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# Awareness and Usage of Government Health Insurance Schemes in Coimbatore

## *Focus on Ayushman Bharat, CMCHIS, and Private Alternatives

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## Abstract:

The role remains crucial for the betterment of accessibility and protection against out-of-pocket expenditures in medical care for the vulnerable segments of the economy and society. Various health insurance plans have been launched by the Government of India under the names 'Ayushman Bharat Pradhan Mantri Jan Arogya Yojana' and 'Chief Minister Comprehensive Health Insurance Schemes' to render protection to the citizens of the country against health risks by curtailing the expenditures during medical situations like illness and hospitalization. It has been acknowledged that there remains a lacuna with respect to the awareness level of the citizens regarding health insurance plans throughout the country. With the above context in mind, the following research aims to ascertain the level of awareness related to the utilization of the health insurance plans by the peoples residing within the territory of Coimbatore District, with special reference to Government plans like PMJAY and CMCHIS and other insurance plans as well.

***Keywords— Awareness, Government Health Insurance, Ayushman Bharat (PM-JAY), CMCHIS, Private Health Insurance, Coimbatore District.***

### INTRODUCTION

Health insurance facilitates the achievement of Universal Health Coverage by reducing out-of-pocket expenditure and increasing access to healthcare. In the context of India, the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the Tamil Nadu government's scheme, Chennai Metro Plus Health Insurance Scheme, offer cashless hospitalization options in empaneled institutions. However, there are also issues related to awareness, the availability of institutions, the number of people not covered by insurance, etc., which affect the demographic

### STATEMENT OF THE PROBLEM

Even with well-intentioned schemes like PM-JAY and CMCHIS, even low levels of awareness and usage are seen, and this can be due to the effects of urbanization, diversity of population, and lack of understanding of the benefits of such schemes, especially among lower-income groups, as they cannot afford it, even with better service delivery. The aim of this study was to assess the awareness of government healthcare insurance schemes.

### OBJECTIVES

- To study the demographic profile of the respondents.
- To investigate the awareness level of insurance schemes of the respondents.

### SCOPE OF THE STUDY

Apart from that, the specific focus of the present research is the exploration of the extents of, as well as the utilization of, the health insurance schemes that are being implemented across the Coimbatore District of the country, particularly with reference to Ayushman Bharat-PMJAY, the "Chief Minister's Comprehensive Health Insurance Scheme" (CMCHIS), and some of the health insurance schemes of the private sectors of the country as well. As such, the intent of the present research would be towards the overall exploration of extents to which the scheme-specific information is possessed by the research subjects with different socio-economic and occupational profiles, as well as the overall comparison and analysis of the actual utilization of those schemes for availing healthcare facilities with different respondents located across geo-specific locations of the country. As such, it has been assessed whether there exist differences across various schemes with reference to a general level of satisfaction with all of those schemes taken together, or issues felt with reference to those schemes, and if any such differences exist between the public and private sector schemes that could be filled appropriately.

### LIMITATIONS OF THE STUDY

A total of 120 respondents is the only sample size available for this study because of time limitations.

### HYPOTHESIS

**Null Hypothesis ($H_0$)** The level of awareness of government health insurance schemes is the same across respondents who prefer and do not prefer government health insurance schemes.
**Null Hypothesis ($H_0$)** There is no significant relationship between the level of awareness and the preference for either government or private health insurance schemes among the respondents.

### RESEARCH DESIGN

The research design adopted for this study is descriptive, since it is purported to clearly and systematically define and determine the level of awareness and preference regarding government and private health insurance schemes. This study is meant to explore differences between public and private insurance options, and what determines their choice, without

intervening to manipulate prevailing variable conditions. Respondents were contacted once to provide information needed in this study through a structured questionnaire; thus, the survey was cross-sectional. From the above understanding, the nature of this study automatically categorizes it as proper for capturing prevailing attitudes, preferences, and awareness about health insurance schemes.

## PERIOD OF THE STUDY

A four-month period (November 2025 - February 2026) was utilized to conduct this study

## SAMPLING TECHNIQUE

The research uses a multistage sampling technique, where the respondents are taken from the urban and rural areas of the Coimbatore district, chosen by the simple random sampling and convenient sampling techniques. The respondents include the beneficiaries of the Ayushman Bharat scheme, the CMCHIS scheme, and private insurance schemes.

## TOOLS

- Frequency Analysis
- Chi- square

## REVIEW OF LITERATURE

**A. Sangamithra, P. Sindia (2021)[1]**, in their study titled *"Awareness of Health Insurance among unorganized Industrial Sample Workers in Coimbatore"* The research aims to determine the level of awareness on health insurance among unorganized industrial workers in Coimbatore, Tamil Nadu. It used surveys, interviews, and frequency-percentage analysis, which showed that workers were aware of insurance in general. However, awareness about insurance policies was significantly low, especially for ESI and CMS. Almost all workers were aware of these insurance policies. However, 30% gained their knowledge through agents.

**Rahul Hegde, Karthamada Ganapathy Kiran, Nanjesh Kumar (2020)[2],** in their study titled *"Knowledge, Coverage and Usage Patterns of Health Insurance in Rural South India"* The knowledge of health insurance, its coverage, and utilization has been studied in this paper in a rural south Indian village. In conclusion, a community based cross-sectional survey and frequency-percentage analysis revealed that a mere 30.4% were insured, while a majority financed health care out-of-pocket. A significant proportion of the eligible households remained unaware of the Government of India funded health insurance schemes, indicating coverage gaps and unawareness.

## RESEARCH GAP

There is scant literature from the health care settings of Coimbatore districts addressing the subject of awareness and utilization of Ayushman Bharat, CMCHIS, and private health insurance schemes. This existing literature only concentrates on enrollment. The unique contribution of the current paper is that it provides information about private and public health insurance through localized and comparative analysis.

## DATA ANALYSIS AND INTERPRETATION

### FREQUENCY

**Table:1**

**Statistics**

| | Mean | Median | Mode |
|---|---|---|---|
| **Age of the respondent** | 2.99 | 3.00 | 4 |
| **Gender of the respondent** | 1.38 | 1.00 | 1 |
| **Occupation** | 2.56 | 3.00 | 3 |
| **No. of earning members in a family** | 2.19 | 2.00 | 2 |
| **Monthly income individual** | 2.18 | 2.00 | 2 |
| **Level of education** | 2.68 | 3.00 | 3 |
| **Aware about insurance schemes** | 2.16 | 2.00 | 2 |
| **You know about these scheme** | 2.43 | 2.00 | 2 |
| **Types of insurance you have known about these schemes** | 3.17 | 3.00 | 3 |
| **Which type of sector** | 1.33 | 1.00 | 1 |
| **Main features you believe health insurance schemes should offer** | 2,78 | 3.00 | 3 |

**Source:Primary Data**

**Interpretation:** The below analysis of 120 valid responses shows consistency in the data, and the distribution is well-thwarted since the mean and median values are close to each other. Respondents predominantly lie in the middle age group, income group, occupation category, and education category. The socio-economic profile is, therefore, moderate. The overall awareness of insurance schemes is found to be average. Knowledge about different types of insurance is comparatively good amongst the respondents.

### CHI – SQUARE

**Null Hypothesis ($H_0$)** There is no significant relationship between occupation and awareness level of insurance schemes of the respondents.

**Alternative Hypothesis ($H_1$)** There is a significant relationship between occupation and awareness level of insurance schemes of the respondents.

**Table:2**

**Case Processing Summary**

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | % | N | % | N | % |
| **Occupation*Agree** | 120 | 100 | 120 | 100 | 120 | 100 |

**Source: Primary Data**

**Interpretation:** The following test evaluates the null hypothesis of no significant relation between occupation and awareness about insurance schemes, against the alternative hypothesis of a significant relationship. All the respondents gave valid and complete responses, so there is no issue of missing data, and thus, the analysis performed for ascertaining the relation between occupation and levels of awareness was accurate and reliable.

**Table:3**
**Comparison of Occupation and Agree**

| | Value | df | Asymptotic Significance(2-sided) |
|---|---|---|---|
| **Pearson Chi-Square** | 145.154[a] | 126 | .117 |
| **Likelihood Ratio** | 146.775 | 126 | .099 |
| **Linear-by-Linear Association** | .333 | 1 | .564 |
| **N of Valid Cases** | 120 | | |
| **a. 172 cells (100.0%) expected to count less than 5. The minimum expected count is 10.** | | | |

**Source:Primary Data**

**Interpretation:** The study follows the null hypothesis (H0) that there is no important relationship between occupation and the level of awareness concerning insurance schemes among the respondents. The Chi-square tests indicate that there is a lack of association, as the value of Pearson Chi-Square (145.154) for these tests is insignificant, (df 126, p 0.117), being below the 5% significance level. This is supported by the results that accompany these tests, which indicate Likelihood Ratio (0.099) and Linear by Linear Association (0.564). The results are all insignificant. Therefore, we accept the null hypothesis, which indicates that occupation plays an insignificant role in insurance scheme awareness among the respondents.

## FINDINGS

### FINDINGS FROM FREQUENCY ANALYSIS

The research reveals that most respondents were aged between 45 and 50 years, mostly male, and self-employed or worked in government jobs. The majority were couples with two earning members and moderate incomes, with many being postgraduates. Awareness of health insurance schemes was less than fifty percent and came from sources like friends and families. The high enrollment rate for PMSBY and the preference for high coverage are remarkable aspects seen here.

### FINDINGS FROM CHI – SQUARE

A Chi-square analysis of 120 valid responses suggests that there is no significant relationship between occupation and awareness of insurance schemes. The Pearson Chi-Square, Likelihood Ratio, and Linear-by-Linear tests confirm insignificance at the 5 percent level. The results support the null hypothesis of occupation not being a factor in awareness, even though expected frequencies are low.

## SUGGESTION

The study established that the level of awareness of health insurance is not significantly influenced by occupation. Hence, efforts to enhance awareness should be extended to all occupational groups. However, since the study found that less than half of the respondents were aware of existing schemes, there is a need to enhance their awareness through social associations such as friends and family. While efforts to make workers aware of the schemes have been going on in the workplace, the campaign is ineffectual without the involvement of the community, the internet, and health institutions. In addition, the plan will benefit if the requirements and limits are well articulated.

## CONCLUSION

The research indicates moderate awareness levels of health insurance among people despite their demographic and economic differences. The research findings revealed that there are no significant associations between occupation and awareness level through Chi-square test results. This indicates a general lack of awareness. However, the desire for high levels of coverage emphasizes the importance of sufficient benefits. Inclusive communication and easy implementation are vital tools for policymakers and insurance institutions.

## REFERENCES

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