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Sociological Dimensions Of Health Insurance: A Comprehensive Study

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Abstract:

Health insurance aims to provide financial security and access to necessary healthcare services, promoting better health outcomes and reducing the financial burden of medical expenses on individuals and families. The specific terms and regulations of health insurance can vary by country and insurer, so it is essential to understand the details of medical insurance policy. Health insurance covers medical expenses related to illness or injury in exchange of a premium amount. It allows the insurance company to provide financial assistance for hospitalization, daycare, critical illness, etc. the main objectives of the study is to study the utilization of health insurance in India and identify different the Dimensions of the health insurance. However it concluded that health insurance is important because cost towards good medical facilities and hospitalization can be financially stressful.

Keywords: Dimensions of Health, Health Insurance and Sociological study

I. Introduction:

Healthcare is a fundamental aspect of human well-being and access to quality healthcare services is a cornerstone of societal development. Within the complex tapestry of healthcare systems, health insurance plays a pivotal role in determining who receives care, how care is accessed, and the overall health outcomes of individuals and communities. Beyond its economic and financial aspects, health insurance systems are profoundly intertwined with the social fabric of societies, giving rise to a rich landscape of sociological dimensions that shape and are shaped by these systems. This research endeavours to delve into the multifaceted sociological dimensions of health insurance, recognizing the vital importance of considering the interplay between healthcare policy, social factors, and individual experiences. While health insurance is often viewed through the lens of economics and public health, its sociological nuances remain less explored but equally significant. Understanding these sociological dimensions is paramount, as they underpin the effectiveness, equity, and societal implications of health insurance systems. Health insurance systems exist in diverse forms across the globe, ranging from public and private models to hybrid systems that blend elements of both. These systems are not only structured to provide financial protection against healthcare expenses but also embody broader societal values, ideologies, and structures. Health insurance reflects and refracts the socio-cultural, political, and economic forces that define a given society, influencing and being influenced by the people it covers. Medical insurance, also known as health insurance, is a type of insurance policy that covers medical expenses for illness or injury.

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II. Review of Literature:

Blendon et.al., (2003) Comparative studies that examine health insurance systems in different countries offer valuable insights. Research has explored the socio-cultural factors that influence the design and effectiveness of various insurance models, such as the privately based system in the United States, publicly funded systems like the NHS in the United Kingdom, and social insurance models in countries like Germany. Also, changes in health insurance policies can have profound sociological consequences.

Hoffman and Paradise (2008) stated that the strong link between socio-economic status and health insurance coverage. Lower-income individuals and those with limited education tend to have lower rates of insurance coverage these disparities in coverage have significant implications for healthcare access and health outcomes.

Davis et.al., (2010) focused on health insurance policy design has far-reaching societal implications. This research has highlighted the impact of policy decisions on issues such as healthcare access, affordability, and equity. For instance, the structure of insurance markets, the level of government involvement, and the comprehensiveness of benefits can all shape healthcare delivery and outcomes. For example, the implementation of the Affordable Care Act (ACA) in the United States brought about shifts in insurance coverage and healthcare utilization patterns.

Sommers et.al., (2017): Health Disparities and Equity Health insurance systems can either exacerbate or mitigate existing health disparities. Studies have shown that vulnerable populations, such as racial and ethnic minorities, face disparities in insurance coverage and healthcare access. Conversely, policies aimed at reducing disparities, such as Medicaid expansion, have been found to have a positive impact on health equity.

III. Objectives of the study

- > To identify different the Dimensions of the health insurance.
- **To study the utilization of health insurance in India.**
- To examine the importance of health insurance.

IV. Discussion of the Study

4.1: Different the Dimensions of the health insurance

Health insurance is a pivotal component of modern healthcare systems, influencing not only access to medical services but also social equity and individual well-being. Medical insurance, also known as health insurance, is a type of insurance policy that covers medical expenses for illness or injury. Medical insurance plans offer coverage for hospitalisation expenses, pre-and post-hospitalisation expenses, and other medical expenses. This research paper discusses the sociological dimensions of health insurance, aiming to unravel the complex interplay between healthcare coverage, societal factors, and policy design. The study adopts a multidisciplinary approach, drawing on sociological theories and methodologies, to analyse health insurance systems from a fresh perspective.

1. Socio-economic disparities and Health Insurance: This section investigates the intricate relationship between socioeconomic factors and health insurance coverage. It reveals how income, education, employment, and other social determinants influence the acquisition and utilization of health insurance. Moreover, it elucidates the role of health insurance in perpetuating or mitigating existing socioeconomic disparities in healthcare access.

2. Cultural Beliefs and Health Insurance: Cultural beliefs and values significantly shape individuals' perceptions of health insurance. This research delves into the cultural factors that influence decisions regarding health coverage. It explores how cultural attitudes towards health, illness, and the role of healthcare in society impact health insurance utilization and effectiveness.

3. Policy Design and Societal Implications: Policy design emerges as a critical factor in the sociological analysis of health insurance. This section examines the impact of policy decisions on healthcare access, affordability, and equity. By scrutinizing various policy models and their outcomes, the study sheds light on how governments and policymakers can influence the sociological dimensions of health insurance.

By exploring these sociological dimensions, this research contributes to a deeper understanding of the complex relationships between health insurance, society, and individuals. It emphasizes the importance of adopting a sociological perspective in healthcare policy development and implementation. Furthermore, it underscores the need for tailored, context-specific approaches to address the sociological challenges posed by health insurance systems. This research serves as a valuable resource for policymakers, healthcare professionals, and researchers seeking to enhance the social equity and effectiveness of health insurance systems. Ultimately, it advances our collective efforts to create more inclusive and equitable healthcare systems that address the diverse sociological dimensions of health insurance.

4.2: Health Insurance Coverage-Related Statistics in India.

Life Corporation of India or LIC is known as one of the largest providers of insurance in India. Undoubtedly, LIC has a huge range of policies to offer such as term plans, endowment plans, plans for senior citizens or children. Around 70% of the population is estimated to be covered under public health insurance or voluntarily private health insurance and remaining 30% of the population –over 40 crore individuals, devoid of health insurance. However, more people were insured in 2021 than 2020. In 2021, 8.3 percent of people, or 27.2 million, did not have health insurance at any point dur- ing the year, representing a decrease in the uninsured rate and number of uninsured from 2020 (8.6 percent or 28.3 million). Also there are four most common health insurance plans in India. Such as follows. Preferred provider organization (PPO) plan, Health maintenance organization (HMO) plan, Point of service (POS) plan, Exclusive provider organization (EPO). It's important to note that the health insurance landscape in India is dynamic, with ongoing changes in regulations, policies, and market dynamics. For the most current statistics and trends, you should refer to reports and publications from government agencies, insurance regulators, and industry associations.

- Low Insurance Penetration: India has traditionally had a low level of health insurance penetration, with a significant portion of the population being uninsured or underinsured. In 2019, the insurance penetration rate in India was around 3.76%.
- Government Schemes: The Indian government has implemented several health insurance schemes to increase coverage, such as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) and Rashtriya Swasthya Bima Yojana (RSBY). These schemes aim to provide financial protection to economically vulnerable households.
- Urban-Rural Disparities: Health insurance coverage is more prevalent in urban areas compared to rural regions. The majority of rural Indians still rely on out-of-pocket payments for healthcare expenses.
- Employer-Sponsored Coverage: Many Indians access health insurance through employersponsored group health plans. These plans often cover employees and their immediate family members.
- Individual Policies: The market for individual health insurance policies has been growing steadily, driven by increasing awareness of the importance of health coverage.
- Claims and Settlements: There have been efforts to improve the efficiency of the claims settlement process within the health insurance sector, reducing claim rejection rates and streamlining the reimbursement process.
- Premiums and Affordability: Affordability remains a key challenge, especially for comprehensive health insurance policies. Some policies with lower premiums may offer limited coverage, while comprehensive plans can be expensive.

- Digitalization: The health insurance industry in India has been embracing digitalization to simplify policy issuance, claims processing, and customer service. This has improved accessibility and convenience for policyholders.
- Pandemic Impact: The COVID-19 pandemic has heightened awareness of the need for health insurance. Many individuals and families have sought coverage due to the increased health risks and expenses associated with the pandemic.
- Future Growth: The Indian health insurance sector is expected to continue growing as the middle class expands, awareness of insurance increases, and government initiatives to expand coverage gain momentum.

4.3: Importance of health insurance in India.

Health insurance is a type of financial arrangement that provides coverage for various medical expenses and healthcare services. It is a contract between an individual or a group (such as an employer) and an insurance company or government program. The purpose of health insurance is to help individuals and families manage the high costs of healthcare by sharing the financial burden with the insurer. Importance of health insurance are stated as follows:

- Financial Protection: Health insurance offers protection against the potentially high costs of medical care, including doctor's visits, hospitalization, surgeries, prescription drugs, and preventive services. It helps individuals avoid significant financial hardship when they need medical treatment.
- Coverage Options: Health insurance plans come in various types and levels of coverage. They can range from basic plans that cover essential medical services to comprehensive plans that include a wide range of treatments and specialties.
- Premiums: Insured individuals pay regular premiums to their insurance provider, typically on a monthly or annual basis. These premiums contribute to the pool of funds that the insurer uses to pay for healthcare claims.
- Deductibles: Many health insurance plans have deductibles, which are the amounts individuals must pay out of their own pockets before the insurance company starts covering expenses. Higher deductibles often lead to lower premium costs.
- Copayments and Coinsurance: Policyholders often share the cost of healthcare services with the insurance company. Copayments are fixed fees for specific services, while coinsurance is a percentage of the cost of care that individuals are responsible for paying.
- In-Network and Out-of-Network: Health insurance plans usually have networks of preferred healthcare providers and facilities. Staying in-network typically results in lower costs, while using out-of-network providers may be more expensive.
- Preventive Care: Many health insurance plans cover preventive services at no cost to the insured individual. This encourages regular check-ups and screenings to detect and prevent health issues early.
- Emergency Care: Health insurance often covers emergency medical services, such as ambulance transportation and emergency room visits, which can be critical in life-threatening situations.
- Prescription Drug Coverage: Health insurance plans may include coverage for prescription medications, reducing the out-of-pocket costs for necessary drugs.
- Policy Exclusions and Limitations: Health insurance policies may have specific exclusions, such as cosmetic procedures or elective treatments, which are not covered. There may also be limits on certain types of care or on the total benefits paid.
- Government Programs: In some countries, government-sponsored health insurance programs, such as Medicare and Medicaid in the United States, provide coverage to eligible individuals, often based on age, income, or disability status.

Employer-Sponsored Plans: Many employers offer health insurance as part of their employee benefits packages. These group plans often provide cost-sharing advantages and are a common way for individuals to obtain coverage.

However, health insurance aims to provide financial security and access to necessary healthcare services, promoting better health outcomes and reducing the financial burden of medical expenses on individuals and families. The specific terms and regulations of health insurance can vary by country and insurer, so it's essential to understand the details of your particular policy.

V. Conclusion:

This research focused on a journey to scrutinize the sociological facets of health insurance. It aims to unravel the intricate relationships between health insurance systems and a myriad of societal factors, including socio-economic status, cultural beliefs, and policy design. By adopting a sociological lens, we seek to explore the profound and often nuanced impacts of health insurance on individuals, communities, and the broader social order. This research will traverse various dimensions, including the role of health insurance in perpetuating or mitigating socioeconomic disparities in healthcare access, the influence of cultural beliefs and values on individuals' perceptions and choices regarding health coverage, and the impact of policy design decisions on societal equity and healthcare outcomes. By analysing these facets, we aspire to contribute to a deeper understanding of the complex web of interactions that define health insurance within the social realm. Furthermore, the insights gained from this exploration hold the potential to inform healthcare policy development, guiding the formulation of more inclusive and equitable health insurance systems that address the unique sociological challenges presented by diverse societies. In essence, this research endeavours to elevate the discourse surrounding health insurance beyond its fiscal and clinical dimensions, recognizing it as a dynamic social construct deeply embedded in the fabric of our societies.

VI. R<mark>eference</mark>

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