



Awareness And Satisfaction Of Health Insurance Policies Among College Teachers In Pollachi Taluk, Coimbatore District

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Abstract: The study highlights the critical importance of understanding how health insurance policies are perceived and utilized among college teachers. In the context of rising healthcare costs and the increasing significance of health insurance, it is essential to explore how awareness and satisfaction impact the decision-making process. The primary objectives include assessing the level of awareness for health insurance policies and evaluating the satisfaction levels among the respondents. A sample size of 130 college teachers was selected using the convenient sampling method. Data was collected through a structured questionnaire designed to capture insights into the awareness and satisfaction related to health insurance policies. The analysis was carried out using Simple Percentage and Chi-square tests to understand the patterns and relationships within the data. The findings of this study suggest a significant variation in awareness levels among the college teachers, which influences their satisfaction with health insurance policies. Based on the results, recommendations include enhancing awareness programs and tailoring health insurance products to better meet the needs of college teachers.

Index Terms - Awareness, Health Insurance Policies, College Teachers, Satisfaction Level, Preference.

I. INTRODUCTION

Health insurance is a critical component of the healthcare system, providing financial protection against unforeseen medical expenses. In recent years, the growing awareness and preference for health insurance policies have gained prominence, particularly among various occupational groups, including college teachers. The purpose of health insurance is not just to mitigate the financial burden of medical treatments but also to ensure access to quality healthcare services. This study aims to explore the awareness and satisfaction levels of health insurance policies among college teachers in Pollachi Taluk, Coimbatore District, Tamil Nadu. This study is particularly relevant in the Indian context, where health insurance penetration is still in the growing phase. Despite various government initiatives and increased awareness campaigns, a considerable portion of the population remains uninsured or underinsured. By focusing on college teachers in Pollachi Taluk, this research seeks to contribute to the ongoing discourse on health insurance adoption and satisfaction, highlighting the role of awareness and personal satisfaction in shaping insurance decisions.

II. STATEMENT OF THE PROBLEM

The problem centres around understanding the interplay between awareness and satisfaction levels of health insurance policies among college teachers in Pollachi Taluk. This understanding is essential to identify gaps in awareness, barriers to policy adoption, and areas where health insurance products can be enhanced to better serve the needs of this group. Addressing these issues is crucial not only for improving the health insurance experience for college teachers but also for informing broader strategies to increase health insurance penetration and satisfaction across different sectors of society.

III. OBJECTIVES OF THE STUDY

The research adopts a descriptive study design aimed at understanding the awareness, preference, and satisfaction levels of health insurance policies among college teachers. The study is guided by the following objectives:

- To assess the level of awareness regarding health insurance policies among college teachers.
- To evaluate the satisfaction levels of college teachers with their current health insurance policies.

IV. METHODOLOGY

The study adopts a descriptive research design to explore the awareness and satisfaction levels of health insurance policies among college teachers in Pollachi Taluk, Coimbatore District. A Convenient sampling method was used to select a sample of 130 college teachers. Primary data were collected using a structured questionnaire, which included sections on demographic details, awareness levels, factors influencing satisfaction with current health insurance policies. The data were analyzed using statistical tools such as simple percentage and chi-square test to identify significant patterns and relationships.

V. SOURCES OF DATA

The study utilizes both primary and secondary data to achieve a comprehensive understanding of the awareness and satisfaction levels of health insurance policies among college teachers in Pollachi Taluk. **Primary Data** were collected through a structured questionnaire administered to a sample of 130 college teachers. This questionnaire was designed to gather firsthand information on the respondents' awareness of health insurance policies. **Secondary Data** were sourced from academic journals, government reports, insurance company publications, and previous research studies on health insurance. These secondary sources provided context and background information, helping to frame the study within the existing literature and understand broader trends and patterns in health insurance adoption and satisfaction.

VI. REVIEW OF LITERATURE

Anuradha and Vijayalakshmi (2014)² explore the levels of awareness and satisfaction among health insurance policyholders in Coimbatore. The study reveals significant gaps in consumer knowledge regarding the benefits and features of their insurance policies. The authors analyze the factors influencing customer satisfaction, finding that service quality and the responsiveness of insurance providers play critical roles. The research also identifies the importance of intermediaries in shaping consumer perceptions and the need for more effective communication strategies.

Chattopadhyay and Gupta (2020)⁶ examine the levels of consumer awareness and satisfaction with health insurance in Kolkata. The study reveals that although awareness about health insurance has increased over the years, there is still a significant portion of the population that lacks sufficient knowledge about their policies and their benefits. The authors analyze the factors that contribute to consumer satisfaction, such as the quality of service provided by insurers, the efficiency of the claims process, and the transparency in policy terms.

Garg and Kaur (2014)⁸ focus on the awareness and satisfaction levels of health insurance policyholders in Punjab. The study reveals that although awareness of health insurance has been growing, there are still notable gaps in understanding the specifics of policies, particularly in rural areas. The authors analyze the factors influencing policyholder satisfaction, such as the ease of access to insurance services, the quality of customer support, and the promptness of claims settlement.

VII. LEVEL OF AWARENESS AMONG POLICYHOLDERS ABOUT HEALTH INSURANCE POLICY

An attempt has been made to categorize the policyholders based on their level of awareness, which requires the calculation of standard deviation. The standard deviation and group mean are 18.21 and 94.47, respectively. The awareness of the policyholders is categorized into low, moderate, and high levels as explained below:

- **Low level of awareness:** The lower range is 76.26, calculated by subtracting the standard deviation from the group mean: $94.47 - 18.21 = 76.26$. Policyholders with an awareness level up to 76.26 are categorized as having a low level of awareness.
- **Moderate level of awareness:** This range falls between 76.27 and 112.67, indicating a moderate level of awareness.
- **High level of awareness:** The higher range is 112.68, calculated by adding the standard deviation to the group mean: $94.47 + 18.21 = 112.68$. Policyholders with an awareness level above 112.68 are categorized as having a high level of awareness.

Out of the 130 policyholders, **23** have a low level of awareness, **91** have a moderate level of awareness, and **16** have a high level of awareness.

VIII. FACTORS ASSOCIATED WITH LEVEL OF AWARENESS

Five socio-economic factors, namely age, gender, educational qualification, monthly income, and monthly family savings, are considered. The chi-square test is applied to examine whether the level of policyholders' observations differs based on these factors."

8.1 AGE

The influence of age on the level of awareness is shown in Table 1. To examine whether age is associated with the awareness level of health insurance policy services, the following hypothesis is tested

H₀: Age is not associated with the level of awareness of health insurance policy services

Table -1 AGE AND LEVEL OF AWARENESS

AGE	Level of Awareness			Total
	Low	Moderate	High	
Upto 25 years	0	10	0	10
25 to 40 years	11	58	6	75
Above 40 years	12	23	10	45
Total	23	91	16	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	14.317	.006	Significant	5%

The table shows the distribution of awareness levels about health insurance policies across different age groups. Respondents aged **above 40 years** have the highest number of individuals with a **high level of awareness** (10 respondents). Those in the **25 to 40 years** age group predominantly exhibit a **moderate level of awareness**, with **58 respondents** falling into this category. Conversely, respondents aged **up to 25 years** mostly have a **low level of awareness**. This indicates that older respondents tend to have a higher awareness of health insurance policies, while younger respondents are generally less aware.

Since the **p-value (0.006)** is **less than the significance level of 0.05**, we reject the null hypothesis. This indicates that there is a **statistically significant association** between **age** and the **level of awareness** of health insurance policies. In other words, the level of awareness about health insurance policies varies significantly across different age groups.

8.2 GENDER

The influence of Gender on the level of awareness is shown in Table 2. To examine whether Gender is associated with the level of awareness of health insurance policy services, the following hypothesis is tested

H₀: Gender is not associated with the level of awareness of health insurance policy services.

Table -2 GENDER AND LEVEL OF AWARENESS

GENDE R	Level of Awareness			Total
	Low	Moderate	High	
Male	6	35	3	44
Female	17	56	13	86
Total	23	91	16	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
2	3.113	.211	Not Significant	5%

The table indicates that **female respondents** have a higher number of individuals across all levels of awareness compared to male respondents. Specifically, **13 females** exhibit a **high level of awareness**, **56 females** have a **moderate level of awareness**, and **17 females** report a **low level of awareness**. In comparison, **only 3 males** have a **high level of awareness**, **35 males** have a **moderate level of awareness**, and **6 males** show a **low level of awareness**. This suggests that female respondents generally have higher levels of awareness about health insurance policies compared to their male counterparts.

Since the **p-value (0.211)** is **greater than the significance level of 0.05**, we accept the null hypothesis. This means that there is **no statistically significant association** between **gender** and the **level of awareness** regarding health insurance policies. In other words, gender does not significantly influence the level of awareness about health insurance policies among the respondents in this study.

8.3 EDUCATIONAL QUALIFICATION

The influence of educational qualification on the level of awareness is shown in Table 3. To examine whether educational qualification is associated with the level of awareness of health insurance policy services, the following hypothesis is tested

H₀: Educational qualification is not associated with the level of awareness of health insurance policy services.

Table -3 EDUCATIONAL QUALIFICATION AND LEVEL OF AWARENESS

Educational qualification	Awareness Level			Total
	Low	Moderate	High	
PG with SET/NET	3	7	3	13
PG with M.Phil	0	44	3	47
PG with Ph.D	20	40	10	70
Total	23	91	16	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	21.882	.000	Significant	5%

The table illustrates the distribution of awareness levels about health insurance policies among different educational qualifications. Specifically, **10 respondents** with a **PG with Ph.D** qualification have a **high level of awareness**. In contrast, **44 respondents** with a **PG with M.Phil** qualification exhibit a **moderate level of awareness**. Additionally, **20 respondents** with a **PG with Ph.D** qualification and **3 respondents** with a **PG with SET/NET** qualification have a **low level of awareness**. This distribution indicates varying levels of awareness across different educational qualifications, with a notable concentration of moderate awareness among those with a PG with M.Phil qualification.

Since the **p-value (0.000)** is **less than the significance level of 0.05**, we reject the null hypothesis. This indicates that there is a **statistically significant association** between **educational qualification** and the **level of awareness** of health insurance policies. In other words, the level of awareness about health insurance policies varies significantly with different levels of educational qualification.

8.4 MONTHLY INCOME

The influence of Monthly Income on the level of awareness is shown in Table 4. To examine whether Monthly Income is associated with the level of awareness of health insurance policy services, the following hypothesis is tested.

H₀: Monthly Income is not associated with the level of awareness of health insurance policy services.

Table -4 MONTHLY INCOME AND LEVEL OF AWARENESS

Monthly Income	Level of Awareness			Total
	Low	Moderate	High	
Upto Rs20000	2	29	0	31
Rs20001 to Rs40000	14	53	12	79
Rs40001 to Rs60000	7	9	4	20
Total	23	91	16	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	15.248	.004	Significant	5%

The table shows the distribution of awareness levels about health insurance policies across different monthly income groups. Respondents with a monthly income ranging from **Rs. 20,001 to Rs. 40,000** exhibit the highest number of individuals across all levels of awareness. Specifically, **12 respondents** in this income group have a **high level of awareness**, **53 respondents** have a **moderate level of awareness**, and **14 respondents** have a **low level of awareness**. Meanwhile, those with a monthly income of **Rs. 40,001 to Rs. 60,000** have **4 respondents** with a high level of awareness, **9 respondents** with moderate awareness, and **7 respondents** with low awareness.

This distribution suggests that respondents with a monthly income between **Rs. 20,001 and Rs. 40,000** generally show a more balanced and higher level of awareness about health insurance policies compared to those in the other income groups.

Since the **p-value (0.004)** is **less than the significance level of 0.05**, we reject the null hypothesis. This indicates that there is a **statistically significant association** between **monthly income** and the **level of awareness** about health insurance policies. In other words, the level of awareness about health insurance policies varies significantly with different monthly income levels among the respondents.

8.5 MONTHLY FAMILY SAVINGS

The influence of Monthly Family savings on the level of awareness is shown in Table 5. To examine whether Monthly Family savings is associated with the level of awareness of health insurance policy services, the following hypothesis is tested.

H₀: Monthly Family Savings is not associated with the level of awareness of health insurance policy services.

Table -5 MONTHLY FAMILY SAVINGS AND LEVEL OF AWARENESS

Monthly Family Savings	Level of Awareness			Total
	Low	Moderate	High	
Upto Rs10000	10	59	6	75
Rs10001 to Rs20000	9	25	3	37
Rs20001 to Rs30000	4	7	7	18
Total	23	91	16	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	17.253	.002	Significant	5%

The table indicates that **7 respondents** with a monthly family savings of **Rs. 20,001 to Rs. 30,000** have a **high level of awareness** about health insurance policies. In contrast, **25 respondents** with a monthly family savings of **Rs. 10,001 to Rs. 20,000** exhibit a **moderate level of awareness**. Additionally, **10 respondents** with a monthly family savings of **up to Rs. 10,000** report a **low level of awareness**. This distribution highlights that higher levels of awareness are associated with higher savings, while lower savings tend to correspond with lower levels of awareness.

Since the **p-value (0.002)** is **less than the significance level of 0.05**, we reject the null hypothesis. This indicates that there is a **statistically significant association** between **monthly family savings** and the **level of awareness** about health insurance policies. In other words, the level of awareness about health insurance policies varies significantly with different levels of monthly family savings among the respondents.

IX. LEVEL OF SATISFACTION ON HEALTH INSURANCE POLICY SERVICES

An attempt is made to segregate the Policy holders based on the level of satisfaction that needs standard deviation calculation. The value of standard deviation and group mean is 11.99 and 102.83. The satisfaction of the Policy holders is categorized into a low, moderate and High level of satisfaction explained as below:

The low of satisfaction range is 90.84. It is calculated as standard deviation and reduced from the group mean. That is $102.83 - 11.99 = 90.84$. The Policy holders with satisfaction range up to 90.84 named Policy holders with low level of satisfaction. The moderate level of satisfaction ranges between 90.85 to 114.81. It is a moderate level of satisfaction. The High level of satisfaction range is 114.82. It is calculated as add to the standard deviation with group mean. That is $102.83 + 11.99 = 114.82$. The Policy holders with satisfaction ranges are above 114.82 have a high level of satisfaction. Out of 130 Policyholders, 18 have a low level of satisfaction, 99 have a moderate level of satisfaction and 13 have a high level of satisfaction.

X. FACTORS ASSOCIATED WITH POLICYHOLDERS' SATISFACTION

Five factors, namely Age, Gender, Educational Qualification, Family Income, and Monthly Family Savings, are considered to examine whether there is a difference in policyholders' level of satisfaction based on these factors. To test the association between demographic variables and the level of satisfaction with health insurance services, a chi-square test is applied.

10.1 AGE

The influence of Age on satisfaction shows in Table 6 In order to examine age is associated with the satisfaction level of Health Insurance Policy services, the following hypothesis is tested.

Ho: Age is not associated with the satisfaction level of Health Insurance Policy services

Table -6 AGE AND LEVEL OF SATISFACTION

AGE	Level of Satisfaction			Total
	Low	Moderate	High	
Upto 25 years	2	5	3	10
25 to 40 years	13	56	6	75
Above 40 years	3	38	4	45
Total	18	99	13	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant
4	8.289	.082	Not significant

The highest level of satisfaction is observed among respondents aged 25 to 40 years, while respondents aged up to 25 years tend to have lower satisfaction levels.

The chi-square test result indicates that there is no statistically significant association between age and the level of satisfaction with health insurance policies since the p-value (.082) is greater than the commonly used significance level of 0.05. Therefore, the null hypothesis is accepted.

10.2 GENDER

The influence of Gender on the level of satisfaction is shown in Table 7. To examine whether Gender influences the level of satisfaction with health insurance policy services, the following hypothesis is tested.

H₀: There is no association between Gender and the level of satisfaction.

Table -7 GENDER AND LEVEL OF SATISFACTION

Gender	Level of Satisfaction			Total
	Low	Moderate	High	
Male	7	36	1	44
Female	11	63	12	86
Total	18	99	13	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
2	4.456	.108	Not significant	5%

When examining the distribution of satisfaction levels, we observe that only 2.3% of male respondents reported high satisfaction, whereas a higher proportion of female respondents (14%) expressed high satisfaction with their health insurance policies. On the other hand, 15.9% of males reported low satisfaction, compared to 12.8% of females, indicating that a slightly higher proportion of males were less satisfied. However, the majority of both genders reported moderate satisfaction, with 81.8% of males and 73.3% of females falling into this category.

Since the **p-value (0.108)** is greater than the significance level of **0.05**, we fail to reject the null hypothesis. This indicates that there is no statistically significant association between **gender** and the **level of satisfaction** with health insurance policies among the respondents. In other words, gender does not have a significant influence on the level of satisfaction in this particular sample.

10.3 EDUCATIONAL QUALIFICATION AND LEVEL OF SATISFACTION

The influence of educational qualification on the level of satisfaction is shown in Table 8. To examine whether educational qualification influences the level of satisfaction with health insurance policy services, the following hypothesis is tested:

H₀: There is no association between educational qualification and the level of satisfaction."

Table -8 EDUCATIONAL QUALIFICATION AND LEVEL OF SATISFACTION

Educational qualification of the respondents	Level of Satisfaction			Total
	Low	Moderate	High	
PG with SET/NET	1	12	0	13
PG with M.Phil	10	36	1	47
PG with Ph.D	7	51	12	70
Total	18	99	13	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant
4	11.308	.023	significant

Respondents with a **PG with Ph.D** qualification exhibit the highest level of satisfaction, with 12 reporting high satisfaction and 51 reporting moderate satisfaction. Respondents with **PG with M.Phil** show moderate satisfaction, with most falling in the moderate category (36 respondents). Respondents with **PG with SET/NET** have lower levels of satisfaction, with 12 respondents reporting moderate satisfaction and none reporting high satisfaction.

The chi-square test shows that there is a **significant association** between educational qualification and the level of satisfaction with health insurance policy services, as the p-value (.023) is less than the significance threshold of 0.05. Therefore, the Null Hypothesis is rejected.

In conclusion, there is a significant relationship between educational qualification and the level of satisfaction with health insurance policy services. Higher qualifications, such as Ph.D., are associated with greater satisfaction.

10.4 FAMILY INCOME

The influence of Family Income on the level of satisfaction is shown in Table 9. To examine whether Family income influences the level of satisfaction with health insurance policy services, the following hypothesis is tested.

H₀: There is no association between Family Income and the level of satisfaction.

Table -9 FAMILY INCOME AND LEVEL OF SATISFACTION

Family Income	Level of Satisfaction			Total
	Low	Moderate	High	
Upto Rs30000	8	21	0	29
Rs30001 to Rs60000	7	49	11	67
Rs.60001 to Rs90000	3	29	2	34
Total	18	99	13	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	11.875	.018	Significant	5%

The analysis of the satisfaction levels across different family income groups shows clear differences in the number of respondents. Among those with a family income of up to Rs. 30,000, **8 respondents** reported low satisfaction, while **21 respondents** expressed moderate satisfaction, and none reported high satisfaction. In the income group of Rs. 30,001 to Rs. 60,000, **7 respondents** indicated low satisfaction, **49 respondents** expressed moderate satisfaction, and **11 respondents** reported high satisfaction, making this group the most satisfied overall. For the higher-income group, Rs. 60,001 to Rs. 90,000, **3 respondents** reported low satisfaction, **29 respondents** expressed moderate satisfaction, and **2 respondents** reported high satisfaction. In summary, the majority of respondents, regardless of income group, expressed moderate satisfaction, but the middle-income group (Rs. 30,001 to Rs. 60,000) had the highest number of highly satisfied individuals, while the lower-income group had no respondents reporting high satisfaction. This highlights that family income influences satisfaction levels with health insurance policies.

Since the **p-value (0.018)** is less than the significance level of **0.05**, we reject the null hypothesis. This means that there is a **statistically significant association** between **family income** and the **level of satisfaction** with health insurance policies. In other words, the level of satisfaction with health insurance services differs significantly based on the family income of the respondents.

10.5 MONTHLY FAMILY SAVINGS

The influence of Family Savings on the level of satisfaction is shown in Table 10. To examine whether Family savings influences the level of satisfaction with health insurance policy services, the following hypothesis is tested.

Ho: There is no association between Family Savings and the level of satisfaction.

Table -10 MONTHLY FAMILY SAVINGS AND LEVEL OF SATISFACTION

Family Savings	Level of Satisfaction			Total
	Low	Moderate	High	
Upto Rs10000	8	58	9	75
Rs10001 to Rs20000	10	25	2	37
Rs20001 to Rs30000	0	16	2	18
Total	18	99	13	130

Chi-Square Table

Df	Pearson Chi-square Value	p-value	Significant	Level of Significant
4	9.541	.049	Significant	5%

When comparing across the **satisfaction levels**, those with the lowest family savings (up to Rs. 10,000) had the highest number of respondents expressing both **moderate (58)** and **high satisfaction (9)**, suggesting that lower savings do not necessarily correlate with dissatisfaction. In contrast, the middle group (Rs. 10,001 to Rs. 20,000) shows a higher number of **low satisfaction (10)** respondents and relatively fewer reporting high satisfaction. For the highest savings group (Rs. 20,001 to Rs. 30,000), while no respondents expressed low satisfaction, only **2 respondents** reported high satisfaction, with the majority (**16 respondents**) showing moderate satisfaction.

In summary, the results suggest that satisfaction with health insurance policies does not directly correlate with higher family savings. In fact, the highest number of highly satisfied respondents comes from the group with the lowest savings, whereas the group with moderate savings sees more dissatisfaction. Those with higher savings, while less likely to report low satisfaction, are also not the most likely to express high satisfaction. Since the **p-value (0.049)** is less than the significance level of **0.05**, we reject the null hypothesis. This indicates that there is a **statistically significant association** between **family savings** and the **level of satisfaction** with health insurance policies. In other words, the satisfaction levels of respondents are significantly influenced by their family savings, meaning that different savings levels are associated with varying levels of satisfaction in this study.

XI. RECOMMENDATIONS

- To enhance awareness and preference for health insurance policies among college teachers, it is crucial to implement targeted educational programs that highlight the benefits and importance of health insurance.
- Simplifying policy information can make it more accessible, allowing teachers to understand their options better.
- Creating customized health insurance plans that cater to the specific needs of college educators, such as family coverage and age-related health concerns, can increase their appeal.
- Educational institutions should be encouraged to offer employer-sponsored health insurance, providing comprehensive coverage to their staff. Establishing regular feedback mechanisms allows insurers to adjust policies based on the needs and preferences of teachers, while addressing common

misconceptions through awareness campaigns can motivate a broader demographic to consider insurance.

Utilizing digital platforms for easy access to policy information and involving peer advocates to share positive experiences can further enhance engagement

XII. CONCLUSION

In conclusion, enhancing awareness and preference for health insurance policies among college teachers is essential for their financial security and well-being. By implementing targeted educational programs, simplifying policy information, and creating customized plans that cater to their specific needs, we can encourage a more informed and proactive approach to health insurance. Employer-sponsored policies and regular feedback mechanisms play a crucial role in ensuring that these policies remain relevant and satisfactory. Collaborative efforts between educational institutions and insurance providers can result in more accessible and tailored insurance options, ultimately leading to higher adoption rates and greater satisfaction among college teachers.

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