



# **Literature Review on Impact of Health Insurance Literacy and Satisfaction on Enrolment with Health Insurance in Dakshina Kannada District- An Analytical Study**

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## **ABSTRACT:**

This literature review aims to explore the Impact of Health Insurance Literacy and Satisfaction on Enrolment with Health Insurance in Dakshina Kannada District. The study analyzes and synthesizes existing research articles, studies, and reports to understand the Impact of Health Insurance Literacy and Satisfaction on Enrolment with Health Insurance. The current research is based on a positivist research paradigm and a deductive research approach is to be used to examine the facts and figures. The descriptive research design will be used because it helps in furnishing a detailed data collection procedure and plan. The study examining the Impact of Health Insurance Literacy and Satisfaction on Enrolment with Health Insurance in Dakshina Kannada District offers valuable insights that can be of practical significance to multiple stakeholders and enhance the growth and effectiveness of the Insurance industry.

**Keywords:** *Health insurance, Health insurance policies, buying behaviour, Dakshina Kannada district*

## **1. INTRODUCTION**

Of all the risks faced by households, health risks pose the greatest threat to lives and livelihoods. The uncertainty of the timings of illness, and its huge treatment costs make financial provision difficult for households (Tenkorang, 2001). The rapid increase in medical expenditure combined with the family's consumption expenditure has caused people to rethink the financing of their health care systems. Health insurance allows people to finance their medical care so that they can alleviate some of their financial pressure. Health insurance gives partial reimbursement to people for expenditure on selected diseases.

Although it is needless to say health insurance is an important mechanism in the modern world to save individuals from huge health shock, a very high percentage of people in Karnataka even from educated higher income groups are not covered under any health insurance policy and at the same time, although health care has become almost unaffordable for allows poor people, it is surprising that the health insurance sector has not made much headway in India. Ahuja and De (2004) confirmed that the demand for health insurance is limited where supplies of health services are weak and explained interstate variation in demand for health insurance by the poor to variation in healthcare infrastructure. To date, the awareness level regarding health insurance is very poor in general masses. The present study is an effort to assess the individuals' awareness level and willingness to join and pay for the health insurance scheme in Dakshina Kannada district of Karnataka and what factors on which the demand for health insurance depends.

## **2. OBJECTIVES OF REVIEW PAPER**

The objectives of a review paper on Impact of the Health Insurance Literacy and Satisfaction on Enrolment with Health Insurance in Dakshina Kannada District, Karnataka, can include the following:

- To understand the background of the research area.
- To analyze the causal relationships between the variables.

## **3. METHODOLOGY**

### **3.1 Research approach**

The research approach is referred to as a fundamental part of the research methodology which is based on certain beliefs and assumptions. The current research is based on quantitative so the positivism research paradigm will be used to make a complete study on the Impact of Health Insurance Literacy

and Satisfaction on Enrolment with Health Insurance in Dakshina Kannada District. In addition to this, a deductive research approach is to be used to examine those facts and figures which are numerically expressed in a data collection process.

### 3.2 Research Design

Research design refers to a complete structure of the study which is also known as a blueprint of the research that is based on certain philosophies of the research. To examine the Impact of Health Insurance Literacy and Satisfaction on enrollment with Health Insurance in Dakshina Kannada District-, a descriptive research design will be used. The reason for choosing the descriptive research design is because it helps in furnishing a detailed data collection procedure and plan. The distinct characters and practices that are revealed through research examinations are portrayed effectively through descriptive research. As quantitative research deals with testing of hypothesis with the association between the pre-defined theoretical concepts and so a descriptive design will suit the process better.

### 3.3 Data collection

The data collection method is defined by the procedure adopted to collect data which can be either quantitative data or qualitative data collection. In the current research study, the quantitative data collection method will be used the survey method is a popular technique for primary data collection through survey instruments such as questionnaires personal interviews and focus group discussions. The close-ended surveys have their individual predestined answer sets. The main advantage of using close-ended questionnaires is that it enables the participants to express their views precisely and even within a single shot. The implementation of a 5-point Likert scale enables the easy assessment of collected data with the aid of pragmatic tools.

### 3.4 Sample Design

The sampling technique can be classified into non-probability and probability designs respectively. Probability sampling techniques suit the best when a positivist research paradigm is adapted and a quantitative research methodology is employed. The author involves Stratified random disproportionate sampling for the selection of participants. Stratified random sampling is a method that is utilized for selecting participants from a naturally-occurring group of people and each participant has an equal chance of being elected for the study. A survey will be conducted among 11 taluk- urban, semi-urban, rural, and APL and BPL card holders" consumers in Dakshina Kannada District.

### 3.5 Data analysis

To present the collected data effectively, the thematic presentation will be used by the researcher will the help of pie charts, bar diagrams, charts, etc. It helps to present the facts and information simply so that it will be easily understandable by the viewers. Statistical analysis is very much essential for the test of hypothesis too in an empirical deductive research approach which includes SPSS, Chi-Square test and descriptive analysis of the variable to get the final result.

## 4. REVIEW OF LITERATURE/ RELATED WORKS

This section presents a review of the literature of past research studies on the study area. Important studies have been reviewed related to Health insurance here. The researcher would be facilitated by such reviews to develop conceptual knowledge and enable them to identify research gaps and do further study.

Table 1: Scholarly literature on Health insurance

S. No	Area & Focus of the Research	The outcome of the Research	References
1	Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences	The study revealed that certain factors such as general knowledge of the health insurance scheme and awareness of monetary contributions greatly influenced enrollee's satisfaction with health care delivery. Ways of creating better knowledge of health insurance activities among the population were given top priority by both the policy and decision-makers, which previously were insufficient until this stage (middle) of implementation. These formed a major part of considerations in the amended medium-term strategic plan of operations of the NHIS.	Mohammed, S., Sambo, M.N. & Dong, H. Understanding client satisfaction with a health insurance scheme in Nigeria: factors and enrollees experiences. Health Res Policy Sys 9, 20 (2011). <a href="https://doi.org/10.1186/1478-4505-9-20">https://doi.org/10.1186/1478-4505-9-20</a>
2	Health insurance in Myanmar: Knowledge, perceptions, and preferences of Social Security Scheme members and general	The study revealed that Low levels of knowledge and weak positive perception are found in both samples. More than 90% of the SSS sample and 75% of the general sample are willing to pay health insurance	Myint CY, Pavlova M, Groot W. Health insurance in Myanmar: Knowledge, perceptions, and preferences of Social Security Scheme members and general

	Security Scheme members and general adult population	premiums. The largest shares of both samples are willing to pay monthly premiums between 2000 and 4000 MMK (1.8-3.6 USD). Health status, age, gender, income, and trust are significantly associated with willingness to pay for health insurance among the general sample while occupation, civil status, income, and positive perception of the prepayment principle are found among the SSS sample.	adult population. Int J Health Plann Manage. 2019 Jan;34(1):346-369. Doi: 10.1002/hpm.2643. Epub 2018 Sep 20. PMID: 30238495; PMCID: PMC6519393.
3	A Study on customer awareness towards Health insurance with special reference to Madurai City	The study revealed that With the rapid expansion of the Indian health insurance sector come new issues and challenges. Increased discretionary money brought on by rising healthcare expenses is associated with greater systemic synergy. In a nation with significant out-of-pocket expenses, the only way to pay for healthcare is through a system of health insurance. India is a protected country.	Eswaran, s., & sudhagar, s. A study on customer awareness towards health insurance with special reference to Madurai city. Group, 27, 10-4.
4	A study on customer perception towards health insurance in Ranny Thaluk	The research found that most of the questionnaire respondents are graduates. The major source of awareness is friends /relatives/colleagues with 176 points. All the respondents are aware of coverage, claim procedure, withdrawal procedure, and consequence of non-payment but not about tax benefits. The major reason for choosing a particular health insurance company is the easy accessibility of linked hospitals. It is concluded from the study that the most important factor considered by the respondents before taking health insurance is to cover risk with 187 points 36% of respondents are satisfied.	Jacob, A. (2018). A study on customer perception towards health insurance in Ranny Thaluk. International Journal for Advance Research and Development, 3(12), 41-48.
5	A Study on Customer Awareness Towards Health Insurance With Special Reference to Coimbatore City	The study revealed that the public must be educated through intensive campaigns, similar to Life and general insurance. Though some corporations and Governments have taken up the initiative to provide health insurance to employees, in Tamil Nadu government has brought up low-premium health insurance for the benefit of the poor as a welcome measure. Clarity of the disease covered by the policy, when and how a claim has to be submitted with the insurance company, procedures and documents to be submitted in case of critical and other hospitalization with the insurance company, etc.	Priya, A., & Srinivasan, R. (2015). A study on customer awareness towards health insurance with special reference to Coimbatore city. IOSR Journal of Business and Management (IOSR-JBM), 17(7), 50-54.
6	Product Awareness and Customer Satisfaction: A Study on Private Health Insurance Customers in Kerala	The study revealed that Policyholders show a better satisfaction level with private health insurance companies; therefore, this may be a reason for a considerable shift in momentum towards the market share of private sector insurance companies.	<a href="https://www.researchgate.net/publication/326413329_A_Study_on_Policyholders'_Satisfaction_of_Health_Insurance_with_Special_Reference_to_Ernakulam_District_Kerala">https://www.researchgate.net/publication/326413329_A_Study_on_Policyholders'_Satisfaction_of_Health_Insurance_with_Special_Reference_to_Ernakulam_District_Kerala</a>
7	A study on customer awareness towards Pradhan Mantri Bharatiya Jan aushadhi Kendra concerning Tirupur district	It is concluded that demographic variables such as age group, gender and occupation are having less impact on the factors of customer satisfaction. The research outcome also indicates that most of the customers were satisfied towards Jan Aushadhi Medical Store concerning the chosen factors. In a competitive world, firms expect to increase the quality and customer satisfaction and obtain customers more loyalty to the firm.	R.Rajasekaran, K.P.Balakrishnan, Barath Chellah <a href="https://eprajournals.com/IJMR/article/5213/abstract">https://eprajournals.com/IJMR/article/5213/abstract</a>
8	A Study on the Changing Customer Perceptions Towards Health	The study revealed that the pandemic has aided in improving the value and perceived necessity of health insurance after the onset of the pandemic the	Jacob, S. E., & Naidu, K. Study on the Changing Customer Perceptions towards

	Insurance amidst COVID-19	proportion of the respondents who earlier either recommended or were neutral towards health insurance decreased and the proportion who highly recommended health insurance increased significantly. This depicts that the growth in the health insurance sector after the onset of the pandemic is not just a temporary response to the COVID-19 pandemic, but a shift in the perspective of the policyholders as to how important and necessary health insurance is in today's world.	Health Insurance amidst COVID-19. Sustainable Marketing, 66.
9	Awareness and perception regarding health insurance in Bangalore's rural population	In the present study, it was observed that the main barriers to the subscription of health insurance were low income or uncertainty of income (43%), are not reliable (27%), not taken by friends or relatives (18%), preferring to invest somewhere else (11%), not adequate knowledge regarding its benefits (16%), do not feel the need (29%)	Madhukumar, Suwarna & D, Sudeepa & Gaikwad, Vaishali. (2012). Awareness and perception regarding health insurance in Bangalore's rural population. International Journal of Medicine and Public Health. 2. 18-22. 10.5530/ijmedph.2.2.5.
10	Awareness of health insurance in a South Indian population – a community-based study	The study revealed that a good majority of the respondents (69.7%) belonged to the middle socioeconomic group and thought that health insurance would cover their medical expenses. When asked about the benefits of health insurance, an equal 44.3 per cent of each of the middle socio-economic group respondents stated that it would reduce the out-of-pocket expenditure and the other group opined that it would help in case of emergency medical situations. About 31 per cent of the low socio-economic group also felt that the benefit of health insurance would help in case of emergency medical situations. This kind of perception among the respondents may be due to the high out-of-pocket expenditure in India in the case of healthcare expenses	Reshmi, Bhageerathy & Nair, Sreekumar & K M, Sabu & Unnikrishnan, Bhaskaran. (2007). Awareness of health insurance in a South Indian population - A community-based study. Health Popul Perspect Issues. 30.
11	A study on customer awareness towards health insurance with special reference to Madurai city	The study revealed that with the rapid expansion of the Indian health insurance sector come new issues and challenges. Increased discretionary money brought on by rising healthcare expenses is associated with greater systemic synergy. In a nation with significant out-of-pocket expenses, the only way to pay for healthcare is through a system of health insurance. India is a protected country.	Eswaran, s., & Sudhagar, s. A study on customer awareness towards health insurance with special reference to Madurai city. Group, 27, 10-4.
12	The Factors Influencing Customer Satisfaction in Health Insurance Companies	The results state that quality of service is very important for making people believe in health insurance. To make customer satisfaction more successful, it is necessary to make major changes in the service process, price, and human resources	Ramadhan, Alam & Sulistiyo Soegoto, Dedi. (2020). The Factor Influencing Customer Satisfaction in Health Insurance Companies. 10.2991/aebmr.k.200108.028.
13	Health Insurance: A Study on Customer's Satisfaction and Awareness	The study revealed that Health insurance is a medical insurance given by an insurance company, wherein it reimburses the medical expenses incurred for a valid hospitalization. The Indian health insurance industry is increasing at a wild bound and so are the issues and challenges related to carrying in interaction within the system.	Vijeta Chaudhary Research Journal of Humanities and Social Sciences Year: 2019, Volume: 10, Issue: 2 First page : ( 371) Last page : ( 375) Print ISSN: 0975-6795. Online ISSN: 2321-5828. Article DOI: 10.5958/2321-5828.2019.00063.9
14	A study on customer awareness level and satisfaction with health	The study focused on assessing the customer awareness level and Satisfaction of Health Insurance Policies in Chennai city. It is observed from the study;	Chitra, D. K. V., Ramya, D. V., & Gajenderan, V. (2021). A Study on Customer Awareness Level and

	insurance policies in Chennai city	that the customers felt that the health insurance policies are essential and also provide the financial protection of medical expenses. The study's outcome also exhibits that the customers are well aware of the, i.e., hospitalization expenses, daycare procedures, domiciliary expenses, and ambulance charges.	Satisfaction of Health Insurance Policies in Chennai City. International Journal of Research-GRANTHAALAYAH ISSN (Print), 2394-3629.
15	Do Community-Based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence From Rural Senegal	According to the study, most people without health insurance (93.75 per cent) had to delay going to health facilities due to high costs, and they tried to get treatment at home and only went to health facilities when their illness was too serious to be treated at home. Similar findings were found for the effects of community health insurance programs on access to healthcare services in countries in Africa (such as Ghana, Rwanda, Senegal) and Asia (such as India)	Ju'iting JP. Do community-based health insurance schemes improve poor people's access to health care? Evidence from rural senegal. World Dev. 2004; 32: 273-288. <a href="https://doi.org/10.1016/j.worlddev.2003.10.001">https://doi.org/10.1016/j.worlddev.2003.10.001</a>
16	Mutual health insurance in Rwanda: evidence on access to care and financial risk protection	According to the study, MHI coverage is associated with significantly increased utilization of health services. Indeed, individuals in households that had MHI coverage used health services twice as much when they were ill as those in households that had no insurance coverage. Additionally, MHI is also associated with a higher degree of financial risk protection and the incidence of catastrophic health expenditure was almost four times less than in households with no coverage. Nonetheless, the limitations of the MHI coverage also become apparent.	Saksena & Priyanka, Antunes AF, Xu K, Musango L, Carrin G. Mutual health insurance in Rwanda: Evidence on access to care and financial risk protection. Health Policy (New York). 2010; 99: 203-209. <a href="https://doi.org/10.1016/j.healthpol.2010.09.009">https://doi.org/10.1016/j.healthpol.2010.09.009</a> PMID: 20965602
17	Community-based health insurance in poor rural China: the distribution of net benefits	According to the study several implications regarding equity in the NB of CBI with low premium/high co-payment benefit packages. First, even a small premium may discourage the enrolment of low-income farmers into the CBI. Secondly, the distribution of NB among CBI enrollees favours wealthier farmers, especially those in good health. Thirdly, while the CBI may offer a relatively uniform degree of risk protection for more expensive services, there may be greater inequity in NB distribution for outpatient services.	Wang H, Yip W, Zhang L, Wang L, Hsiao W. Community-based health insurance in poor rural China: the distribution of net benefits. Health Policy Plan. Oxford University Press; 2005; 20: 366-374. <a href="https://doi.org/10.1093/heapol/czi045">https://doi.org/10.1093/heapol/czi045</a> PMID: 16143589
18	Community health insurance in India: An overview	According to the study most of the schemes are administered by the community, their representatives or by the voluntary organisation staff. This helps keep costs down. Usually, they handle the following activities: Creating awareness among the community; collecting premiums (at ACCORD, the sangam leaders collect the premium and hand it over to the NGO); monitoring for fraud (DHAN has an insurance committee comprising of SHG members who scrutinise every single claim); submitting claims; and channelling their reimbursements (at BAIF, the reimbursements are sent to the local SHG who while handing over the amount to the patient, reinforces the benefit of insurance). All these activities help in increasing the efficiency of the scheme.	Devadasan N, Kent R, Van Damme K, Criel B. Community Health Insurance in India: An Overview. Econ Polit Wkly. Economic and Political Weekly; 2004; 39: 3179-3183. <a href="https://doi.org/10.2307/4415264">https://doi.org/10.2307/4415264</a>
19	Community-based health insurance in developing countries: a study of its contribution to the performance of health financing systems	The study revealed that the performance of CHI, and its contribution to effective and equitable health systems, is modest, although many schemes are still relatively young and would need more time to develop. Among the main factors hampering people's enrolment in CHI in the developing world, are the problems with the affordability of premiums, the trust	Carrin G, Waelkens M-P, Criel B. Community-based health insurance in developing countries: a study of its contribution to the performance of health financing systems. Trop Med Int Heal. Blackwell Science Ltd; 2005; 10:

		in the integrity and competence of the managers, the attractiveness of the benefit package and the quality of care that is offered by the providers.	799–811. <a href="https://doi.org/10.1111/j.1365-3156.2005.01455.x">https://doi.org/10.1111/j.1365-3156.2005.01455.x</a> PMID: 16045
20	Extending social security: Policies for developing countries	The study revealed that many low-income countries experience difficulties in achieving universal financial protection	Wouter van GINNEKEN, Extending Social Security: Policies for developing countries, <a href="https://library.fes.de/libalt/journals/swet/fulltext/19039883.pdf">https://library.fes.de/libalt/journals/swet/fulltext/19039883.pdf</a>
21	Contribution of Mutual Health Organisations to Financing, Delivery, and Access to Health Care. Partnerships for health reform	The study revealed that various forms of community financing exist: the most common being the payment of user fees for health care at the point and time of use. In this paper, we shall concentrate on an innovative form of community financing that emerged in the second half of the 1980s and that has received increasing attention from policymakers in the last decade, i.e. community-based health insurance (CHI). CHI is a common denominator for voluntary health insurance schemes, organized at the level of the community, that are labelled alternatively as mutual health organizations	Atim C (1998) Contribution of Mutual Health Organisations to Financing, Delivery, and Access to Health Care. Partnerships for health reform, Technical report no. 18. Abt Associates, Bethesda, MD. Google Scholar
22	social movements and health insurance: a critical evaluation of voluntary, non-profit insurance schemes with case studies from Ghana and Cameroon. Social Science and Medicine	The study revealed that a variety of factors influence people's decision to join the schemes given the voluntary character of CHI. Affordability of premiums or contributions is often mentioned as one of the main determinants of membership. Several schemes in the WHO Study had addressed the issue of affordability. For instance in the Nkoranza Scheme in Ghana, the estimated cost of contributions varied from 5% to 10% of annual household budgets	Atim C (1999) Social movements and health insurance: a critical evaluation of voluntary, non-profit insurance schemes with case studies from Ghana and Cameroon. Social Science and Medicine 48, 881–886.
23	Health Insurance Schemes for People Outside Formal Sector Employment.	The study revealed that an extensive WHO review was made in 1998 concerning 82 non-profit health insurance schemes for people outside formal sector employment in developing countries	Bennett, S., Creese, A. L., Monasch, R., & World Health Organization. (1998). Health insurance schemes for people outside formal sector employment (No. WHO/ARA/CC/98.1). World Health Organization.
24	A health insurance scheme for hospital care in Bwamanda district, Zaire: lessons and questions after 10 years of functioning	The study revealed that measures introduced to reduce the impact of distance on enrolment and utilization. A sliding scale of co-payments was established, decreasing according to distance	Criel B & Kegels G (1997) A health insurance scheme for hospital care in Bwamanda district, Zaire: lessons and questions after 10 years of functioning. Tropical Medicine and International Health 2, 654–672.
25	Declining subscriptions to the Maliando Mutual Health Organisation in Guinea-Conakry (West Africa): what is going wrong? Social Science and Medicine	The study revealed that the quality of care offered through the CHI is another factor to be considered. The latter was highlighted in an evaluation of the Maliando scheme in Guinea-Conakry	Bart Criel, Maria Pia Waelkens, Declining subscriptions to the Maliando Mutual Health Organisation in Guinea-Conakry (West Africa): what is going wrong? Social Science & Medicine, Volume 57, Issue 7, 2003, Pages 1205-1219, ISSN 0277-9536, <a href="https://doi.org/10.1016/S0277-9536(02)00495-1">https://doi.org/10.1016/S0277-9536(02)00495-1</a> .
26	Reinsurance of health insurance for the informal sector.	The study revealed that several alternative strategies exist for greater risk pooling aiming at protecting schemes from bankruptcy and sustaining the financial protection of insured households. A first possible measure to protect CHIs against unexpected high-	Dror DM (2001) Reinsurance of health insurance for the informal sector. Bulletin of the World Health Organization 79, 672–678.

		level expenditure is that of reinsurance: a scheme buys insurance with a re-insurer to avoid the risk of financial insolvency when expenditures are exceptionally high, for example, due to an epidemic or a catastrophe involving a large number of members	
27	Membership in Voluntary Health Insurance	The study reveals that income is one of the important determinants of purchase of health insurance	Scotton, R. B. (1969). Membership of Voluntary Health Insurance. <i>Economic Record</i> . 45: 69-83.
28	A Microeconomic Model of the Demand for Health Care and Health Insurance in Australia.	The study revealed that Income has a positive association with health insurance purchase decisions consistently in different studies conducted in different countries	Cameron, A. C., P. K. Trivedi, et al. (1988). "A Microeconomic Model of the Demand for Health Care and Health Insurance in Australia." <i>Review of Economic Studies</i> 55(181): 85.
29	Explaining the decline in health insurance coverage	The study revealed that the relation between health insurance purchase decisions and health expenditure is based on the premise that families which have higher chances of requiring hospitalisation will have a higher probability of buying health insurance. Some other socio-economic factors like age, education etc. have also been found to be important factors affecting health insurance purchase.	Kronick, R. and T. Gilmer (1999). "Explaining the decline in health insurance coverage, 1979-1995." <i>Health Affairs</i> 18(2): 30.
30	Health Insurance in India: Opportunities, Challenges and Concerns. in Indian Insurance Industry: Transition and Prospects	The study revealed that in India knowledge and awareness about health insurance could be important factors for health insurance purchase decisions. Very few studies have tried to analyse the reasons for low penetration of health insurance in India	Bhat, R. and D. Mavalankar, (2001). <i>Health Insurance in India: Opportunities, Challenges and Concerns</i> . in <i>Indian Insurance Industry: Transition and Prospects</i> by Srivastava D C and Srivastava S (eds.) New Century Publications, New Delhi.
31	Adverse Selection and the Decline in Private Health Insurance Coverage in Australia	The study revealed that Health insurance choice essentially entailed a simple decision - whether or not to purchase private health insurance The health status of the family is another important factor that may influence the health insurance purchase decision. In literature, studies have used variables like hospitalisation, doctor consultation, and health assessment to proxy for health status	Barrett, G. F. and R. Conlon (2003). "Adverse Selection and the Decline in Private Health Insurance Coverage in Australia: 1989-95." <i>Economic Record</i> 79(246): 279.
32	Explanations for the Decline in Health Insurance Coverage	The study revealed that Healthcare expenditure largely depends on healthcare costs. Recent research has documented that most of the secular change in health insurance coverage can be attributed to higher healthcare costs	Chernew, M., D. Cutler, et al. (2002). <i>Explanations for the Decline in Health Insurance Coverage</i> , Harvard University.
33	The Anatomy of Health Insurance, National Bureau of Economic Research	The study revealed the empirical evidence for adverse selection in health insurance markets in the United States. In these studies 'adverse selection' is defined as the situation where consumers have differential health risks but are not charged a premium equal to the expected marginal cost of their insurance. As a result, 'high-risk' consumers find insurance most attractive and will tend to take out more generous and expensive policies relative to 'low-risk' consumers. Therefore, more health expenditure of family may give rise to a higher probability of health insurance purchase.	Cutler, D. M. and R. J. Zeckhauser (1999). <i>The Anatomy of Health Insurance</i> , National Bureau of Economic Research, Inc.
34	The Determinants of the Demand for Private Health Insurance under Medicare.	The study revealed that the health status of the family is another important factor that may influence the health insurance purchase decision. In literature, studies have used variables like hospitalisation, doctor consultation, and self-health assessment to proxy for health status. The perception of individuals towards the risk is also an important factor. A consumer's knowledge of being	Hopkins, S. and M. Kidd (1996). <i>The Determinants of the Demand for Private Health Insurance under Medicare</i> . <i>Applied Economics</i>

		at risk by being a member of a particular group of people with high-risk characteristics (e.g., those who know they have high cholesterol) is likely to influence their insurance decision.	
35	Estimating Elasticities of Demand for Private Health Insurance in Australia	The study revealed that another set of factors that are found important in the literature on health insurance are demographic and economic variables. These variables are employment, age, marital status and gender. The available evidence suggests that socioeconomic variables act on choice in the expected ways. Those who are employed and those in executive positions are likely to purchase insurance. Of the other possible determinants of the decision to purchase insurance, an obvious factor is price.	Butler, J. (1999). Estimating Elasticities of Demand for Private Health Insurance in Australia. National Centre for Epidemiology and Population Health. Canberra, ANU.
36	Health Insurance in India: Opportunities, Challenges and Concerns. in Indian Insurance Industry: Transition and Prospects	These studies have documented issues and challenges the system faces in terms of accessibility, efficiency and quality of health care delivery. Also, the studies point out the excessive financial burden on Indian households. This excessive financial burden on households may arise for a variety of reasons. At one level, they can be blamed on India's public health care system, which is underfunded and suffers from quality and access problems, forcing consumers to visit private and relatively more expensive treatments.	Bhat, R. and D. Mavalankar, (2001). Health Insurance in India: Opportunities, Challenges and Concerns. in Indian Insurance Industry: Transition and Prospects by Srivastava D C and Srivastava S (eds.) New Century Publications, New Delhi.
37	Awareness of health insurance in a rural population of Bangalore, India	The study revealed that awareness of health insurance was associated with socioeconomic status and education	K, Indumathi & Saba Ishaq, Hajira & Gopi, Arun & Subramanian, Mangala. (2016). Awareness of health insurance in a rural population of Bangalore, India. International Journal of Medical Science and Public Health. 5. 1. 10.5455/ijmsph.2016.15042016476.
38	Awareness and Willingness to Pay for Health Insurance: A Study of Darjeeling District	The study revealed that just 18.5% are being covered by some form of health insurance and a large portion of the population is still financing health care expenditures out of pocket. Various socio-economic variables like marital status, education, income level, occupation etc drive people of Darjeeling to decide to take health insurance.	Ghosh, M. (2013). Awareness and willingness to pay for health insurance: A study of Darjeeling district. IOSR Journal of humanities and social science, 12(1), 41-47.
39	A study on consumer's understanding of health insurance benefits.	The study revealed that ninety-seven per cent are aware of health insurance and also have a policy. About 47.1% have all the family members covered under the health insurance, whereas 8.5% said that only the head of the family is covered. About 79.4% of the consumers were satisfied with the service provided by their health insurance provider. In the private sector, Apollo Munich and ICICI Lombard are among the ones that were preferred by the people. Sources of awareness of health insurance include employers, the Internet, newspapers, friends, and television.	Garge, D., Tare, S., & Das, S. (2020). A study on consumer's understanding of health insurance benefits. Journal of Dental Research and Review, 7(5), 62. <a href="https://link.gale.com/apps/doc/A616015603/AONE?u=anon~440a97f0&amp;sid=googleScholar&amp;xid=3f286be7">https://link.gale.com/apps/doc/A616015603/AONE?u=anon~440a97f0&amp;sid=googleScholar&amp;xid=3f286be7</a>
40	Impact of Publicly Financed Health Insurance Schemes on Healthcare Utilization and Financial Risk Protection in India: A Systematic Review	The study revealed that the health system in India has had a maternal and child health (MCH) centric approach, both in financing and delivery of health services. Low public spending on health care shifted the burden of seeking care on households by paying out-of-pocket expenditures. This led to either a barrier in accessing health services, or catastrophic outcomes for those who sought care. Further, the low capacity of the public health system has resulted in the rapid	Prinja S, Chauhan AS, Karan A, Kaur G, Kumar R (2017) Impact of Publicly Financed Health Insurance Schemes on Healthcare Utilization and Financial Risk Protection in India: A Systematic Review. PLoS ONE 12(2): e0170996. <a href="https://doi.org/10.1371/journal.pone.0170996">https://doi.org/10.1371/journal.pone.0170996</a>



		development of private healthcare delivery systems, as well as a push towards various demand-side financing mechanisms.	
41	Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data.	The study revealed that the estimate of the overall prevalence of absolute poverty in these countries was 14% higher than conventional estimates that do not take account of out-of-pocket payments for health care. We calculated that an additional 2.7% of the population under study (78 million people) ended up with less than \$1 per day after they had paid for health care. In Bangladesh, China, India, Nepal, and Vietnam, where more than 60% of healthcare costs are paid out-of-pocket by households, our estimates of poverty were much higher than conventional figures, ranging from an additional 1.2% of the population in Vietnam to 3.8% in Bangladesh.	Van Doorslaer E, O'Donnell O, Rannan-Eliya RP, Somanathan A, Adhikari SR, Garg CC, et al. Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data. <i>The Lancet</i> . 2006; 368(9544): 1357–1364.
42	HEALTH INSURANCE AND ACCESS OF UNDERSTANDING THE HEALTHCARE SERVICES IN INDIA	The paper argues that irrespective of the model of health insurance being implemented these dimensions of access govern the poor and the poorest household decisions about enrolling in a health insurance scheme and utilizing health care services. Policymakers and planners need to pay attention to these important dimensions when making decisions regarding health insurance and healthcare services utilization to ensure that the peculiar needs of the poor are taken on board.	Kalaivani, m. M., & Santhi, n. Health insurance and access to understanding the health care services in India. <i>Principal's message</i> , 273.
43	Health Insurance for India's Missing Middle	The study revealed that in the absence of a low-cost health insurance product, the missing middle remains uncovered despite the ability to pay nominal premiums. Most health insurance schemes and products in the Indian market are not designed for the missing middle	Sarwal, R., & Kumar, A. (2021). Health insurance for India's missing middle.
44	Implementing Health Insurance: The Rollout of Rashtriya Swasthya Bima Yojana in Karnataka	The study revealed that the scheme was hardly operational and utilisation was virtually zero. A large proportion of beneficiaries were yet to receive their cards, and many did not know how and where to obtain treatment under the scheme. Moreover, hospitals were not ready to treat RSBY patients. Surveyed hospitals complained of a lack of training and delays in the reimbursement of their expenses. Many were refusing to treat patients until the issues were resolved, and others were asking cardholders to pay cash. As is typical for the implementation of a government scheme, many of the problems can be related to a misalignment of incentives.	. Rajasekhar, D., Berg, E., Ghatak, M., Manjula, R., & Roy, S. (2011). Implementing health insurance: the rollout of Rashtriya Swasthya Bima Yojana in Karnataka. <i>Economic and Political Weekly</i> , 56-63
45	Why is the take-up of microinsurance so low? Evidence from a health insurance scheme in India	The study revealed that people behave in a risk-loving way when facing the risk of losses, which is consistent with prospect theory. Because insurance covers losses, we suspect that these people are less likely to take up insurance and we find some evidence supporting this view. We also find that hyperbolic discounters are more likely to purchase insurance, a fact that can be explained by the demand for commitment among sophisticated hyperbolic discounters.	Ito, S., & Kono, H. (2010). Why is the take-up of microinsurance so low? Evidence from a health insurance scheme in India. <i>The Developing Economies</i> , 48(1), 74-101.
46	Health Insurance Awareness Among the University Teachers in Pokhara Valley	The study concludes that the majority of the respondents are aware of the government health insurance program launched in the country. The opinion regarding health awareness and knowledge of health insurance is most associated with ethnicity least	Ghimire, R. (2018). Health Insurance Awareness among the University Teachers in Pokhara Valley. Available at SSRN 3213732.

		associated with sex and marital status, and moderately associated with age and educational level.	
47	Ayushman Bharat Program and Universal Health Coverage in India	The study revealed that to be effective and impactful in achieving the desired health outcomes, there is a need for both design and implementation of the Ayushman Bharat Program right, from the very beginning. If implemented fully and supplemented with additional interventions, the program can prove a potential platform to reform the Indian healthcare system and accelerate India's journey towards universal health coverage.	Lahariya, C. (2018). 'Ayushman Bharat' program and universal health coverage in India. <i>Indian pediatrics</i> , 55(6), 495-506.
48	State health insurance and out-of-pocket health expenditures in Andhra Pradesh, India	The study revealed that within the first nine months of implementation Phase I of Aarogyasri significantly reduced out-of-pocket inpatient expenditures and, to a lesser extent, outpatient expenditures. These results are robust to checks using quantile regression and matching methods. No clear effects on catastrophic health expenditures or medical impoverishment are seen. Aarogyasri does not benefit scheduled caste and scheduled tribe households as much as the rest of the population.	Fan, V. Y., Karan, A., & Mahal, A. (2012). State health insurance and out-of-pocket health expenditures in Andhra Pradesh, India. <i>International journal of health care finance and economics</i> , 12, 189-215.
49	Health insurance literacy and awareness of the Affordable Care Act in a vulnerable Hispanic population	The study revealed that Almost 70% of participants knew nothing/very little about the ACA. Multivariate analyses revealed that no/very little ACA knowledge was associated with low levels of confidence in "choosing health insurance plans" (OR:0.55; 95%CI:0.40-0.75) (full sample) and "comparing plans"	Ghaddar, S., Byun, J., & Krishnaswami, J. (2018). Health insurance literacy and awareness of the Affordable Care Act in a vulnerable Hispanic population. <i>Patient education and counseling</i> , 101(12), 2233-2240.
50	A systematic review of factors that affect the uptake of community-based health insurance in low-income and middle-income countries	The review has pointed out some important aspects relating to enrolment in CBHI. In the current debate about ensuring UHC, although there are arguments against voluntary schemes, CBHI schemes, where they currently exist, may still serve as a means to provide health insurance to those in the informal sector as well as those in rural locations. However, it needs to address some issues relating to lack of funds, poor quality of care, and lack of trust which are major reasons for low willingness to enrol in CBHI in LMICs. Thus, if CBHI schemes are to serve as a means to providing access to health services, at least in the short term, then attention should be paid to the issues that militate against their success.	Adebayo, E.F., Uthman, O.A., Wiysonge, C.S. et al. A systematic review of factors that affect the uptake of community-based health insurance in low-income and middle-income countries. <i>BMC Health Serv Res</i> 15, 543 (2015). <a href="https://doi.org/10.1186/s12913-015-1179-3">https://doi.org/10.1186/s12913-015-1179-3</a>
51	The Impact of Health Insurance Schemes for the Informal Sector in Low- and Middle-Income Countries: A Systematic Review	Studies reporting on enrollment showed that low enrollment is commonly observed for many of the insurance schemes; enrollment seems to be related to perceptions, education, and cultural factors rather than to factors related to health and health care, such as initial health status and distance to health centres. The study from Nicaragua indicated that there was considerable confusion about coverage. We do not observe a pattern regarding enrollment and outcome; for example, China and Vietnam had high enrollment. Nevertheless, there is no indication that insurance worked well for the participants, although more recent analysis shows positive results from Vietnam.	Acharya, A., Vellakkal, S., Taylor, F., Masset, E., Satija, A., Burke, M., & Ebrahim, S. (2013). The impact of health insurance schemes for the informal sector in low-and middle-income countries: a systematic review. <i>The World Bank Research Observer</i> , 28(2), 236-266.
52	An empirical study of commerce students (undergraduate and postgraduate) in the	The study revealed that Commerce students-UG and PG (female and male) are aware of the basics of insurance, irrespective of their family income	Gupta, R. (2021). An empirical study of commerce students (undergraduate and postgraduate) for the insurance industry in India. <i>Asian Journal of Economics and Banking</i> , 5(2), 204-223.

	insurance industry in India		
53	Promotion of Health Insurance Services for Financing Health Care Expenditure in Odisha	The study revealed that there are always many discussions, and debates undertaken about the significance, role, and need for health insurance Services as a tool for promoting a healthy healthcare system in the country. But it hardly points to any significant effect on the people.	Rath, D. J. P. (2015). Promotion of Health Insurance Services for Financing Health Care Expenditure in Odisha. International Journal of Research and Development-A Management Review (IJRDMR) IRD India ISSN (Print), 2319-5479.
54	Achieving Equity in Health through Community-based Health Insurance: India's Experience with a Large CBHI Programme	The study identifies quantifiable variables covering various dimensions of vulnerability and assesses their relationship with enrolment, renewal of enrolment, and utilisation using logistic regression techniques. The results demonstrate that inequities do exist even though they are less pronounced in utilisation than in enrolments and renewals. While community-based health insurance (CBHI) may be used as a mechanism to reach the disadvantaged population, it can not be considered a substitute for government-created health infrastructure.	Aggarwal, A. (2011). Achieving equity in health through community-based health insurance: India's experience with a large CBHI programme. Journal of Development Studies, 47(11), 1657-1676.
55	Comparative Performance of Health Insurance Business of Public and Private General Insurance Companies in India	The study revealed that the comparative performance of the health insurance business of 4 public, 8 private general insurance companies and 2 standalone health insurance companies has been examined using the Claim Ratio and Net Retention Ratio. These ratios have been analysed and interpreted by calculating the mean, median, standard deviation and coefficient of variation. It has been found that the mean of the claim ratio was - 2.82 ( $p>0.05$ ) and the mean of the net retention ratio was -1.98 ( $p>0.05$ ) which showed a significant difference between the claim ratio and net retention ratio of health insurance business	Shahi, A. K., & Singh, H. (2015). Comparative performance of health insurance business of public and private general insurance companies in India. Management Review: An International Journal, 10(1), 61.
56	Marketing health insurance products: Sources and consequences of customers' confusion	Results revealed that similarity confusion, ambiguity confusion, and confusion stemming from others' opinions/thoughts have a direct positive effect on customer decision-making uncertainty. The results further confirmed similarity confusion, ambiguity confusion, and over-choice confusion led to decision postponement for PVHI products. The results of the study may be helpful to insurers and healthcare practitioners in understanding the key sources of customer confusion in health insurance products and related consequences on customers' decision-making.	Mathur, T. (2021). Marketing health insurance products: Sources and consequences of customers' confusion. International Journal of Healthcare Management, 14(4), 1337-1347.
57	Health Insurance Coverage and Utilization of Health Services among Educated Urban Citizens of a Developing Country	The present survey showed significant financial obstacles in accessing health coverage among individuals with no health insurance. Most of the people who had health insurance were those who had faced problems in getting medical treatment during the past 12 months. Effective health insurance reform and efforts to improve health insurance coverage are needed particularly in developing countries.	Adil, S. O., Akber, S., Sheikh, H., & Mustafa, M. W. (2016). Health Insurance Coverage and Utilization of Health Services among Educated Urban Citizens of a Developing Country. J Community Med Health Educ, 6(469), 2161-0711.
58	Challenges for Increasing Insurance Awareness Among the People of Bangladesh	The insurance industry in Bangladesh has very high potential due to the increase in GDP, per capita income and population. Most of the insurance companies provide more or less the same services. For this reason, the competition is increasing between the companies. Unethical practices are also increasing due to severe competition.	Islam, N. (2019). Challenges for increasing insurance awareness among the people of Bangladesh. In Training Workshop on Raising Awareness Regarding Insurance, June (pp. 1-16).

59	Inequitable Access to Health Care by the Poor in Community-Based Health Insurance Programs: A Review of Studies From Low- and Middle-Income Countries	Generally, the rich were more willing to pay for CBHI than the poor and actual enrollment in CBHI was directly associated with socioeconomic status. Enrollment in CBHI was price-elastic—as premiums decreased, enrollment increased. There were mixed results on the effect of socioeconomic status on the use of health care services among those enrolled in CBHI. We found a high drop-out rate from CBHI schemes that were not related to socioeconomic status, although the most common reason for dropping out of CBHI was a lack of money to pay the premium.	Umeh, C. A., & Feeley, F. G. (2017). Inequitable access to health care by the poor in community-based health insurance programs: a review of studies from low-and middle-income countries. <i>Global Health: science and practice</i> , 5(2), 299-314.
60	Measuring the Impact of Insurance, including Jan Suraksha, Schemes on Insurance Consumption in India	The survey results indicate that over the years, there has been an increase in the level of awareness about insurance and most people would recommend the buyer to buy the Jan Suraksha scheme over the same type of policies of other companies due to the affordability. Among all the schemes, PMSBY has enrolled the highest number of customers may be due to the cheap price.	Parida, T. K. (2018). Measuring the impact of insurance, including Jan Suraksha, schemes on insurance consumption in India.
61	Health insurance in India: need for managed care expertise.	Health insurers in India currently face many challenges, including poor consumer awareness, strict regulations, and inefficient business practices. They operate under a combination of stifling administrative costs and high medical expense ratios which have ensured that insurers operate under steep losses.	Thomas, T. K. (2011). Health insurance in India: need for managed care expertise. <i>The American Journal of Managed Care</i> , 17(2), e26-33.
62	Poor enrollment of persons with disabilities in the niramaya health insurance scheme over a decade under the Indian National Trust	Total enrollments have steadily increased from 36,153 (2008–2009) to 96,716 (2018–2019). Madhya Pradesh state accounted for more than two-thirds of total enrollments in the year 2018–2019, and enrollments from many other states and union territories are less than 100.	Ganguly, S., Singh, P. K., Bhakat, N., & Bhattacharyya, S. (2021). Consumer Perception Towards Health Insurance During Pandemic and Post-Pandemic Era in India. <i>International Journal of Research in Engineering, Science and Management</i> , 4(7), 57-65.
63	Effectiveness of Health Insurance - An Empirical Study in Mysore City	The present study tested positively the hypotheses in the income and positive perceptions: Education and positive assessment and overall effectiveness of health insurance policies in Mysore. Health insurance is becoming popular with the notable inclination on the part of knowledge society towards a wellness society.	Suresha, K., & Srinivas, V. (2017). Effectiveness of Health Insurance Empirical Study in Mysore City.
64	Awareness and Willingness to pay for Private health insurance: A study of Mongolian living in South Korea	The study will have the variables which include independent variables, (Age, Gender, Marital status, Living year, Occupation, Income, Self-rated health, Medical expenditure ), and dependent variables (Awareness and (Willingness to pay). This study will use the valid questionnaire adopted from two similar published studies, one conducted in Vietnam and another one conducted in India, Darjeeling district. Results: Knowledge and awareness about PHI is very low among Mongolians living in South Korea and the results suggest that educating Mongolians living in South Korea is essential for increasing enrollment. Information and communication strategies should be developed to increase awareness and knowledge about PHI to enrol on PHI. One of the key factors that influence whether or not to join private health insurance is monthly income.	Byambajav, B. (2022). Awareness and Willingness to Pay for Private Health Insurance: A study of Mongolian living in South Korea (Doctoral dissertation, Graduate School, Yonsei University).
65	Fair Play in Indian Health Insurance	Our analysis of the claims ratio and the complaints rate in the health insurance industry, suggests that there are important difficulties with the working of	Malhotra, S., Patnaik, I., Roy, S., & Shah, A. (2018). Fair play in Indian health insurance. Available at SSRN 3179354.

		health insurance. The lack of fair play in this industry is derived from deficiencies in regulations, weak enforcement of regulations and faulty institutional design of consumer redress.	
66	The impact of health insurance on maternal health care utilization: evidence from Ghana, Indonesia and Rwanda	Although health insurance schemes in these three countries are mostly designed to focus on the poor, coverage has been highly skewed toward the rich, especially in Ghana and Rwanda. Indonesia shows less variation in coverage by wealth status. The analysis found significant positive effects of health insurance coverage on at least two of the four measures of maternal health care utilization in each of the three countries. Indonesia stands out for the most systematic effect of health insurance across all four measures. The positive impact of health insurance appears more consistent in the use of facility-based delivery than in the use of antenatal care.	Wang, W., Temsah, G., & Mallick, L. (2017). The impact of health insurance on maternal health care utilization: evidence from Ghana, Indonesia and Rwanda. <i>Health policy and planning</i> , 32(3), 366-375.
67	National Health Insurance Scheme: Internal and External Barriers in the Use of Reproductive Health Services among Women	The internal barriers to NHI use included inadequate knowledge of RHS covered by NHI and a culture of shame in informants. External barriers included additional costs for medicines not covered by NHI, dissatisfaction with health services provided by medical workers, busy work and household activities, and lack of women's role in decision-making within families, which related to reproductive wellness.	Wang, W., Temsah, G., & Mallick, L. (2017). The impact of health insurance on maternal health care utilization: evidence from Ghana, Indonesia and Rwanda. <i>Health policy and planning</i> , 32(3), 366-375.
68	External environmental challenges affecting the performance of the Health Insurance sub-sector in Kenya	The findings from the study indicate that there are several environmental challenges affecting the performance of the health insurance sub-sector in Kenya which include political factors, economic factors, social factors, and technological factors. The findings of this study are important because they will assist in developing policies and strategies that will ensure that health insurance is profitable in Kenya.	Kubania, B. K. (2011). External environmental challenges affecting the performance of the health insurance sub-sector in Kenya (Doctoral dissertation).
69	Perceptions of Households Towards Health Insurance and Their Implication to Enrolment, Kenya.	a key finding was that households were willing to enrol and retain health insurance schemes if their families and close friends were beneficiaries or would benefit in any way to pay for their health care costs. Also, the notion of everyone paying for their health care costs was not popular with the majority of the respondents. Further analysis revealed that households would consider the plight of the sick, the poor and the most vulnerable in communities, in their consideration for owning a health insurance cover.	Munguti, D. K. (2020). Perceptions of Households Towards Health Insurance and Their Implication to Enrolment, Kenya (Doctoral dissertation, University of Nairobi).
70	Moral hazard and the impact of private health insurance on the utilisation of health care in Malaysia	The results show that taking up private health insurance is lower among disadvantaged individuals, such as those with lower income, a lower level of education, those living in less developed regions and the unemployed. The findings also show that health conditions have a very strong effect on the hospitalisation decision. Furthermore, the results demonstrate that evidence of moral hazard existed in 1996 but not in the 2006 data. From the results, policymakers can target an appropriate population for providing health subsidies if the National Health Insurance Scheme is implemented.	Kefeli, Z., & Jones, G. (2012). Moral hazard and the impact of private health insurance on the utilisation of health care in Malaysia. <i>Jurnal Ekonomi Malaysia</i> .
71	Extending health insurance to Informal sector workers in urban	Results from the baseline survey detailed in this report indicated that while female MFB clients represented just over half of the study sample, they were disproportionately more likely to report a	URBAN, I. S. W. I. (2015). EXTENDING HEALTH INSURANCE TO INFORMAL sector workers in urban settings: findings from a micro-insurance pilot in Lagos, Nigeria.

	Settings: findings from a micro Insurance pilot in Lagos, Nigeria	need for health services and recalled significantly higher health expenditures than male clients. The survey confirmed that the MFB's clients needed improved financial protection. Nearly all clients who reported health events financed their healthcare via out-of-pocket spending before insurance enrollment; all respondents were using personal savings and most were relying on support from family and neighbours to finance needed health services.	
72	Research on the Influence Factors of Service Satisfaction in University Campuses in China: A Review	The study revealed that participant satisfaction is a long-standing field in a study. Researchers have many versions of the results of their respective studies, but mostly it is about participant satisfaction. As a result, the literature is full of conceptual and operational definitions that differ from consumer satisfaction in an increasingly developed age	Cardozo, R.N. (1965) An Experimental Study of Customer Effort, Expectation, and Satisfaction. <i>Journal of Marketing Research</i> , 3, 244-249. <a href="http://dx.doi.org/10.2307/3150182">http://dx.doi.org/10.2307/3150182</a>

## 5. RESEARCH GAP

There is a significant knowledge vacuum about how Impact of Health insurance Literacy and Satisfaction on Enrollment with Health Insurance. Since there is a dearth of studies concentrating on this area, there is a need for an analytical research project to fill the void and add to the current literature. The lack of data on how locals in Dakshina Kannada feel about the Impact of Health insurance Literacy and Satisfaction on Enrolment with Health Insurance is a major hole in the literature. While studies have looked at how Impact of Health insurance Literacy and Satisfaction on Enrollment with Health Insurance in general, a more specialized study on the amount of knowledge among customers in this area is needed.

## 6. FINAL RESEARCH PROPOSAL

It is essential to recognize that the Impact of Health insurance Literacy and Satisfaction has not had a wholly positive effect on enrollment with Health Insurance in the Dakshina Kannada region. The Impact of Health Insurance Literacy and Satisfaction's primary goal was to create a healthy society.

## 7. CONCLUSION

In conclusion, the literature review on the Impact of Health insurance Literacy and Satisfaction in Dakshina Kannada District offers valuable insights into the effects of Health insurance Literacy and Satisfaction on consumer preferences. The findings provide a comprehensive understanding of the changes observed in the region and contribute to the existing body of knowledge on the subject.

The findings contribute to the knowledge base and offer valuable insights for businesses, policymakers, and researchers interested in the dynamics of the Insurance industry in the region

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