

International Journal of Foreign Trade and International Business



E-ISSN: 2663-3159

P-ISSN: 2663-3140

Impact Factor: RJIF 5.22

www.foreigntradejournal.com

IJFTIB 2021; 3(1): 07-14

Received: 06-11-2020

Accepted: 17-12-2020

Vasani Sureshbhai Vithalbhai
Ph.D., Pursuing, CA-Inter (I),
Department of Commerce,
Saurashtra University, Rajkot,
Gujarat, India

Dr. Chitrlekha H Dhadhal
Research Guide, Assistant
Professor, Research Scholar,
Department of Commerce,
Saurashtra University, Rajkot,
Gujarat, India

Corresponding Author:
Vasani Sureshbhai Vithalbhai
Ph.D., Pursuing, CA-Inter (I),
Department of Commerce,
Saurashtra University, Rajkot,
Gujarat, India

Consumers sources of awareness and factors considered while buying health insurance products

Vasani Sureshbhai Vithalbhai and Dr. Chitrlekha H Dhadhal

Abstract

The main objective behind this study to understand the factors influencing or considered while the purchase decision of health insurance policies and to know the most important source of awareness of a health insurance schemes. The researcher has collected data from the 140 structure questionnaire for the study. The researcher asks more than 14 questions to the respondents in which 08 demographic and other study variables or (questions) for the study. The researcher has used tools for the study or testing hypothesis used the Statistical Package for Social Science (SPSS 13 Version) has been used to process and facilitates the analysis of the collected field data. The researcher used Reliability tests, Cross Tabulation, Computing Mean, weighted Average Mean. The researchers have find out the Most of the consumers purchase policy for tax benefits, so company can make awareness to the consumers about tax benefits, Company can also provide cashless facility to the consumers for improving creditworthiness in the market and it can save time of the consumers and Most important source of information is insurance agent, so companies have to focus more on agent work and other factors like friends & relative, newspapers, hospital, internet etc.

Keywords: Consumer behaviour, SPSS, cross tabulation, cross tabulation, computing mean, weighted average mean

1. Introduction

The function of insurance sector is to protect one against losses he cannot afford. This is done by transferring risks of a person, business, or organization known as, the “insured” to an insurance company, known as the “insurer”. So, the insurer then reimburses the insured for covered losses i.e., those losses it pays for under the terms of the policy. Every family depends on their leader every day for financial support, food, shelter, transportation, education, and much more. Spouses have plans for their future and dreams for their family: another child, a bigger home, a new business, college education, travel, retirement. Insurance is all about ensuring that one’s family has adequate financial resources to make those plans and children (as beneficiaries) count on him, he count on his spouse. That is why coverage for his spouse is also important. This is especially true today, with so many “double income families” in this area. As the insurance consumer, the insured pays an amount of money, called a premium, to the insurer to transfer the risk. The insurer pools its entire premium in to large fund, and when a policyholder has met with a loss, the insurer draws funds from the pool to pay for the loss. Life is full of unexpected events that can create large financial losses.

2. Review of literature

Anandalakshmy and Brindha, K. (2017) ^[2] have analyzed the policy holders’ awareness and factors influencing purchase decision towards health insurance in Coimbatore district. The objectives of the study were to examine the consumer satisfaction towards agent’s service of a company and to study the influence of different factors while purchasing an insurance policy. The researcher selected 100 respondents as sample of the study from the rural areas of the Coimbatore district on the basis of convenient sampling. They found that majority of the respondents were above 41 years and 54% male members were using life insurance and 40% of the respondents have completed their school level. (Anandalakshmy and Brindha, 2017) ^[2].

Netra, G., BA Varadaraja, R. (2019) ^[9] have a study on awareness, coverage and willingness to avail health insurance among the residents of a rural area in central Karnataka. The main objectives behind the study are that to assess the awareness, coverage and willingness to

avail health insurance by the residents of rural practice area of SSIMSRC, advancer. The researcher used for the study the present cross sectional study was conducted in the RHTC of SSIMRC from may, July 2016 and sample families was visited by systematic random sampling and data was collected from the head of the family with informed consent using a predesigned, presented questionnaire by house to house interview and after that analysis was done through using SPSS and chi-square, regression analysis test were applied for association. The researchers have found the result the awareness, coverage and willingness to avail health insurance were 65.7%, 45.5% and 77.1% among the total families (600) studied respectively. (Netra & BA Varadaraja, 2019) ^[9].

Sonal. K., & Premila, J. (2015) ^[13] has examined on the awareness of health insurance among people with special reference to Rajasthan (India). The main objective of the researcher is to find out preferable health insurance by people of Rajasthan, to find out the knowledge about health insurance Company's term and conditions among people and to find an appropriate way to improve the condition of health insurance in India. Researcher has concluded that majority respondents are aware about health insurance but denied to take health insurance or med claim policies through this study. (Sonal & Premila, 2015) ^[13].

Thomas, V. (2013) ^[15] has studied on determinants of consumer purchase decisions of health insurance in Kerala. To understand the factors influence the purchase decision of health insurance policies and other. The researcher has used

data in the research primary and secondary data primary it means structure questionnaire and population of Kerala but sample select 617 consumer are taken collected data has been coded tabulated and analyzed using the statistical package SPSS. Statistical tools used for the test hypothesis like chi-square, independent sample-t test, ONE Way ANOVA, Discriminate analysis and factor analysis in the data analysis. Researcher found in the research the average monthly medical expenditure for a family was found to be about Rs 1000 it means nearly 25% of the household reported hospitalization for illness or related to an accident during the past two years to any member and an average spending of Rs 19000 is reported here in the study. Researcher has also found, awareness of health insurance a pre-requisite for market growth was good but no knowledge in depth and consumers' expectation is also more with health insurance policy. (Thomas, 2013) ^[15].

3. Significance of the study

Through this study health insurance company can get idea about its advertisement expenses and other promotions expenses based on this study and frame their product according to needs of the customers now a days customer satisfaction is very important role play to invention of the new product according to the wants and need company have to offer the insurance product to the population.

4. Objectives, hypothesis and tools and technique

Table 1: Objectives, hypothesis and tools and technique

| Number | Objectives/Hypothesis | Analysis Tools Used |
|-------------|---|--|
| Objective-1 | To understand the factors influencing or considered while the purchase decision of health insurance policies. | Frequency, Percentage, Weighted Average Mean |
| Objective-2 | To know the most important source of awareness of a health insurance schemes. | Frequency, Percentage, Weighted Average Mean |

Sources: self-constructed

5. Methodology

Research based on analytical research it means the researcher has to use fact or information aridly available by the researcher, analyze them to make a critical evaluation of the data. The Researchers have collect data from the 140 teachers who used health insurance products through questionnaire; Respondents is teachers (professor) who are

using health insurance in colleges and university in Rajkot city. People who have not bought life and health insurance policies is outside the scope of the current study. The researcher has used Frequency Distribution/Simple tabulation, Arithmetic Mean, Weighted Average, Mann Whitney-U test, Kruskal Wallis test

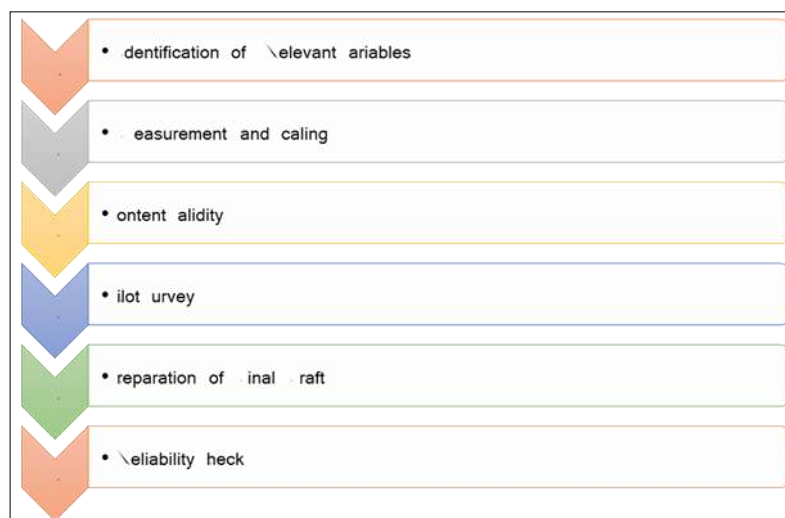


Fig 1: Construction of the questionnaire

5.1 Sample selection

Table 2: Sample size\ of similar studies

| Sr. No. | Researcher | Sample Size | Sr. No. | Researcher | Sample Size |
|---------|--------------------|-------------|---------|--------------------------------------|-------------|
| 1. | (Das, 2008) | 100 | 6. | (Prajapati, 2014) | 500 |
| 2. | (Reddy, 2010) | 250 | 7. | (Anandhika, 2016) | 250 |
| 3. | Sharmila, 2012 | 700 | 8. | (Anandalakshmy, 2017) ^[2] | 100 |
| 4. | (Babita, Y., 2012) | 150 | 9. | (Karabi goswami, 2018) | 500 |
| 5. | (Kamali, 2014) | 660 | 10. | (Anil Chandhok, 2019) | 150 |

Source: Review of literature conducted by the researcher

6. Sample profile and data analysis

6.1 Demographic information of the consumers

The marketing process begins with identification of consumers' wants and needs and end with fulfillment of that needs and wants. The dynamic or continuous scenario in which businesses operate these days is making purchase decision increasingly complicated and difficult because of so many products are available in the market. Since

policyholders also vary significantly in terms of Gender, Age Group, Education Qualifications, Marital Status, Nature of Family, Number of Earner/s in the Family, Dependents Family Members and income level of the Consumers. Task of market segmentation is also becoming very challenging for marketers because of so many demographic factors are also affected at the time of purchasing life and health insurance products.

Table 3: Demographic profile of consumers

| Sr. No. | Demographic Factor (Variables) | Factors/Sub-Groups | Frequency | Percent |
|---------|--------------------------------|---------------------------|-----------|---------|
| 1 | Gender | Male | 88 | 62.9 |
| | | Female | 52 | 37.1 |
| | | Total | 140 | 100.0 |
| 2 | Age Group | Below 20 | 1 | 0.7 |
| | | 21-30 | 30 | 21.4 |
| | | 31-40 | 41 | 29.3 |
| | | 41-50 | 29 | 20.7 |
| | | 51-60 | 31 | 22.1 |
| | | Above 60 | 8 | 5.7 |
| | | Total | 140 | 100.0 |
| 3 | Educational Qualification | Graduate | 3 | 2.1 |
| | | Post Graduate | 36 | 25.7 |
| | | Ph. D | 92 | 65.7 |
| | | Professional(Other) | 9 | 6.4 |
| | | Total | 140 | 100.0 |
| 4 | Marital Status | Single Without Dependents | 25 | 17.9 |
| | | Single With Dependents | 11 | 7.9 |
| | | Married Without Children | 25 | 17.9 |
| | | Married With Children | 79 | 56.4 |
| | | Total | 140 | 100.0 |
| 5 | Nature of Family | Nuclear | 62 | 44.3 |
| | | Joint | 78 | 55.7 |
| | | Total | 140 | 100.0 |
| 6 | Number of Earner/s | One | 48 | 34.3 |
| | | Two | 49 | 35.0 |
| | | Three | 22 | 15.7 |
| | | Four Or More | 21 | 15.0 |
| | | Total | 140 | 100.0 |
| | | | | |
| 7 | Dependent Family Member/s | Nil | 30 | 21.4 |
| | | One | 22 | 15.7 |
| | | Two | 28 | 20.0 |
| | | Three Or More | 60 | 42.9 |
| | | Total | 140 | 100.0 |
| 8 | Monthly Income | Less Than 40,000 | 38 | 27.1 |
| | | 40,001 To 1,00,000 | 39 | 27.9 |
| | | 1,00,001 To 2,00,000 | 32 | 22.9 |
| | | Above 2,00,000 | 31 | 22.1 |
| | | Total | 140 | 100.0 |

Source: Field Survey (Jan-Mar, 2020) in Rajkot City

The demographic profile/information of the consumers considered for this study has been presented in Table 3. From Table 2 it is observed that out of the total consumers, 62.9% were male and the remaining 37.1% were female

consumers of life and health insurance. The age group of the consumers had a representation ranging from 31 to 40 age group is more?

In comparison of other five age group among the six age groups identified. It is around 29.3% who have covered under the age group of 31 to 40. In Education Qualification, most of the consumers are Ph.D. degree it means around 65.7% consumers have Ph.D. degree. Marital status was categorized in to four categories as seen in the Table 3 and the representation in each category ranged most of the consumers they covered under the married with (having) children. It can be seen in percentage also around 56.4% is married and they have children. Nature of family of the

consumers is also covered under the joint family around 55.7%.

In number of earner/s in the family, two earner groups are more as they around 35% who have family member earning. Independents family member/s on the consumers around 42.9% consumers has three or more dependent family member. In case Monthly income of the most of the consumers are falling in the categories of 40,001 to 1,00,000 with 27.9%.

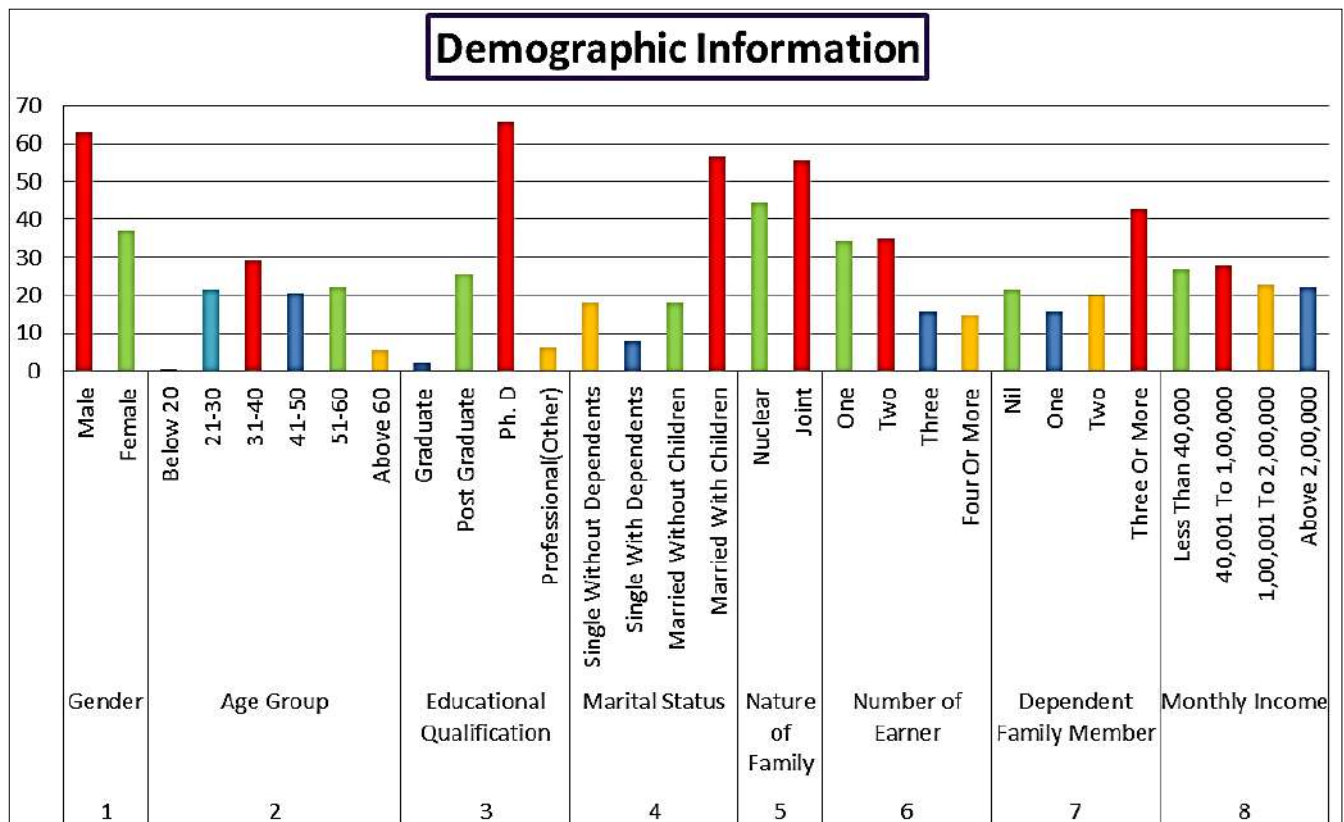


Fig 2: Demographic profile of consumers

6.2 Important factors you considered while buying health insurance policy

Table 4: Frequencies of health insurance factors considered while buying health insurance

| Sr. No. | Particulars | Frequency | Percent |
|---------|---------------------------------------|-----------|---------|
| 1 | Rank-AMT of premium charge by company | 1 | 20.7 |
| | | 2 | 17.1 |
| | | 3 | 17.1 |
| | | 4 | 12.9 |
| | | 5 | 10 |
| | | 6 | 10.7 |
| | | 7 | 11.4 |
| | | Total | 140 |
| 2 | Facilities and flexibility of policy | 1 | 10.7 |
| | | 2 | 17.9 |
| | | 3 | 17.1 |
| | | 4 | 23.6 |
| | | 5 | 20.7 |
| | | 6 | 5 |
| | | 7 | 5 |
| | | Total | 140 |
| 3 | Cash less facility | 1 | 22.9 |
| | | 2 | 16.4 |
| | | 3 | 15.7 |
| | | 4 | 20.7 |

| | | | | |
|---|--|-------|-----|------|
| | | 5 | 12 | 8.6 |
| | | 6 | 12 | 8.6 |
| | | 7 | 10 | 7.1 |
| | | Total | 140 | 100 |
| 4 | Documentation for getting policy and settlement of claim | 1 | 7 | 5 |
| | | 2 | 27 | 19.3 |
| | | 3 | 23 | 16.4 |
| | | 4 | 16 | 11.4 |
| | | 5 | 27 | 19.3 |
| | | 6 | 26 | 18.6 |
| | | 7 | 14 | 10 |
| | | Total | 140 | 100 |
| 5 | Tax benefits | 1 | 46 | 32.9 |
| | | 2 | 21 | 15 |
| | | 3 | 14 | 10 |
| | | 4 | 15 | 10.7 |
| | | 5 | 15 | 10.7 |
| | | 6 | 15 | 10.7 |
| | | 7 | 14 | 10 |
| | | Total | 140 | 100 |
| 6 | Claim settlement process | 1 | 7 | 5 |
| | | 2 | 13 | 9.3 |
| | | 3 | 20 | 14.3 |
| | | 4 | 15 | 10.7 |
| | | 5 | 27 | 19.3 |
| | | 6 | 39 | 27.9 |
| | | 7 | 19 | 13.6 |
| | | Total | 140 | 100 |
| 7 | Number of network hospitals with insurance company | 1 | 4 | 2.9 |
| | | 2 | 15 | 10.7 |
| | | 3 | 13 | 9.3 |
| | | 4 | 12 | 8.6 |
| | | 5 | 14 | 10 |
| | | 6 | 23 | 16.4 |
| | | 7 | 59 | 42.1 |
| | | Total | 140 | 100 |

Source: Field Survey (Jan-Mar, 2020) in Rajkot City

1 Rank = 7 Wight, 2 Rank = 6 Wight, 3 Rank = 5 Wight, 4 Rank = 4 Wight, 5 Rank = 3 Wight, 6 Rank = 2 and 7 Rank = 1 Wight on the basis of frequency.

$$\text{Total Wight} = 1+2+3+4+5+6+7 = 28$$

$$[(7 \times 29) + (6 \times 24) + (5 \times 24) + (4 \times 18) + (3 \times 14) + (2 \times 15) + (1 \times 16)] \div 28 = 22.39$$

Σ = The sum of (In other Words....add them up!).

W = The weight (1, 2....7)

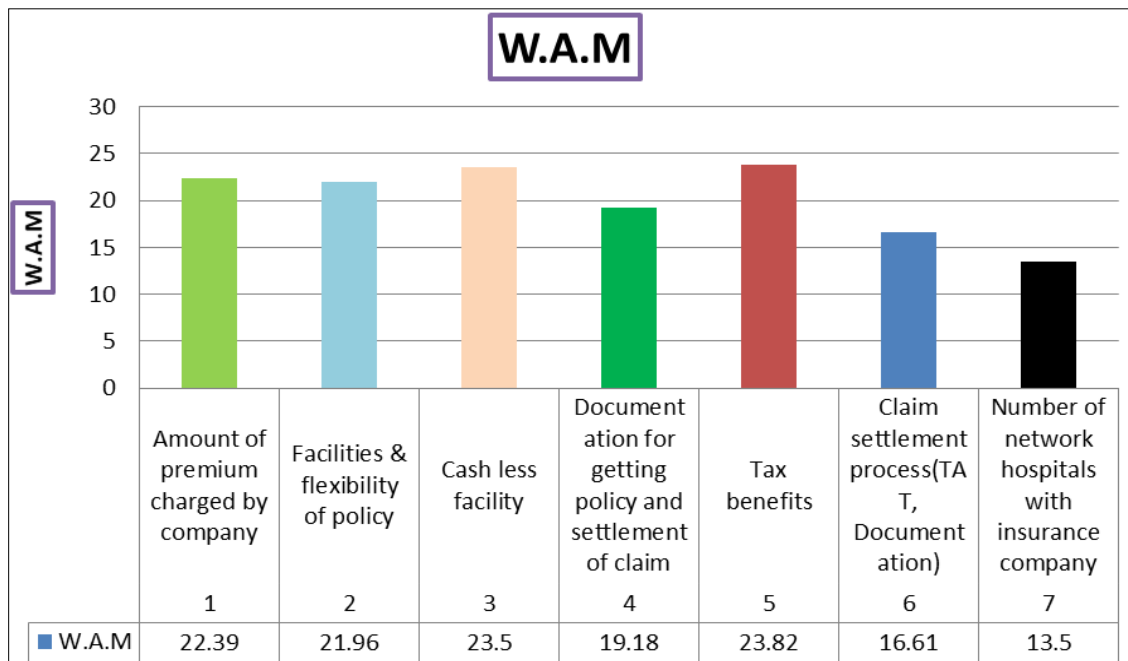
X= The value (frequency)

Formula of weighted average mean (W.A.M) = $\frac{\Sigma wx}{\Sigma w}$

Table 5: Weighted average mean of factor considered

| Sr. No. | Options | $\frac{\Sigma wx}{\Sigma w}$ | W.A.M | Rank |
|---------|--|------------------------------|-------|------|
| 1. | Amount of premium charged by company | 617/28 | 22.39 | 3 |
| 2. | Facilities & flexibility of policy | 615/28 | 21.96 | 4 |
| 3. | Cash less facility | 658/28 | 23.50 | 2 |
| 4. | Documentation for getting policy and settlement of claim | 537/28 | 19.18 | 5 |
| 5. | Tax benefits | 667/28 | 23.82 | 1 |
| 6. | Claim settlement process (TAT, Documentation) | 465/28 | 16.61 | 6 |
| 7. | Number of network hospitals with insurance company | 378/28 | 13.50 | 7 |

Source: Field Survey (Jan-Mar, 2020) in Rajkot City



Source: Field Survey (Jan-Mar, 2020) in Rajkot City

Fig 3: Bar diagrams of weighted average mean of factors considered

From the above table and bar diagrams shows the important factors considered at the time of buying health insurance policy. Highest weighted average means of tax benefits and then cash less facilities. Less important given by the

consumers to number of network hospital with Health Insurance Company.

Sources of information

Table 6: Frequencies of sources of information

| Sr. No. | Particulars | Frequency | Percent |
|---------|-------------------------|-----------|---------|
| 1 | Newspaper Advertisement | 1 | 2.9 |
| | | 2 | 15.7 |
| | | 3 | 37.9 |
| | | 4 | 17.9 |
| | | 5 | 5 |
| | | 6 | 10 |
| | | 7 | 7.1 |
| | | 8 | 3.6 |
| | | Total | 140 |
| 2 | Friends & Relative | 1 | 22.1 |
| | | 2 | 32.1 |
| | | 3 | 19.3 |
| | | 4 | 7.9 |
| | | 5 | 7.9 |
| | | 6 | 7.1 |
| | | 7 | 0.7 |
| | | 8 | 2.9 |
| | | Total | 140 |
| 3 | Insurance Agent | 1 | 52.9 |
| | | 2 | 22.1 |
| | | 3 | 3.6 |
| | | 4 | 7.9 |
| | | 5 | 6.4 |
| | | 6 | 3.6 |
| | | 7 | 3.6 |
| | | Total | 140 |
| 4 | Hospital | 1 | 5.7 |
| | | 2 | 7.1 |
| | | 3 | 9.3 |
| | | 4 | 30 |
| | | 5 | 10.7 |
| | | 6 | 13.6 |
| | | 7 | 20 |

| | | | | |
|---|-----------------------|-------|-----|------|
| | | 8 | 5 | 3.6 |
| | | Total | 140 | 100 |
| 5 | Internet | 1 | 13 | 9.3 |
| | | 2 | 14 | 10 |
| | | 3 | 22 | 15.7 |
| | | 4 | 19 | 13.6 |
| | | 5 | 47 | 33.6 |
| | | 6 | 9 | 6.4 |
| | | 7 | 13 | 9.3 |
| | | 8 | 3 | 2.1 |
| | | Total | 140 | 100 |
| 6 | T.V. Advertisement | 1 | 6 | 4.3 |
| | | 2 | 13 | 9.3 |
| | | 3 | 13 | 9.3 |
| | | 4 | 20 | 14.3 |
| | | 5 | 24 | 17.1 |
| | | 6 | 53 | 37.9 |
| | | 7 | 6 | 4.3 |
| | | 8 | 5 | 3.6 |
| | | Total | 140 | 100 |
| 7 | Outdoor Advertisement | 1 | 1 | 0.7 |
| | | 2 | 4 | 2.9 |
| | | 3 | 5 | 3.6 |
| | | 4 | 12 | 8.6 |
| | | 5 | 21 | 15 |
| | | 6 | 23 | 16.4 |
| | | 7 | 69 | 49.3 |
| | | 8 | 5 | 3.6 |
| | | Total | 140 | 100 |
| 8 | Other..... | 1 | 2 | 1.4 |
| | | 2 | 1 | 0.7 |
| | | 3 | 2 | 1.4 |
| | | 4 | 0 | 00 |
| | | 5 | 6 | 4.3 |
| | | 6 | 7 | 5 |
| | | 7 | 9 | 6.4 |
| | | 8 | 113 | 80.7 |
| | | Total | 140 | 100 |

Source: Field Survey (Jan-Mar, 2020) in Rajkot City

1 Rank = 8 Wight, 2 Rank = 7 Wight, 3 Rank = 6 Wight, 4 Rank = 5 Wight, 5 Rank = 4 Wight, 6 Rank = 3 Wight, 7 Rank = 2 and 8 Rank = 1 Wight, Wight on the basis of frequency.

$$\text{Total Wight} = 1+2+3+4+5+6+7+8 = 36$$

$$\text{Formula of Weighted Average Mean (W.A.M)} = \frac{\sum wx}{\sum w}$$

$$[(8 \times 4) + (7 \times 22) + (6 \times 53) + (5 \times 25) + (4 \times 7) + (3 \times 14) + (2 \times 10) + (1 \times 5)] \div 36 = 22.39$$

Σ = The Sum of (In other Words....add them up!).

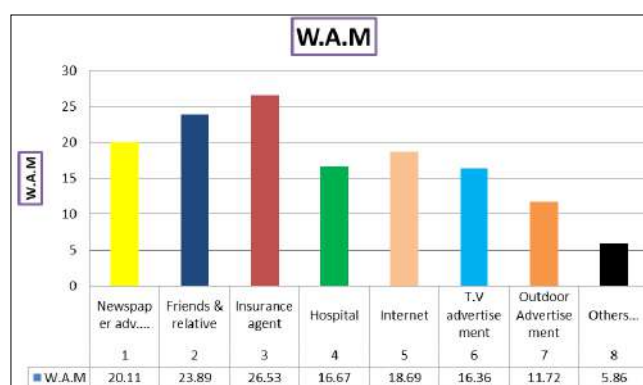
W = The weight (1, 2....8)

X= The value (frequency)

Table 7: Weighted average mean of sources of information

| Sr. No. | Particular | $\Sigma WX/\Sigma W$ | W.A.M | Rank |
|---------|-----------------------|----------------------|-------|------|
| 1. | Newspaper adv... | 724/36 | 20.11 | 3 |
| 2. | Friends & relative | 860/36 | 23.89 | 2 |
| 3. | Insurance agent | 955/36 | 26.53 | 1 |
| 4. | Hospital | 600/36 | 16.67 | 5 |
| 5. | Internet | 673/36 | 18.69 | 4 |
| 6. | T.V advertisement | 589/36 | 16.36 | 6 |
| 7. | Outdoor Advertisement | 422/36 | 11.72 | 7 |
| 8. | Others... | 211/36 | 5.86 | 8 |

Source: Field Survey (Jan-Mar, 2020) in Rajkot City



Source: Field Survey (Jan-Mar, 2020) in Rajkot City

Fig 4: Bar diagram of sources of information

From the above table number 5.73 and figure 5.20 indicate the weighted average means of sources of information. The above table we can say that most influencing sources of health insurance purchase is insurance agent because weighted average mean is 26.53; first rank has been given by the consumers to agent. Second important source in purchase of health insurance are friends and relatives, because weighted average mean is 23.9, so we can say that most of the consumers buy health insurance at behest of an agent and at behest of friends. The third number is given to newspaper and advertisement. From the above we can say

TV's advertisement and outdoor advertisement is having very little influence on buying of health insurance policy.

7. Conclusion

- Most of the consumers purchase policy for tax benefits, so company can make awareness to the consumers about tax benefits.
- Company can also provide cashless facility to the consumers for improving creditworthiness in the market and it can save time of the consumers.
- Most important source of information is insurance agent, so companies have to focus more on agent work and other factors like friends & relative, newspapers, hospital, internet etc.

8. Limitations of the study

- Despite the fact the very reliable results that may also be generalized have been arrived at, the researcher would like to point out some unavoidable limitations that have entered the study.
- For the behavioural studies we used data from a sample of 140 respondents from the Rajkot city. Even through the spread of the respondents was high; the sampling method was convenience sampling-thus our result cannot be generalized to the entire population.

9. Future scope of the research/study

Health insurance have tremendous future in India because still people are not aware the value of insurance. All the factors inside this study can still be consider and expanded. Researcher has covered only teachers for the study of health insurance policy, it is also expanded. Because of lack of data, we could build a structure equation model for the policy choice or policy causation issues- the models we attempted did have an acceptable fit. With a larger sample, such models may be built and moderating effects of different demographic factors may be tested. Especially, financial literacy and product knowledge are the primary reasons for poor insurance behaviour and higher lapse rates in India. In this thesis we could not study these aspects in detail these can be studies in future research to get a deeper understanding of mi-selling and lapse bahaviour in Indian life insurance market.

10. References

1. Aami S, Ahmad Q. Awareness and Willingness to Buy Private Health Insurance and a mook in ton its futur Prospect in Pakistan. *Journal of Business and Social Science* 2013, P69-81.
2. Anandalakshmy, Brindha K. Policy holders awareness and factors Influaning purchase decision towards heath insurance in Cimbatore district. *International journal in Commerce and management* 2017, P12-16.
3. Bhojanna U. Research Methodology. In U. Bhojanna, & U. Bhojanna (Ed.), *Research Methodology*. New Delhi, India: Excel Books Private Ltd 2012, P8.
4. Kothari CR. *Research Methodology*. New Delhi, India: New Age International (P) Ltd, Pubulishers 2004.
5. Deepak C, Neena S. "Research methodology concepts and cases" (Vikas publication house private ltd) 1st edition 2011.
6. KR. Merchant Banking and Financial services. Ahmedabad: Himalaya Publication House 2008.
7. Kardes FC. *Consumer Behaviour*. Mason south western: Cengage 2011.
8. Leon CS. *Consumer Behaviour*. New Delhi: Prentice Hall of India Private Ltd 1997.
9. Netra G, Varadaraja RBA. A study on awareness, coverage and willingness to avail health insurance among the resident of a rural area in central karnataka. *National journal of community medicine* 2019;10(4):190-196.
10. Periasamy P. *Principles & practice of Insurance*. Mumbai: Himalaya Publishing House 2012.
11. Priti R, Praful K. *Research Methodology*. Mumbai, Maharashtra, India: Himalaya Publishing House Pvt. Ltd 2017.
12. Sheth JD. *Theory of marketing*. New York: Wiley & Sons 1985.
13. Sonal K, Premila J. Awareness of health insurance among people with special reference to Rajasthan. *International journal of business quantitative economic and applied management research* 2015;1(12):21-31.
14. Suja RN. *Consumer behaviour in Indian perspective*. Mumbai: Himalaya Publication House 2010.
15. Thomas V. Determinants of consumer purchase decision of health insurance in Kerela. Unpublished doctorate dissertation 2013.