context of understanding the behaviour of the health insurance prospects, including their beliefs, opinions and attitudes of the health insurance seekers and application of the innovative marketing strategy thereby, which has also been the key objective of this research study.

II. LITERATURE REVIEW

U. Dineshkumar, J. Karthick and L. Sathish Kumar (Accessed on 30/08/2014) studied on the awareness of health insurance policies among the customers in Dindigul city and suggested that health insurance company should focus on maintaining the awareness among mediclaim policy, offer more varieties of an insurance products and should reduce the cost and increases its benefits. Anaka Aiyar et. al., (March, 2013) had reviewed the implementation of Rashtriya Swasthya Bima Yojana in Karnataka to suggest that focus should be on identification of beneficiaries through appraisal and periodic revision of BPL list

rather than referring outdated BPL list. Ramesh Verma et., al. (2013) had highlighted that a health insurance programme should ideally promotes cross-subsidy between both equals and unequal considering major aims of health insurance which is to increase access of health care services and to protect families from high medical expenses at the time of illness. V. L. Lavanya (2012) had highlighted that significant association exists between the age, education and monthly income of respondents with their willingness to pay for health insurance. Sukumar Vellakkal (2012) had analysed the level of financial protection to low-income people during illness to conclude that private health insurance provides lower level of financial protection compared to 'people's preferred health insurance', and hence recommended that health insurance packages must be comprehensive and reflect community preference to make it attractive so that health insurance penetration can be increased.

Akash S. Rajpal (2011) found that with rising disposable incomes and the highest population being the earning age group of 15 to 64 years constituting nearly 60 per cent of Indian population, the insurance reach is bound to grow from the present meagre two per cent to 20 per cent which would stimulate demand for better quality care and a dominant role of insurer on choice of healthcare units for patients in reference to quality and professionalism.

Viral Dholakia (2010) viewed that health insurance companies are required to evolve user-centric insurance products based on the detailed market study followed by marketable products with affordable and acceptable terms to wider range of insurance customers.

Ramesh Bhatt and Nishant Jain (2006) undertook study to examine factors affecting the demand for health insurance which revealed that in case of buying of health insurance, income and health care expenditure are significant determinants apart from age, coverage of illnesses and knowledge about insurance of insurance owners.

Vagisha Kishore, Chinmaya Relan and Nia Som (2007) had concluded that the experience from other places suggest that if health insurance is left to the private market it will only cover those which have substantial ability to pay leaving out the poor and making them more vulnerable. Peter P Groenewegen et., al., (2005) had investigated the consumer preferences for the hypothetical health plans to argue that allowing customers greater choice of health plans is the key to high quality and low costs. M. Kent Ranson (2003) had reviewed the community-based health insurance (CBHI) schemes in India to suggest that there is a demand for health insurance services among the poor and there is little evidence to suggest that these schemes can include the poorest and the schemes have done little to address the issue of low/variable quality of healthcare services. David M.

Studdert et. al., (2002) too had examined the choice behaviour of the respondents within moderate and income levels and had provided the extensive review of literature of the studies, concerning effect of price to the lower income employees; freedom of choice among providers; opportunities to maintain an existing provider relationship; quality of providers, and anticipated medical care utilization.

Dwight M. Scherban and Charles H. Nightingale (2000) had found that unlike physician in the plan, premiums and choice of hospitals were not rated as an important factor in selecting a plan with respect to the patient health. Anderson (1995) and Aday Awe (1997) had used the Anderson's Behavioural Model of medical services to understand the influence on health insurance status on the physical well-being of individuals and families by predicting that an individual's use of the medical services has been the function of the several predisposing and enabling characteristics as well as need factors, including health belief attributes, viz., attitudes; beliefs; and knowledge, predisposes an individual to seek medical care.

III. RESEARCH METHODOLOGY

The major objectives of this descriptive research study were to identify and evaluate the influence of the individuals' opinions on the health status, benefits of the general insurance and their attitudes pertaining to the buying of mediclaim policy in the selected cities of Gujarat State. The responses were collected from total number of 1,463 selected mediclaim policyholders based on the conveniently quota-cum judgemental method of non-probability sampling design from the selected cities viz., Vadodara, Ahmadabad, Surat, and Rajkot of the Gujarat State. The researcher has made an attempt to analyze, interpret and report on the results by applying SPSS 15.0 on the collected primary data. The abbreviations used by the researcher in tabulation are, viz., V = Vadodara; A = Ahmedabad; S = Surat and R = Rajkot; AG = Agree, DA = Disagree.

IV. DATA AND EMPIRICAL RESULTS

Profile of Selected Mediclaim Policyholders (Table: 1)

Overall, maximum numbers of mediclaim policyholders were found within the age group of 25 to 34 years, followed by the age group of 18 to 24 years (24 per cent) and 35 to 44 years (23 per cent) respectively. Above 60 percent of mediclaim policyholders in all the selected cities of Gujarat State, viz., Vadodara, Ahmedabad, Surat and Rajkot were found to be males. Maximum numbers (40 per cent) of the Mediclaim Policyholders were found as Graduates. It becomes clear that nearly 70 per cent of the Mediclaim Policyholders in the each of the selected cities of the Gujarat State were found as married. 55 per cent of the

Mediclaim Policyholders were found as belonging to service class. However, the researcher had found equal number (12 per cent) of the Mediclaim Policyholders belonging to business and self-employed category of occupation. In case of type of family, it was found that overall 63 per cent of the Mediclaim Policyholders were belonging to joint family. Overall 77 per cent of the mediclaim policyholders were having 1 to 5 dependent family members.

Selected Mediclaim Policyholders' Opinions and Attitudes (Table: 2)

Overall, majority of them had shown agreements towards the selected opinions on health status which implies that there exists the positive belief pattern.

However, majority of them had also agreed to the items, health status is the god gift which implies that the targeted mediclaim policy market would not only demand the rational and logical reasoning for the purchase of the mediclaim policies but also the strong proposition from the insurance marketers which could compete and would win over their aforementioned beliefs.

<Table: 3>

Overall, mediclaim policyholders had shown agreement to each of the selected item concerning buying of the mediclaim policy.

Results of application of chi-square analysis

The researcher have studied and analysed the average opinions of selected mediclaim policyholders' concerning his or her health status, benefits of the general insurance, and attitudes for buying the mediclaim policy vis-à-vis the selected mediclaim policyholders' selected background variables age; gender; educational qualifications, marital status, occupation, type of family, annual income; number of dependent family member and number of earning family member. The findings of testing of the hypotheses undertaken based on the Chi-Square test with the help of application of SPSS 15.0 have been presented in the Table Number 04 followed by the implications. For this the responses of the selected mediclaim policyholders from the selected cities of Gujarat State were taken on five rating scales, viz., Strongly Disagree, Disagree, Cannot Say, Strongly Agree and Agree. *(Abbreviations used in following tables are S = Significant; NS = Not Significant; GEN = Gender; EDU = Educational Qualifications; MS = Marital Status; OCC= Occupation; TF = Type of Family; AI= Annual Income; NDFM: Number of Dependent Family Member and NEFM = Number of Earning Family Member)*

<Table: 4>

Overall, it was found that the average opinion of the selected mediclaim policyholders of different age concerning their health status was found to different only for the selected criteria, viz., I am conscious about my health status. While, in case of the selected mediclaim policyholders of different gender, it was different for some of the selected criteria, viz., health status is the god gift, I am healthy and health can be maintained at any age. Considering education, the average opinion was found to be different only for the selected criteria, viz., I am aware of my medical history and I am conscious about my health status. In case of the marital status, overall, it was found to be different for some of the selected criteria, viz., I am healthy, I am conscious about my health care status and I can judge my health status. While, with reference to the occupation, it was found to be different only for the selected criteria, i.e., health status is the god gift, I am healthy and provision can be made in the form of the health care status. It was found that the average opinion of the selected mediclaim policyholders with different type of family regarding their health status was found to be different only for the selected criteria, viz., health can be maintained at any age. While, with regards to those with different annual income, it was found to be different for the criteria, viz., health status is the god gift, I am aware of my medical history and I can judge my health status. However, it was found to be uniform amongst the selected mediclaim policyholders with different number of dependent family member, but, it varied with regards to the selected criteria, viz., I am aware of my medical history and I am healthy, in case of the selected mediclaim policyholders with different number of earning family members.

The attitude of the selected mediclaim policyholders of different age group, type of family, and annual family income, concerning the buying of the mediclaim policy was found to be uniform for all the selected criteria. While, in case of gender, it was found to be different for some of the selected criteria, viz., mediclaim policy is beneficial to me, I like to have mediclaim policy and I am ready to bear the cost to have mediclaim policy. However, in case mediclaim policyholders with different educational qualifications, it was found to be different with regards to some of the selected criteria, viz., mediclaim policy is inevitable, it is safe to have mediclaim policy, and I like to have mediclaim policy. In case of marital status, it was found to be uniform for all the selected criteria, except the criteria, that is., mediclaim policy is beneficial to me and it is pleasure to have mediclaim policy. It was found that the attitude of the selected mediclaim policyholders of different occupation concerning buying of the mediclaim policy was found to be different for some the selected criteria, viz., I like to have mediclaim policy and it is pleasure to have mediclaim policy. In case of the selected mediclaim policyholders with different number of the dependent family member, it was found to be different only for the criteria, viz., it is safe to

have mediclaim policy. However, the attitude of the selected mediclaim policyholders with different number of the earning family member concerning buying of the mediclaim policy was found to be different for all the selected criteria. (Please Refer Table No. 04)

Discussions and implications of the research study:

The findings and review of the demographic profile of the selected mediclaim policyholders reveals that mixed responses across the selected age group categories were received. However, the limitations in terms of age eligibility for buying mediclaim policy have been reflected in the age group of above 54 years across the selected cities, which was less than 10 per cent. It was found that the purchase decision of mediclaim policies was influenced by the male members in a family amongst selected mediclaim policyholders. It also became evident from the research study that educational qualification influences the purchase of the mediclaim policies.

It was also found that married people are more interested in availing the mediclaim policies and that the service class people who are having fixed income are keen to purchase mediclaim policy as it provides security against uncertain healthcare expenditures. Moreover, in order to protect the family from uncertain burden of the healthcare expenditure, the joint families are more interested in buying mediclaim policies. Also the independent mediclaim policyholders were barely concerned to purchase the mediclaim policies which provide the field of investigation to the upcoming researchers and the marketers in the area of the health insurance. It can also be argued that the targeted mediclaim policy market would not only demand the rational and logical reasoning for buying the mediclaim policies, but, also the strong proposition from the insurance marketers which could compete and would win over their aforesaid beliefs, shall be considered by the marketers in forming the marketing strategy. The belief pattern towards the health status among the selected mediclaim policyholders offers opportunities to the marketers to consider dissimilar attitude of people from different places that makes the task of message generation more complex.

The research study also provides the following confirmatory evidences and offers implications based on the testing of hypotheses applying Chi-Square Test.

An understanding was provided by the research study on the basis of confirmatory evidence to the health insurance marketers that the mediclaim policyholders of different age, education, occupation, type of family, number of dependent family members and number of earning family members had similar beliefs about their health status.

However, the beliefs vary with the gender, marital status and annual family income which may influence their health insurance buying decision. Hence, due consideration of these demographic variables in designing marketing differentiation strategy shall be given by the health insurance marketers which will assist them in attracting and convincing the target market of the mediclaim policy market. The research study provides the confirmatory evidence to the health insurance marketers to consider differentiation strategy while persuading the mediclaim policyholders with different number of earning family members as their attitudes pertaining to the buying of the mediclaim policy is different.

However, the common attitudes towards the buying of the policy were reported among the mediclaim policyholders of different gender and education which offers liberty to the health insurance marketers to apply the dual strategy that is differentiation or the common positioning strategy.

V. CONCLUSION

Health is the basic right of the human being. The various health parameters of the any country are the indicators of the human development in that country and play the significant role even in the economic development of the country. To maintain and restore the state of health, health care is required. Hence, health care is the service which people may need but do not want. Moreover, with the partial role of the central and state government in providing health care; emergence of the public private partnership model in health care services; role of private health care providers; inadequate staff at the health infrastructure; increasing technological advancements; rising life-style diseases; increasing income and population of India, and many others, have made availing of the health care services expensive. This has made felt the dire need for the effective health care financing mechanism. Health insurance, undoubtedly, in its various formats, is capable of serving this need of the health care seekers. In spite of this, the health insurance penetration in India is less than 10 per cent of its huge population, which is an indicator of huge untapped health insurance market. However, the health insurance marketers simply cannot take the needs of the health care seekers for granted and expect the buying of their health insurance products. These health insurance marketers need to assess the needs of their target market on the basis of their opinions, beliefs or attitudes in their behaviour, in the context of the varied demographic factors, which has been the central theme of this research paper. Accordingly, the marketers shall apply this knowledge in framing their innovative product strategy, pricing strategy, promotion strategy, as well as distribution strategy. Apart from this, as highlighted in the research paper, the marketing strategy in terms of marketing mix as well as branding and positioning strategy shall also be framed by the marketers on the basis of the study of the health insurance seekers.

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List of Tables

Table: 01: Profile of the Selected Respondents

Sr. No.	Selected Background Variables of Selected Respondents		Number and Percentages of Selected Respondents				Nos. and % age of Resp.
			V	A	S	R	Total
01	Gender	Males	396(76.6)	253(63.3)	177(61.9)	158(60.8)	**984 (67.3**)
		Females	121(23.4)	147(36.8)	109(38.1)	102(39.2)	473 (32.7)
02	Marital Status	Un-Married	127(24.6)	104(26.0)	57(19.9)	80(30.8)	368 (25.2)
		Married	375(72.5)	282(70.5)	215(75.2)	175(67.3)	**1047 (71.6)**
		Others	15(2.9)	14(3.5)	14(4.9)	5(1.9)	48 (3.2)
03	Type of Family	Joint	301(58.2)	298(74.5)	157(54.9)	179(68.8)	**935 (63.9)**
		Nuclear	216(41.8)	102(25.5)	129(45.1)	81(31.2)	528 (36.1)
04	Age Group	18 to 24 Years	103 (19.9)	78(19.5)	49(17.1)	81 (31.2)	311 (24.3)
		25 to 34 Years	159 (30.8)	148(37.0)	68(23.8)	66(25.4)	**441 (30.1)**
		35 to 44 Years	131(25.3)	78(19.5)	79(27.6)	55(21.29)	343 (23.4)
		45 to 54 Years	82(15.9)	62(15.5)	78(27.3)	41(15.8)	263 (18.0)
		Above 55 Years	42 (8.1)	34(8.5)	12(4.2)	17(6.5)	**105 (7.2)**
05	Educational Qualifications	Less than Graduate	95(18.4)	119(29.8)	49(17.1)	77(29.6)	340 (23.2)
		Graduate	217(42.0)	180(45.0)	96(33.6)	106(40.8)	**599 (40.9)**
		Post-Graduate	101(19.5)	58(14.5)	90(31.5)	44(16.9)	293 (20.0)
		Others	104(20.1)	43(10.8)	51(17.8)	33(12.7)	231 (15.8)
06	Occupation	House Wife	60(11.6)	76(19.0)	31(10.8)	50(19.2)	217 (14.8)
		Business -Man /Woman	53(10.3)	52(13.0)	33(11.5)	37(14.2))	175 (12.0)
		Self-Employed	55(10.6)	55(13.8)	22(7.7)	45(17.3)	177 (12.1)
		Service	296((57.3)	184(46.0)	183(64.0)	116(44.6)	**779 (55.2)**
		Professionals	53(10.3)	33(8.3)	17(5.9)	12(4.6)	115 (7.9)
07	Annual Family Income	Up to 1 Lakh	98(19.0)	76(19.0)	61(21.3)	40(15.4)	275 (18.8)
		up to 3 Lakhs	158(30.6)	149(37.3)	89(31.1)	63(24.2)	**459 (31.4)**
		3 to 4 Lakhs	113(21.9)	88(22.0)	77(26.9)	76(29.2)	354 (24.2)
		4 to 5	47(9.1)	43(10.8)	30(10.5)	39(15.0)	159 (10.9)

		Lakhs					
		5 to 6 Lakhs	29(5.6)	20(5.0)	9(3.1)	19(7.3)	77 (5.3)
		6 to 7 Lakhs	20(3.9)	9(2.3)	10(3.5)	7(2.7)	46 (3.1)
		More than 7 Lakhs	52(10.0)	15(3.6)	10(3.5)	16(6.2)	93 (6.3)
08	**Number of Dependent Family Members**	Single	78(15.1)	54(13.5)	35(12.2)	45(17.3)	212 (14.5)
		1 to 2	209(40.4)	164(41.0)	97(33.9)	93(35.8)	563 (38.5)
		3 to 5	205(39.7)	139(34.8)	119(41.6)	111(42.7)	**574 (39.2)**
		More than 5	25(4.8)	43(10.8)	35(12.2)	11(4.2)	114 (7.8)
09	**Number of Earning Family Member**	Single	199(38.5)	100(25.0)	68(23.8)	102(39.2)	469 (32.1)
		Dual	226(43.7)	179(44.8)	155(54.2)	109(41.9)	**669 (45.7)**
		More than 2	79(15.3)	90(22.5)	57(19.9)	48(18.5)	274 (18.7)
		More than 5	13(2.5)	31(7.8)	6(2.1)	1(0.4)	51 (3.5)
		Total	**517**	**400**	**286**	**260**	**1463**

Table 02: Selected Mediclaim Policyholders' Opinions on Health Status

Sr No.	Selected Beliefs on Health Status	Number and Percentages of Mediclaim Policyholders									
		V		A		S		R		Total	
		DA	AG	DA	AG	DA	AG	DA	AG	DA	AG
01	Health Status is the God Gift	128 (24.8)	389 (75.2)	97 (24.3)	303 (75.8)	67 (23.4)	219 (76.6)	91 (35.0)	169 (65.0)	383 (26.2)	1080 (73.8)
02	I am aware of my medical history	113 (21.9)	404 (78.1)	113 (28.3)	287 (71.8)	135 (47.2)	151 (52.8)	71 (27.3)	189 (72.7)	432 (29.5)	1031 (70.5)
03	I am healthy	106 (20.5)	411 (79.5)	108 (27.0)	292 (73.0)	113 (39.5)	173 (60.5)	54 (20.8)	206 (79.2)	381 (26.0)	1082 (74.0)
04	I am conscious about my health status	101 (19.5)	416 (80.5)	103 (25.8)	297 (74.3)	84 (29.4)	202 (70.6)	39 (15.0)	221 (85.0)	327 (22.4)	**1136 (77.6)**
05	I can judge my health status	181 (35.0)	336 (65.0)	139 (34.8)	261 (65.3)	111 (38.8)	175 (61.2)	47 (18.1)	213 (81.9)	**478 (32.7)**	985 (67.3)

06	Health can be maintained at any age	191 (36.9)	326 (63.1)	124 (31.0)	276 (69.0)	118 (41.3)	168 (58.7)	42 (16.2)	218 (83.8)	475 (32.5)	988 (67.5)
07	Provision can be made in the form of the health care status	156 (30.2)	361 (69.8)	100 (25.0)	300 (75.0)	117 (40.9)	169 (59.1)	32 (12.3)	228 (87.7)	405 (27.7)	1058 (72.3)

Table 03: Selected Mediclaim Policyholders' Opinions on Mediclaim Policy

Sr. No.	Selected Opinions on Mediclaim Policy	Number and Percentages of Mediclaim Policyholders									
		V		A		S		R		Total	
		DA	AG	DA	AG	DA	AG	DA	AG	DA	AG
01	Mediclaim Policy is inevitable	143 (27.7)	374 (72.3)	108 (27.0)	292 (73.0)	131 (45.8)	155 (54.2)	36 (13.8)	224 (86.2)	418 (28.6)	1045 (71.4)
02	Mediclaim Policy is beneficial to me	90 (17.4)	427 (82.6)	76 (19.0)	324 (81.0)	77 (26.9)	209 (73.1)	23 (8.8)	237 (91.2)	266 (18.2)	1197 (81.8)
03	It is safe to have Mediclaim Policy	79 (15.3)	438 (84.7)	92 (23.0)	308 (77.0)	65 (22.7)	221 (77.3)	19 (7.3)	241 (92.7)	255 (17.4)	1208 (82.6)
04	I like to have Mediclaim Policy	90 (17.4)	427 (82.6)	101 (25.3)	299 (74.8)	89 (31.1)	197 (68.9)	27 (10.4)	233 (89.6)	307 (21.0)	1156 (79.0)
05	It is a pleasure to have Mediclaim Policy	108 (20.9)	409 (79.1)	116 (29.0)	284 (71.0)	80 (28.0)	206 (72.0)	46 (17.7)	214 (82.3)	350 (23.9)	1113 (76.1)
06	I am ready to bear the cost to have Mediclaim Policy	101 (19.5)	416 (80.5)	120 (30.0)	280 (70.0)	96 (33.6)	190 (66.4)	33 (12.7)	227 (87.3)	350 (23.9)	1113 (76.1)
07	I positively involve myself to have Mediclaim Policy	88 (17.0)	429 (83.0)	131 (32.8)	269 (67.3)	86 (30.1)	200 (69.9)	38 (14.6)	222 (85.4)	343 (23.4)	1120 (76.6)

Table 04: Chi-square value of selected mediclaim policyholders' opinion on health status and attitudes towards buying of the mediclaim policy vis-à-vis the selected mediclaim policyholders' background variables

Sr. No.	Selected Criteria	'P' Value of X^2								
		Age DF=20	GEN DF=04	EDU DF=12	MS DF=12	OCC DF=16	TF DF=04	AI DF=36	NDFM DF=12	NEFM DF=12
01	Health status is the god gift	NS (0.159)	**S (0.025)**	NS (0.196)	NS (0.176)	**S (0.018)**	NS (0.069)	**S (0.001)**	NS (0.734)	NS (0.125)
02	I am aware of my medical history	NS (0.215)	NS (0.544)	**S (0.000)**	NS (0.113)	NS (0.070)	NS (0.213)	**S (0.003)**	NS (0.050)	**S (0.007)**
03	I am healthy	NS (0.487)	**S (0.001)**	NS (0.246)	**S (0.003)**	**S (0.011)**	NS (0.052)	NS (0.091)	NS (0.604)	**S (0.029)**
04	I am conscious about my health status	**S (0.027)**	NS (0.665)	**S (0.013)**	**S (0.045)**	NS (0.425)	NS (0.194)	NS (0.123)	NS (0.357)	NS (0.190)
05	I can judge my health status	NS (0.332)	NS (0.617)	NS (0.601)	**S (0.000)**	NS (0.179)	NS (0.229)	**S (0.024)**	NS (0.065)	NS (0.076)
06	Health can be maintained at any age	NS (0.822)	**S (0.035)**	NS (0.399)	NS (0.066)	NS (0.087)	**S (0.012)**	NS (0.160)	NS (0.933)	NS (0.132)
07	Provision can be made in the form of the health care status	NS (0.536)	NS (0.119)	NS (0.666)	NS (0.052)	**S (0.018)**	NS (0.331)	NS (0.272)	NS (0.131)	NS (0.117)
08	Mediclaim policy is inevitable	NS (0.060)	NS (0.307)	**S (0.005)**	NS (0.234)	NS (0.642) Df =12	NS (0.875)	NS (0.356)	NS (0.169)	**S (0.024)**
09	Mediclaim policy is beneficial to me	NS (0.720)	**S (0.021)**	NS (0.346)	**S (0.030)**	NS (0.066) Df =12	NS (0.860)	NS (0.102)	NS (0.264)	**S (0.021)**
10	It is safe to have mediclaim	NS (0.646)	NS (0.088)	**S (0.045)**	NS (0.202)	NS (0.148) Df =12	NS (0.581)	NS (0.163)	**S (0.022)**	**S (0.011)**

11	I like to have mediclaim policy	NS (0.513)	**S (0.036)**	**S (0.035)**	NS (0.470)	**S (0.002) Df =12**	NS (0.514)	NS (0.	NS (0.096)	**S (0.007)**
12	It is a pleasure to have mediclaim	NS (0.062)	NS (0.415)	NS (0.130)	**S (0.028)**	**S (0.001) Df =12**	NS (0.737)	NS (0.763)	NS (0.818)	**S (0.047)**
13	I am ready to bear the cost to have mediclaim	NS (0.125)	**S (0.037)**	NS (0.071)	NS (0.095)	NS (0.143) Df =12	NS (0.705)	NS (0.181)	NS (0.210)	**S (0.021)**
14	I positively involve myself to have mediclaim	NS (0.084)	NS (0.057)	NS (0.092)	NS (0.088)	NS (0.390) Df =12	NS (0.433)	NS (0.247)	NS (0.876)	**S (0.000)**

ABOUT AUTHOR

Dr. Drishti B. Joshi is Assistant Professor**,** Department of Commerce and Business Management, Faculty of Commerce, The Maharaja Sayajirao University of Baroda, Vadodara. Her qualification is ph. D., M.Com (specialization in marketing), PGDGC, and GSLET. Her broad areas for research is marketing and consumer behaviour and specific area- marketing of health care services, marketing of health insurance services, marketing of digitalization of health care services. She has total 13 year of teaching experience. She has published 11 research papers in national and international journals and also published 3 books.