

Short Communication

Analysis of Awareness, Status and Satisfaction Level of Government Health Insurance Policies for Unorganized Sector

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Abstract - The unorganized sector of the economy refers to the house-hold based manufacturing activity and small scale and tiny sector of industry. An unorganized sector is one in which there is no stability in profits or gains. Its production is limited, and it is confined to a limited area. It requires less manpower and investment. The handicrafts, artisan professions, khadi, and village industries, such as handloom sector, beedi making, agarbatti making, hand paper manufacture, and matchbox industries, etc., can be located in the unorganized sector of the Indian economy. There are policies and programs of the Indian government for the development of unorganized sectors and workers of unorganized sectors. The health insurance industry has grown phenomenally due to the liberalization of the Economy and general awareness among the public. Different Healthcare programs are currently functioning in India for the unorganized sector.

Keywords - Health Insurance, unorganized sector.

I. INTRODUCTION

When it comes to the unorganized workforce of India, 93% of it is comprised of the unorganized sector. A few social security methods are undertaken by the Government for some functional groups, although the coverage is minuscule. Most of the workers do not have any social security coverage. Identifying the requirements to provide social security to these staff, the Union Government has put forth a bill in the houses of parliament. Staffs and employees of the unorganized sector face severe consequences from sickness and requirement for medical care as well as hospitalization of the staff and their family members. In spite of the extension of healthcare facilities, sickness is a major impediment of human deprivation as far as Indian ambience is concerned. In such conditions, health insurance is a method of delivering safeguard or shield to impoverished households in comparison to the risk of wellness expenses causing poverty. Although, major endeavors to deliver health insurance previously have seen issues in the framework as well as application. The poor cannot use health insurance due to its expenses or dearth of identified advantages. Conducting and

implementing health insurance, mostly in countryside areas, is also tough.

II. AWARENESS, STATUS, AND SATISFACTION LEVEL OF HEALTHCARE SERVICES

The healthcare sector is impacted by rising competition in all sectors. The most crucial competitive benefit of health service providers is to deliver top-class health services (Alsaqri, 2016). The requirement for magnified quality of healthcare services has been recognized through health-associated information and technological advancements, alterations in demands and ideas regarding healthcare, a rise in personal engagement in their healthcare well as increased expenditure as well as competitiveness in the health industry.

The quality, as well as sufficiency of healthcare services, can be estimated on the basis of opinions as well as the satisfaction level of sick people as well as their families (Merkouris et al., 2013). When it comes to the marker of quality care, patient satisfaction is the most vital aspect and is regarded as the greatest result of healthcare services (Maqsood, Oweis, and Hansa, 2012). This factor delivered important data about performance and hence, contributed significantly to overall quality administration (Julkunen, 2016). Total quality management covers expert knowledge, competence as well as the implementation of proper technologies, the idea of patients regarding the category as well as the level of the care they've received (You et al., 2013). In present consumer-driven healthcare markets, a patient-based estimation of satisfaction with the nursing quality perceived is a vital part of the hospital quality administration approach. Patients' demand revolves around proper diagnosis and treatment of their diseases, with recovery and elimination of symptoms. When they receive unsatisfactory outcomes, consumers will shift from their present healthcare service provider or facility they used for treatment purposes (Shinde and Kapurkar, 2014). Patients having more satisfaction with their treatment are to follow clinically designed or prescribed regimens and therefore deliver a more positive impact on wellness (Buchanan, Dawkins, and Lindo, 2015). When



patients are satisfied, they are likely to suggest the wellness center to relatives and friends (Buchanan et al., 2015). The ideas and views of patients are the most pertinent source that can inform the service providers about the most important aspect. Because of this, information can be utilized for healthcare design as well as assessment (Alsaqri, 2016). These alterations and improvements in the healthcare sector need reconstruction of healthcare services that cover nursing by means of questioning the quality of treatment approach and services offered services 2013.

III. GOVERNMENT HEALTH INSURANCE POLICIES

Different healthcare programs currently functioning in India can be classified into the following divisions:

- State-run policies for formal sector staffs;
- Public sector health insurance policies;
- Corporate sector healthcare event
- Community and self-financing policies, mainly for staff of the formal sector; as well as
- Micro-credit-based health insurance policies.

IV. GOVERNMENT HEALTH INSURANCE POLICIES FOR UNORGANIZED SECTOR

Pradhan Mantri Jeevan Jyoti Bima Yojana and Pradhan Mantri Suraksha Bima Yojana schemes provide life and disability cover to the unorganized workforce on the basis of their eligibility.

On the other hand, health, as well as maternity benefit schemes, are Ayushman Bharat Scheme. Currently, Pradhan Mantri Shram Yogi Maandhan has been launched for giving a monthly pension of Rs 3,000 to the unorganized staff when they attain 60 years of age.

Insurance Schemes for unorganized sector persons/people living below the poverty line

The Social Security Scheme, Aam Aadmi Bima Yojana (AABY), provides help to the unorganized workforce, and under this scheme, a total of 48 different vocational groups like Beedi Workers, Brick Kiln Workers, Rickshaw Pullers/Auto Drivers and so on are covered. The insurance cover is Rs.30 000/- for natural death, Rs.75, 000/- for accidental death, Rs.37, 500/- for partial permanent disability because of the accident, and Rs.75, 000/- for total permanent disability for an accident, to the people within 18- 59 years. The premium for this is Rs.200/-, out of which Rs.100/- is borne by the Government of India, and the remaining Rs.100/ is paid by State Governments/Nodal agencies/ persons.

Under the Pradhan Mantri Jan Dhan Yojana (PMJDY), each person falling within the age group of 18-59 years who have Jan Dhan accounts 15.08.2014 to 31.01.2015 have free life insurance coverage of Rs. 30,000/-. Central Government is to bear the premier. Other than this, the

Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), as well as the Pradhan Mantri Suraksha Bima Yojana (PMSBY), are the two most inclusive and affordable policies which are cost-effective and are important for addressing life insurance or accidental risks. Moreover, Rashtriya Swasthya Bima Yojana (RSBY) gives health insurance coverage to people under the BPL limit or below the poverty line.

V. CONCLUSION

The quite evidently unorganized sector is a massive workforce in the Indian employment sector, and its contribution is extremely important from financial ways. Almost 2/5th of the national GDP comes from this, while 90% of families earn their bread and butter from this unorganized sector. In spite of this, a huge section of staff involved in the unorganized sector in village and town/urban regions have no proper education, money and are extremely vulnerable. They have to work in unhygienic situations and are project to several infections and ailments. Most of them do not have fixed employer–staff associations, and they do not have any formal social security advantages. It shows that staff of the unorganized sector hardly get any healthcare advantages, paid sick leave, maternity benefits, insurance, and pension in older age, etc. They are paid with a meager amount of money, and as self-employed staff, they get minimum livelihoods. Simultaneously, maximum staff of the unorganized sector hasn't constructed their formal trade unions. So they are not formally represented, that might help them or voice their issues, stand by them against oppressions. They have no bargaining authority or cumulative power to demand fair policies or treatments for social safeguard and security.

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