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A STUDY ON AWARENESS OF HEALTH INSURANCE BENEFITS AVAILED AMONG UNORGANISED ENGINEERING WORKERS IN COIMBATORE

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ABSTRACT

Health is a human right. It's accessibility and affordability has to be ensured.

The escalating cost of medical treatment is beyond the reach of common man. While well to do segment of the population both in Rural and Urban areas have accessibility and affordability towards medical care, the same cannot be said about the people who belong to the poor segment of the society. Health care has always been a problem area for India, a nation with a large population and larger percentage of this population living in urban slums and in rural area, below the poverty line. The government and people have started exploring various health financing options to manage problem arising out of increasing cost of care and changing epidemiological pattern of diseases.

The control of government expenditure to manage fiscal deficits in early 1990s has let to severe resource constraints in the health sector. Under this situation, one of the ways for the government to reduce under funding and augment the resources in the health sector was to encourage the development of health insurance. In the light of escalating health care costs, coupled with demand for health care services, lack of easy access of people from low income group to quality health care, health insurance is emerging as an alternative mechanism for financing health care. Health insurance is very well established in many countries, but in India it still remains an untapped market. Less than 15 per cent of India's 1.1 billion people are covered through health insurance. And most of it covers only government employees. At any given point of time, 40 to 50 million people are on medication for major sickness and share of public financing in total health care is just about one per cent of GDP. Over 80 per cent of health financing is private financing, much of which is out of pocket payments and not by any pre-payment schemes. Given the health financing and demand scenario, health insurance has a wider scope in present day situation in India. However, it requires careful and significant efforts to tap Indian health insurance market with proper understanding and training.

KEY WORDS: *Health Insurance, Unorganised workers, Diagnostic Monthly Contribution*

INTRODUCTION

Health is the most important socio - economic aspects of every individual life, its importance is evident in old saying, "Health is Wealth" Health is not only basic to lead a happy life for an individual, but also necessary for all productive activities in the society. The unorganised sector has a crucial role in our economy in terms of employment and its contribution to the nation domestic product, savings and capital formation. At present economy is passing through a process of economic reforms and liberalization. Most of the workers in India were informal workers. For others health is seen as an important individual objective which is not comparable with justice, but rather with material aspects of life, such a view often refers to health as consumption good. The state here has no special responsibilities in the promotion of health, but leaves decisions as to its comparative importance to an individual. The state role under such a view might be limited to ensuring that the health care provided is of an adequate quality in the same way that it would monitor the quality of any goods or services, such as food.

Unorganised Sector in India:-

Unorganised sector in India is broadly characterized as consisting of units engaged in the production of goods and services with the primary objectives of generating employment and incomes to the persons concern. These units typically operate at low level of organization, with little or no division between labour and capital as factors of production and on small scale. Labour relations, where they exist, are based mostly on casual employment, kinship or personal or social relations rather than contractual arrangements with formal guarantees. Thus, production units in informal sector are not constituted as separate legal entities independently of the households or house hold members that own them and for which no complete sets of accounts are available which would permit a clear distinction of the production activities of the enterprises from the other activities of their owners. The owners of their production units have to raise the finance at their own risk and are personally liable, without limit, for any debts or obligations incurred in the production process. Expenditure for production is often indistinguishable from household expenditure. For statistical purpose, the informal sector is regarded as a group of production units, which form part of household enterprise or equivalently, unincorporated enterprises owned by households.

Broadly, the informal sector provides income-earning opportunities for a larger number for a larger number of workers. In India, there is large magnitude of workforce getting their livelihood from the informal sector.

Origin of Health Insurance:-

The concept of Health Insurance was proposed in the year 1694 by Hugh the elder Chamberlen from Peter Chamberlen family. In 19th Century "Accident Assurance" began to be available which operated much like modern disability insurance. This payment model continued until the start of 20th century. During the middle to late 20th century traditional disability insurance evolved in to modern health insurance programmes. Today, most comprehensive health insurance programmes cover the cost of routine, preventive and emergency health care procedures and also most prescription drugs. But this is not always the case Healthcare in India is in a state of enormous transition: increased income and health consciousness among the majority of the classes, price liberalization, reduction in bureaucracy, and the introduction of private healthcare financing drive the change.

Over the last 50 years, India has achieved a lot in terms of health insurance. Before independence, the health structure was in dismal condition i.e. high morbidity and high mortality and prevalence of infectious diseases. Since independence, emphasis has been put on primary health care and made considerable progress in improving the health status of the country. But still, India is way behind many fast developing countries such as China, Vietnam and Sri Lanka in health indicators.

Health insurance, which remains highly underdeveloped and less significant segment of the product portfolios, is now emerging as a tool to manage financial needs of people to seek health services. The new economic policy and liberalization process followed by Government of India since 1991 paved the way for privatization of insurance sector in the country. The Insurance Regulatory and Development Authority (IRDA) bill, passed in Indian parliament, is the important beginning of changes having significant implications for the health sector.

Recent Developments in Health Insurance:-

Health is a human right. It's accessibility and affordability has to be ensured.

The escalating cost of medical treatment is beyond the reach of common man. While well to do segment of the population both in Rural and Urban areas have accessibility and affordability towards medical care, the same cannot be said about the people who belong to the poor segment of the society. Health care has always been a problem area for India, a nation with a large population and larger percentage of this population living

in urban slums and in rural area, below the poverty line. The government and people have started exploring various health financing options to manage problem arising out of increasing cost of care and changing epidemiological pattern of diseases.

The control of government expenditure to manage fiscal deficits in early 1990s has let to severe resource constraints in the health sector. Under this situation, one of the ways for the government to reduce under funding and augment the resources in the health sector was to encourage the development of health insurance. In the light of escalating health care costs, coupled with demand for health care services, lack of easy access of people from low income group to quality health care, health insurance is emerging as an alternative mechanism for financing health care. Health insurance is very well established in many countries, but in India it still remains an untapped market. Less than 15 per cent of India's 1.1 billion people are covered through health insurance. And most of it covers only government employees. At any given point of time, 40 to 50 million people are on medication for major sickness and share of public financing in total health care is just about one per cent of GDP. Over 80 per cent of health financing is private financing, much of which is out of pocket payments and not by any pre-payment schemes. Given the health financing and demand scenario, health insurance has a wider scope in present day situation in India. However, it requires careful and significant efforts to tap Indian health insurance market with proper understanding and training.

Employees State Insurance Scheme (ESI's):-

The Employees State Insurance Scheme is an Integrated Social Security Scheme tailored to provide protection to Employees in the organized sector and their dependants. The Scheme is administered by a duly constituted corporate body called the Employees State Insurance Corporation as provided under the ESI Act, 1948.

Employees of covered units and establishments drawing wages up to Rs.7500/- per month come under the purview of the ESI Act. The Employees and Employers have to contribute every month a sum equivalent to 1.75 per cent and 4.75 per cent of wages respectively.The Employees State Insurance Scheme is implemented in this State in accordance with the provisions of the ESI Act, 1948. In Tamil Nadu, Medical facilities are provided through a network of 180 ESI Dispensaries, nine ESI Hospitals, five mobile Dispensaries and 2 Utilization Dispensaries with 2363 beds. The expenditure is shared between the State Government and the ESI Corporation in the agreed ratio of 1:7. Expenditure on the medical facilities is initially borne by the State Government. 7/8th of the expenditure subject to a ceiling of Rs.900/- per Insured Person is reimbursed by the ESI Corporation.

NEED FOR THE STUDY

Sound Health helps an individual to live a joyful life which brings economic well-being of an individual better; which in turn brings soundness in economic development of a nation. In developing countries health plays a crucial role in human development and economic growth. In Unorganised sector unhealthy conditions prevails which in turn cause the effects the health problems of the individual workers. There are also uncertainties in these jobs; the wages in unorganised sector are very low. There is a paradox between the income and health conditions of workers. Even though there is free of cost treatment for workers lose their wages of the days if they go to the public healthcare centers. In general there is a little public and private insurance out –of – pocket expenditure for drugs, traditional medicine and user fees usually accounts for more than half of total spending for health. About 92 per cent of the workers in India are employed in unorganised sector as per NSS 1999-2000.There is a large magnitude of workers getting their livelihood from the informal sector. Thus unorganised sector has a crucial role in our economy in terms of employment and its contribution to the national domestic product is positive outcome. . Hence the study on the health insurance benefits availed by the unorganized engineering workers.

OBJECTIVE OF THE STUDY

- To study the health insurance benefits availed by the engineering workers.

METHODOLOGY

To achieve the above objective, an empirical enquiry is necessary. However for an individual researcher, due to time and resource constraints the area of coverage had to be restricted. So, it has been decided to confine the study area to Coimbatore city as it has all the necessary characteristics for conducting a study of this kind. The researcher has used stratified random sampling. Primary data was collected by using interview schedule. 257 sample respondents of engineering industrial units in Coimbatore were taken as sample. Coimbatore is one of the most industrially developed Districts in Tamil Nadu and has the pride of being called as the "Manchester of South India". Different types of industries are in operation here.

However, textile and engineering industry are the prime industries that exist in Coimbatore Data required for the study are to be collected through interview schedule which will be administered among the workers of engineering industries in Coimbatore. The decision to select those industries is due to the fact that the industrial activity in Coimbatore region depends more on these units and the workers of these units are prone to health hazards due to pollution. To full fill the objective of this study appropriate statistical tools are used. Frequency distribution or percentage analysis and cross tabulation are used by the researcher.

REVIEW OF LITERATURE

Ambalavanan, V. and S. Madheswaran (2001) study on 'social protection for urban informal sector workers. Micro Evidence from erode district, Tamil Nadu' an attempt has been made in this study to anlayse the social protection measures available to urban informal sector workers in Erode district of Tamil Nadu. The problem was approached with the objective of studying of employment and income, the health status and security of workers, the nature of relationship between employer and employees and the willingness to participate in a contributory insurance scheme. To accomplish the fulfillment of the objectives of this study, the respondents were selected using stratified random sample from tannery, blenching, calendaring, dyeing, sizing, screen-printing and power loom units. The descriptive analysis shows clearly that the workers in the Erode urban informal sector face high degree of employment and health insecurity. As far as income of these workers is concerned, it may apparently seem that they are enjoying income security, but if high cost of living at Erode town into account along with average weekly income of the workers, then it could be concluded that they do not have a secured

Kenneth King (2006) study on 'training in the informal sector of India – an Asian driver?' reviews the New work and initiatives on training for the informal sector need to be undertaken with an understanding of the pervasive existing on the job, casual Labour training system, and its linkages to a whole set of wider Labour regulations. Arguably initiatives within the domain of training alone will not be effective. It may be worth briefly commenting on its overall situation within the larger spectrum of skills development or vocational education and training (VET), of which training in the informal sector is clearly a crucially important part. Equally, India's position in the overall informality of the economy is worth noting: no less than $18 billion US is said to be the annual size of the informal (or black) economy annually. This means that a very large part of the entire Indian economy, both formal and informal, is outside the regular tax system; hence the scope for investing in social expenditure, including education and training, is to that extent reduced.

Kalpana hiralal (2010) study on The "Invisible" Workers of the Informal Economy – A Case study of Home-based Workers in Kwazulu/Natal, South Africa reviews that the provides a gendered perspective of informal work in Kwazulu/Natal (KZN), South Africa. It examine *women's agency in informal work* with particular reference to home-based work. In South Africa, informal work is an important source of income for many poverty-stricken and unemployed individuals, most notably women. Yet the nature of informal work undertaken varies. This paper profiles the lives of home-based workers and the challenges they confront in the labour market. It argues that home-based work is common and is a survivalist economic activity. Moreover the term "home-based" is problematic, given the fluidity of the concept as there are variation in the nature, form and content of the work undertaken. By examining the lives of home-based workers this paper attempts to illuminate the "hidden" or "invisible" women. This paper seeks to contribute to the limited information on this marginalized group in KZN and their role and contribution within the informal economy.

Kannan, K.P.(2007) study on 'Informal Economy and Social Security Two Major Initiatives in India 'an attempt as been made in this study analyze the high growth path that has received considerable international attention, the plight of the working poor continues to be a heated subject in public debates within the country. Two major and recent initiatives for providing social security to the workers in the informal economy, as a legally guaranteed right, marks an important turnaround in the emerging developmental policy in the country. This note briefly discusses these two initiatives. The first is the National Rural Employment Guarantee (NREG) and the second relates to the Social Security for Unorganised (Informal) Sector Workers. Both these were promises made in the election manifesto of the current United Progressive Alliance Government. The NREG has already been enacted by the Indian Parliament and the second one is in the initial stages of enactment.

Pong-Sul Ahn (2008) study on ' organizing as a catalyst for promoting Decent work in the informal economy In south Asia' reviews environment conducive to promoting Decent Work and labour rights, it is inevitable to generate a bottom-up pressure from the disadvantaged groups. Necessary steps for policy review, an enabling work

environment, social dialogue, and security measures can be followed after the grass-roots level workers start mobilising and motivating them and addressing their concerns. It is also the role of state that has to initiate, set up and implement a social dialogue forum to discuss ground realities and motivate changes in policy and working environments.

Sakthivel, S. and Pinaki Jodar (2005) estimating about 'Unorganised workforce in India ' Social security coverage among Socio – Economic groups using this study, India's Workforce comprises nearly 92 percent of unorganized segment , with virtually the entire farm sector falling under informal category , only one- fifth of the non-farm workers are found in the unorganized segment, utilizing both residual and direstapproach. The study examine the growth and structure of formal and informal sector workforce by one-digit industry across major Indian States. Estimates suggest that the non-farm sectors, as we move up the ladder of income the share of informal sector gradually declines. However, as far as agricultural sector is concerned irrespective of economic class, the share of unorganized workforce remains flat. Further analysis reveals that the coverage of social security schemes has been extremely adverse against economically and socially vulnerable sections. Therefore, we argue that given the poor affordability and lack of institutional mechanism, any design of social security that relies heavily on contributory basis bound to fail dismally.

Solanki, S., (2002) study on 'Migration of Rural Artisans Evidence from Haryana and Rajasthan' examines that The informal sector in the urban areas is characterized by low wages, excessively long hours of work and social security almost not existing. Since migrants earn less than what is required to sustain a decent living in urban areas, they lead a life of low quality, presumably reflected in their low human development.

The migrants live in deplorable conditions and have extremely poor health status. The women migrants are the worst hit in such a scenario as they are paid lesser than their male counterparts and they do not enjoy basic health benefits like maternity leave and others. In addition, for migrants the tenure of work for industries like construction is very unpredictable which leave them with a sense of insecurity of income and work.

ANALYSIS

Awareness of Health Insurance Scheme among the Sample Respondents:-

Awareness of Health Insurance Scheme among the sample respondent is depicted in the table 1.1

Table 1.1 Awareness of Health Insurance Scheme among the Sample Respondents

Awareness of Health Insurance Scheme	Workers	Percentage
Yes	93	36.2
No	164	63.8
Total	**257**	**100.0**

***Source**: Primary Data*

It is evident from the above that among the sample respondents 36 per cent are aware of the health insurance. Remaining 64 per cent of the sample respondents did not have any awareness of health insurance due to their illiteracy.

Enrolment of Health Insurance Scheme among the Sample Respondents:-

Enrolment of health insurance scheme among the Sample Respondents is shown in table 1.2

Table 1.2 Enrolment of health insurance scheme among the Sample Respondents

Enrolment of Health Insurance	Workers	Percentage
Yes	76	29.6
No	181	70.4
Total	**257**	**100.0**

***Source**: Primary Data*

The above analysis shows that three-fourth of total sample respondents have not taken health insurance. Only 30 per cent (i.e. one-fourth) of the sample respondents enroll in the health insurance because they are willing to utilize benefits of health insurance.

Type of Health insurance Scheme availed by the Sample Respondents:-

In the table 1.3 depicts the type of health insurance Scheme availed by the Sample Respondents.

Table 1.3 Type of Health insurance Scheme availed by the Sample Respondents

Health Insurance Schemes	Workers	Percentage
Government health Schemes	13	17.10
Employee Service Insurance Scheme	16	21.05
Government Health Insurance	40	52.6
Private Health Insurance	7	9.2
Total	**76**	**100.0**

Source*: Primary Data*

The above analysis reveals that 53 per cent of the sample respondents have joined in the Government Health Insurance Scheme. Next to this category 21 per cent have joined the Employee State Insurance Scheme and 17 per cent have joined the Government Schemes. The remaining nine per cent of the sample respondents have joined in the private health insurance.

Motivation to join the Health Insurance Schemes of the Sample Respondents:-

The motivation to join the health insurance scheme of the sample respondents shown in the table 1.4

Table1.4 Motivation to join the Health Insurance Schemes of the Sample Respondents

Motivation to join the Health Insurance Schemes	Worker	Percentage
Nobody, Self	13	17.11
Friends/Relatives	19	25.00
Insurance agent	13	17.11
Insurance Beneficiary	1	1.32
Employer	30	39.47
Total	**76**	**100.0**

Source*: Primary Data*

The above table indicates that 40 per cent of the sample respondents were motivated by the employer to take the join health insurance scheme. 25 per cent of the sample respondents were motivated by insurance agents. 34 Per cent of the sample respondents were motivated by insurance agents and by themselves. The balance one per cent of the sample respondents is motivated by the insurance beneficiary to join the health insurance scheme.

The Premium Amount paid through Income or by Organization of the Sample Respondents:-

In table 1.5 the premium amount paid through income or by organization of the sample respondents is shown.

Table 1.5 The Premium Amount paid through Income or by Organization of the Sample Respondents

Premium Amount	Workers	Percentage
Income	65	85.53
Organization	11	14.47
Total	**76**	**100.0**

Source*: Primary Data*

The above analysis shows that 86 per cent of the sample respondents were paying insurance premium through their income. For the remaining 14 per cent of the sample respondents the organization itself pays the insurance premium.

Reasons for not subscribing the Health Insurance among the Sample Respondents

Reasons for not subscribing the Health Insurance among the Sample Respondents were given in the table 1.6

Table 1.6 Reasons for not subscribing the Health Insurance among the Sample Respondents

Reasons for not Subscribing	Workers	Percentage
Unawareness	17	9.39
Long procedures	35	19.34
Lack of money	65	35.9
Collection of money not collected properly	20	11.05
Superstitious belief	29	16.02
Not all illness covered	15	8.29
Total	**181**	**100.0**

Source: *Primary Data*

From the above table we can understand that 36 per cent of the sample respondents have not subscribed the health insurance Scheme due to lack of money. Next to this category 19 per cent unsubscribe due to long procedures. Around 16 per cent of the sample respondents do not subscribe the policy because of superstitious beliefs. Around 11 per cent of the sample respondents do not subscribe as the money is not collected properly and nine per cent of the sample respondents were unaware of the insurance policy. Remaining eight per cent of the sample respondents did not subscribe the health.

Problems Faced by the Insurance Subscriber among the Sample Respondents:-

In this background, an attempt has been made in the study to know the Problems Faced by the Insurance Subscriber among the Sample Respondents were given in the table 1.7

Table 1.7 Problems Faced by the Insurance Subscriber among the Sample Respondents

Problems Faced by the Insurance Subscriber	Workers	Percentage
No problem	61	80.26
High Premium	4	5.26
Long waiting period for consultation	2	2.6
Poor Quality of services	2	2.6
Delays in Claim Settlement	2	2.6
Not all illness are covered	3	3.9
Not all services are covered	2	2.6
Total	**76**	**100.0**

Source: *Primary Data*

The above table reveals that 80 per cent sample respondents do not face any problem in subscribing the Health insurance scheme. Five per cent of the sample respondents were facing problem of high premium. Nearly four per cent of the sample respondents have the problem of not all illness covered. Remaining 11 per cent of the sample respondents face the following problems of long waiting period for consultation, poor quality of service, delay in claim settlement and all services not covered.

Problems encountered in settling the claim of Insurance among the Sample Respondents:-

Problems encountered in settling the claim of Insurance among the Sample Respondents were shown below

Table 1.8 Problems encountered in settling the claim of Insurance among the Sample Respondents

Problems encountered in settling the claim	Workers	Percentage
So far did not put any claim	49	64.47
No problem	18	23.6
Administrative problem	3	3.95
Amount Deducted	4	5.26
Particular Illness was not covered	2	2.6
Total	**76**	**100.0**

Source: *Primary Data*

The above table depicts that 64 per cent of the sample respondents did not put any claim. Next to this category 24 per cent of the sample respondents did not have any problem in settling the claim. Nearly five per cent of the sample respondents said that the amount was deducted. Around four per cent of the sample respondents said that they had administration problem in settling the claim. Nearly three per cent of the sample respondents had the problem of particular illness was not covered in settling the claim.

Annual Premium for Health Insurance among the Sample Respondents:-

Annual Premium for Health Insurance among the sample respondents were given in the below table 1.9

Table 1.9 Annual Premium for Health Insurance among the Sample Respondents (In Rs.)

Annual premium	Workers	Percentage
below 500	6	7.9
501-1000	21	27.6
1001-1500	12	15.8
1501-2000	3	3.9
above 2000	34	44.7
Total	**76**	**100**

Source: *Primary Data*

The above table shows the annual premium for health insurance were maximum of 45 per cent of the sample respondents pays above Rs.2000. Nearly 28 per cent were registered to pay annual premium Rs.501-1000.Rs.1001-1500 were registered at 15.8 per cent and below were registered at 7.9 per cent .Remaining nearly 4 per cent were registered under category of Rs.1501-2000.

Mode of Payment of Insurance Premium among the Sample Respondents:-

Modes of payment of Insurance Premium among the Sample Respondents were analysised in the table 1.10

Table 1.10 Mode of Payment of Insurance Premium among the Sample Respondents

Mode of payment	Workers	Percentage
Monthly	113	47.48
Quarterly	34	14.29
Biannually	31	13.03
Annually	57	23.9
Others (Such as interest payment from fixed deposit)	3	1.26
Total	**238**	**100.00**

Source*: Primary Data*

The above table indicates that 47 per cent of the sample respondents are willing to insurance premium monthly. Next to this category 24 per cent of the sample respondents said they are wiling to pay premium annually.14 per cent of the respondents will the insurance premium annually if they take the insurance policy and 13 per cent they will pay the premium biannually. Remaining one per cent of the sample responded that they will pay premium through the interest amount they receive from any fixed deposit if they take the insurance policy.

ESIs Health Insurance Scheme among the Sample Respondents:-

Entitled to the ESIs Health Insurance Scheme among the Sample Respondents were depicted the table 1.11

Table 1.11 ESIs Health Insurance Scheme among the Sample Respondents

ESIs Health Insurance Scheme	Workers	Percentage
Yes	51	19.8
No	206	80.2
Total	**257**	**100.0**

Source: *Primary Data*

The above analysis shows that nearly 20 per cent of the sample respondents were entitled to the ESIs health insurance scheme. Around 80 per cent of the sample respondents were not entitled to the ESIs health insurance scheme.

Insurance Card availed by the Sample Respondents:-

Type of insurance card availed by the sample respondent were given in the below table

Table 1.12 Insurance Card availed by the Sample Respondents

Insurance Card availed	Workers	Percentage
Yes	42	16.3
No	215	83.7
Total	**257**	**100.0**

Source: *Primary Data*

The above analysis reveals that the maximum of 16 per cent were having ESIs insurance card. Mostly 84 per cent were not having ESIs insurance card.

ESIs Facilities used by the Sample Respondents:-

Currently using ESIs Facility among the Sample Respondents were analysis in the table below

Table 1.13 ESIs Facilities used by the Sample Respondents

ESIs Facilities used by the Sample Respondents	Workers	Percentage
Yes	31	12.1
No	226	87.9
Total	**257**	**100.0**

Source: *Primary Data*

It can be understood from the above that the ESIs facilities used among the sample respondents were 12 per cent of the engineering industrial workers. Nearly 88 per cent were not currently using ESIs facility.

Always Using ESIs Health Insurance among the Sample Respondents:-

Always Using ESIs Health Insurance among the Sample Respondents were given below

Table 1.14 Always Using ESIs Health Insurance among the Sample Respondents

Always Using ESIs Health Insurance	Workers	Percentage
Yes	23	8.9
No	234	91.1
Total	**257**	**100.0**

Source: *Primary Data*

The above analysis clearly reveals that among the sample respondents nearly nine per cent were always using ESIs health insurance. 91 per cent were not always using ESIs facility among the total sample respondents.

Monthly Contribution to ESI by the Sample Respondents:-

Contribution to ESI Monthly among the Sample Respondents were given in the table

Table 1.15 Monthly Contribution to ESI Monthly by the Sample Respondents (In Rs.)

Contribution to ESI Monthly	Workers	Percentage
Below 50	18	42.9
51-100	15	35.7
101-150	5	11.9
151-200	4	9.5
Total	**42**	**100.0**

Source: *Primary Data*

A conclusion can be drawn from analysis that nearly 43 per cent of the sample respondents contribute to ESI below Rs.50 monthly. Next to this category nearly

36 per cent of the sample respondents contribute between Rs.51-100 monthly. The maximum of 12 per cent the sample respondents contribute between Rs.101-150 monthly. Remaining nearly 10 per cent of the sample respondents contribute between Rs.151-200 monthly.

Cross Tabulation of Gender, Religion and Social Status awareness of Health Insurance among engineering industrial workers scheme:-

Gender, Religion and Social Status awareness of Health Insurance among engineering industrial workers scheme were analysised through cross tabulation were shown in the table 1.16

Engineering Industrial Workers Scheme

		Awareness of Health Insurance Scheme		
		Yes	No	Total
Gender	Male	86 (39.45)	132 (60.55)	218 (100)
	Female	7.00 (17.95)	32.00 (82.05)	39 (100)
Religion	Hindu	85.00 (35.56)	154.00 (64.44)	239 (100)
	Christian	8.00 (53.33)	7.00 (46.67)	15 (100)
	Muslim	0.00 (0.00)	3.00 (100.00)	3 (100)
Social Status	Forward Community	1 (100)	0 (0)	1 (100)
	Backward Community	47 (43.52)	61 (56.48)	108 (100)
	Most Backward Community	17 (25)	51 (75)	68 (100)
	SC / ST	28 (35)	52 (65)	80 (100)

The above table depicts the health insurance awareness and gender, religion, social status were analysis nearly in gender male awareness of health insurance were 39.45 per cent and not aware of health insurance were 60.55per cent. Female aware were aware of health insurance were 17.95 per cent and not aware health insurance were 82.05 per cent. In religion , Hindu were aware of health insurance 35.56 per cent and were not aware health insurance 64.44 per cent Christian were aware of health insurance 53.33 per cent and were not aware health insurance 46.67 per cent and total Muslim respondents were not aware of health insurance . In social status forward communities were aware of health insurance was one sample respondent. Backward communities were aware of health insurance 43.52 per cent and not aware of health insurance were 56.48 per cent. Most backward communities were aware of health insurance 75 per cent and not aware 25 per cent. In st/sc aware of health insurance were 35 per cent and not aware were 65 per cent.

Cross Tabulation of Nature of Family, Educational Qualification and Type of Industry awareness of Health Insurance Scheme among engineering industrial workers:-

In table 1.17 Nature of Family, Educational Qualification and Type of Industry aware of any Health Insurance Scheme among engineering industrial workers were analysised through cross tabulation.

Table 1.17 Cross Tabulation of Nature of Family, Educational Qualification and Type of Industry and awareness of Health Insurance Scheme among engineering industrial workers

	Awareness of Health Insurance Scheme among the Sample Respondents			
		Yes	No	Total
Nature of Family	Individual family	84 (35.29)	154 (64.71)	238 (100)
	Joint family	9 (50)	9 (50)	18 (100)
	single	0 (0)	1 (100)	1 (100)
Educational Qualification	Illiterate	9 (28.13)	23 (71.88)	32 (100)
	Primary School	22 (32.84)	45 (67.16))	67 (100)
	Middle School	24 (29.63)	57 (70.37)	81 (100)
	Secondary school	26 (49.06)	27 (50.94)	53 (100)
	Higher Secondary	0 (0)	2 (100)	2 (100)
	Graduate and diploma	12 (54.55)	10 (45.45)	22 (100)
Type of Industry	Foundry Industry	141 (65.89)	73 (34.11)	214 (100)
	Engineering Industry	23 (53.49)	20 (46.51)	43 (100)

The above table reveals that in Nature of family 35.29 per cent of the individual family were aware of insurance and 64.71 were not aware. 50 per cent of the Joint family were aware of insurance and 50 were not aware. In single Family no one is aware of health insurance. Under Educational Qualification and awareness of health Insurance 28.13 per cent of illiterate people were aware health insurance and 71.88 per cent were not aware. 32.84 per cent of Primary school workers were aware health insurance and 67.16 per cent were not aware. 29.63 per cent of Milldle School workers were aware health insurance and 70.37 per cent were not aware. 49.06 per cent of Secondary School workers were aware health insurance and 50.94 per cent were not aware. Highersecondary school category no one is aware of health insurance.54.55 per cent of under graduate category were aware health insurance and 45.45 per cent were not aware. Type of Industry and Health awareness 65.89 per cent of Foundry workers were aware health insurance and 34.11 per cent were not aware. 5.39 per cent of Engineering Industry workers were aware health insurance and 46.51 per cent were not aware.

Cross Tabulation of Overall Health Status, Monthly Income, Age and awareness of Health Insurance Scheme:-

Overall Health Status, Monthly Income, Age and awareness of Health Insurance Scheme were analysised through cross tabulation were shown in the table 1.18

Table 1.18 Cross Tabulation of Overall Health Status, Monthly Income, Age and awareness of Health Insurance Scheme

		Awareness of Health Insurance Scheme		
		Yes	No	Total
Over All Health Status	Very Poor	4 (30.77)	9 (69.23)	13 (100)
	Poor	6 (27.27)	16 (72.73)	22 (100)
	Average	30 (43.48)	39 (56.52)	69 (100)
	Good	49 (33.79)	96 (66.21)	145 (100)
	Excellent	4 (50)	4 (50)	8 (100)
Monthly Income	Below 2000	0 (0)	6 (100)	6 (100)
	2001-4000	24 (35.29)	44 (64.71)	68 (100)
	4001-6000	49 (36.30)	86 (63.70)	135 (100)
	6001-8000	19 (40.43)	28 (59.57)	47 (100)
	Above 8000	1 (100)	0 (0)	1 (100)
Age	15-29	18 (29.03)	44 (70.97)	62 (100)
	30-44	57 (43.85)	73 (56.15)	130 (100)
	45-59	17 (28.81)	42 (71.19)	59 (100)
	60 and Above	1 (16.67)	5 (83.33)	6 (1000)

The above depicts awareness of health insurance scheme under the following categories overall health status, Monthly Income, Age. Under overhall health status 30.77 per cent of very poor workers were aware of health insurance and 69.23 per cent were not aware. 27.27per cent of poor workers were aware of health insurance and 72.73 per cent were not aware. 43.48 per cent of average workers were aware of health insurance and 56.52 per cent were not aware. 33.79 per cent of good workers were aware of health insurance and 66.21 per cent were not aware. 50 per cent of excellent workers were aware of health insurance and 50 per cent were not aware of health insurance. Under Monthly Income Category no one were not aware health Insurance. 35.29 per cent of 2001-4000 income category were aware of health insurance and 64.7 per cent were not aware. 36.30 per cent of 4001-6000 income category were aware of health insurance and 63.70 per cent were not aware. 40.43 per cent of 6001-8000 income category were aware of health insurance and 59.57 per cent were not aware. One person of above 8000 income category were aware of health insurance. Under Age-wise classification and awareness of health insurance of sample respondents 29.03 under 15-24 age Category were aware health Insurance and 70.97 per cent were not aware. 43.85 per cent of 30-44 age category were aware of health insurance and 56.15 per cent were not aware. 28.81 per cent of 45-59 age category were aware of health insurance and 71.19 per cent were not aware. 16.67 per cent of above 60 age category were aware of health insurance and 83.33 per cent were not aware.

CONCLUSION

Workers in the informal sector, whether wage earners or self-employed, generally get low returns on their labour; they are working in a very poor physical environment; they are highly vulnerable to employment insecurity and have no social protection against the common risks of work and life.

Health insurance benefits availed by the engineering workers include health insurance and ESI's facilities to the workers. Health insurance pave major role to met health care among the sample respondents. To

conclude Health Insurance Benefits Availed by the Engineering Workers36 per cent are aware of the health insurance, 53 per cent of the sample respondents have joined in the Government Health Insurance Scheme, 16 per cent were having ESIs insurance card, 12 per cent of the engineering industrial workers were currently using ESIs facility.

SUGGESTIONS

Lack of awareness of health insurance schemes among the unorganised industrial workers is the main reason for not enrolling the insurance schemes. So the government officials should organize awareness camps or awareness programmes among the engineering unorganised sector workers to make the workers to feel healthy.

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