

## A STUDY ON AWARENESS ABOUT MICRO-INSURANCE ON THE LOW INCOME GROUP IN MEDINIPUR DISTRICT, WEST BENGAL

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### ABSTRACT

*Micro-insurance helps poor people from different risks. Micro-insurance has different products like life, health, property and natural disaster. Past studies did not focus on awareness about micro-insurance. If the poor people do not become aware about micro-insurance products and their benefits, proper distribution and implementation of micro-insurance schemes are not possible.*

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**Keywords:** *Micro-Insurance, Awareness, Low-Income People, East Medinipur, West Medinipur.*

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### Introduction

The term "Micro-insurance" first appeared as a new monetary service under microfinance and then developed into a sector of itself. The micro-insurance helps poor people and low-income groups from different risks. The insurance is one of the important advanced systems, which involved several factors like premium, maturity period, add assured and lifetime of the people (Paramasivan and Rajaram, 2016). In daily life, it is observed that low-income people are exposed to several risks, which threaten their lives, health and property. Although several people are affected by these risks, but low-income groups are the most vulnerable as they do not have adequate support to manage or prevent their risk (Varshini and Suresh, 2013). In this context, microfinance has been created for the betterment of the poor, rural dwellers, small businessmen and irregular wage earners, etc. However, the insurance is protecting life, health and properties of salaried income earners, middle class and wealthy people. But, in the past, this insurance was not possible to the people of below poverty level those who have financial crisis. Regarding insurance, it was found discrimination between low income people who are incapable and higher income people who are capable to insure their life, health and properties. Several researchers have studied and developed "micro-insurance process" for the betterment of poor people to protect risks from themselves (Achampong-Kyei, 2004; Ahuja and Guha-Khasnobis, 2005; Churchill, 2006; 2007; Rao, 2009; Giesbert, 2010; Giesbert and Steiner, 2011; Giesbert et al., 2011; Manjunath and Rao, 2012; Varshini and Suresh, 2013; Cole, 2015; Paramasivan and Rajaram, 2015; 2016; Adhana and Saxena, 2017; Devarakonda, 2018).

Micro-insurance (MI), comparatively a new concept is suitable for the benefit for poor sections of the population and designed to assist themselves together against different risks. Micro-insurance, is additionally an insurance service provider to low-income persons, designed and distributed in accordance to their desires and capacities (Allianz, GTZ and UNDP, 2006). In step with International Labour Organization (ILO), it's a part of social protection. It is said as a tool in an exceedingly collective tool cabinet to assist social protection to the poor. It is a kind of health, life or property insurance that offers restricted protection at an occasional contribution (ICAI, 2009). As per KPMG (2013), easy merchandise that are simply accessible through an economical distribution method in which the value of products are low, are qualified for micro-insurance. Overall, micro-insurance is quick rising and very important strategy for the low-income individuals engaged in wide range of financial gain generation activities, and who stay exposed to diversity of risks chiefly owing to absence of value effective risk hedging instrument (Mathur,

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2010). In 2005, The IRDA notified in regulations the matters regarding appointment of Micro Insurance Agents, obligation of Insurer, the matter of handling of complaints, terms of general micro insurance products. The regulation provides for the appointment of micro insurance agents for distribution of MI products. For this purpose, the term "micro-insurance agent" means a Non-Government Organization (NGO); or a Self-Help Group (SHG); or a Micro-Finance Institution (MFI), who is appointed by an insurer to act as a Micro-insurance agent for distribution of MI products.

### Literature Review

Several studies on "Role/Impact of micro-insurance on low income group" and on related areas both by foreign as well as by the Indian researches could be cited.

- **Fetterman et.al (1996)** identified that through achieving both individuals and group/community purpose to reach empowerment"
- **Canon (1993)** discusses that different factors affect the individual or group vulnerability; According to him vulnerability is "a characteristic of individuals and groups of people who inhabit a given natural, social and economic space, within which they are differential according to their varying position in society into more or less vulnerable individuals and groups. It is a complex characteristics produced by a combination of factors derived especially (but not entirely) from class, gender or ethnicity" (Canon 1993) Canon divides vulnerability to three components of livelihood, self-protection.
- **Aysan (1993)** has identified different types of vulnerability as:
  - Look of access to resources (materials/economic vulnerability)
  - Disintegration of social pattern (social vulnerability)
  - Lack of strong national and local structures (organizational vulnerability)
  - Lack of access to information and knowledge ( educational vulnerability)
  - Lack of public awareness (attitudinal and motivational vulnerability)
  - Limited access to political power and representation (political vulnerability)
  - Certain beliefs and customs (cultural vulnerability)
- **Ayala (2002)** divides vulnerability into natural and human vulnerability. Natural vulnerability into natural and human vulnerability. Natural vulnerability is based on natural hazards like flood, earthquake etc. and human vulnerability is based on different social, political, economic and cultural systems. Vulnerability in this categorization is defined as "propensity of endangered elements due to any kind of natural hazard to suffer different degrees of loss or amount of damage depending on its particular social, economic, cultural and political weakness. Total vulnerability is a function of the individual types of vulnerability present in a given area. Such vulnerability determines the magnitude of the disaster, the level of resilience and the recovery process" (Ayala 2002)
- **Yamin, Rahman & Huq (2005)** define vulnerability from different approaches. For example the definition of vulnerability in natural hazard and disaster approach, is focused and emphasized mostly on factors such as: frequency, intensity and nature of natural hazards. In another approach, the social vulnerability approach, the definition emphasizes on people's coping strategy and the socio-economic structures. And the new definition of vulnerability which is an integrative approach of the previous two approaches mentioned was introduced in the Hyogo framework for action and adopted by UN in 2005. In this approach vulnerability is defined as "the conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards" (Yamin, Rahman and Huq, 2005)
- **Cohen & Sebstad (2005)** did a field study in three countries Tanzania, Uganda and Kenya to explore the demand of micro –insurance. In this paper vulnerability is defined as "ability of households and individuals to deal with risk "(Cohen & Sebstad, 2005) Poor people are more vulnerable than others because they lack enough reserves to rely on; vulnerability is as daily reality in the life of low income people. According to Cohen & Sebstad micro insurance can reduce individual vulnerability and poverty.
- Another definition of vulnerability is "inability to deal with losses or cost resulting from a risky event" (**Brown & Churchill 1999**). They discuss that insurance can decrease vulnerability of households because they replace the uncertain risk of a natural disaster with certain premium

payments through the risk pooling mechanism of insurance. Without insurance low income households do not engage in high risk and high return activities, don't take new investment opportunities to grow their income, and remain in poverty. So it can be concluded from the discussion of this paper that insurance is a risk transfer tool that provides certainty to low income people and encourages them to engage in higher risk, higher profit activities which will increase their wealth level and reduce their poverty.

- **Cohen & Sebstad (2005) and Sharma, Hochrainer & Mechler (2011)** have mentioned about the relation between vulnerability and gender. In both papers it is mentioned that women are more vulnerable to natural disasters due to some reasons like they don't receive warnings and hazard information quickly because of social and cultural constraints that limit them only to stay in their house and take care of children, women pregnancy or having small children can be another reason of higher vulnerability, and usually women have less assets and less control over them to rely on, after a natural disaster, in compare to men.
- **Beppu (OITA Japan, 2012)**, in his research tried to find out the micro and macro impacts of disaster micro insurance. The micro impacts were on the poor people and the macro impact was on the vulnerability of the country. The study found several positive impact of product of disaster micro insurance and the products can enhance the social framework conditions of the society and can increase the capacity of the people and the country to cope with disasters and prevent natural hazards to become natural disasters.
- **Sreemayee Guha Roy** in her research, "Impact of Micro Insurance in Rural areas: - A case study on Purulia District: WEST BENGAL" concluded that 'Life Micro – insurance has generated great interests among the present and potential clients. "Throughout her survey, it was found that most of clients are willing to pay a higher premium when it compensates for greater interest and benefits and people expressed their interest in having life micro insurance as a form of investments.

### Objective

Main objective of this research work is considered as follows:

To study analytically the awareness about micro-insurance of the low-income people in select districts with special reference to East and West Midnapur in West Bengal. The analytical research work has been categorized into different parts to study the awareness about micro-insurance on low - income people.

### Methodology Adopted

The study is based on primary data collected through a structured questionnaire by way of direct interview with the respondents. All the primary data have been collected from different blocks viz. Contai – III, Nandakumar, Haldia and Egra – I of PurbaMedinipur and Kharagpur – I, Garbeta – I Chandrokona – I of Paschim Medinipur district. These blocks were selected as study area and contained several villages such as Sankarpur, Malbari, Chandrabaria, Bahari and Bidhubahari under Contai – III block; Bhabanipur, Fatepur, Madahbpur, Kalyanpur and Ichhapur under Nandakumar block; Anandapur, Basanchak, Dakshin chak, Kunarpur and Manaharpur under Haldia as well as Bataspur, Biswanathpur, Ghatua, Harichak and Kalyanpur under Egra – I of PurbaMedinipur district and Rangmetia, Purbagopali, Gokulpur, Kunjachak, Jadabpur under Kharagpur – I block, Bansol, Bahadurpur, Chandrapur, Dhansol and Gopalpur under block Garbeta – I; Chandur, Doyal, Madanchak and Lorpur under Chandrokona – I block. The structured questionnaire was prepared and used as a research tool during the study period. The questionnaire was designed for the sake of simplicity to gather specific and adequate information of respondents. The study population was selected of 350 nos. of poor people from above-mentioned study area. The research work has been categorized into following parts:

- Demographic profiles
- Socio-economic profiles
- Awareness of micro-insurance products
- Awareness of micro-insurance provider

All the comparison data have been presented by using statistical interpretation, pie charts and bar diagrams. The statistical analyses were done by using SPSS version (20.0).The CHI-SQUARE tests are undertaken to test our research areas.

### Major Findings

All the primary data have been collected from different blocks viz. Contai – III, Nandakumar, Haldia and Egra – I of Purba Medinipur and Kharagpur – I, Garbeta – I, Chandrokona – I of Paschim Medinipur district. These blocks were selected as study area and contained several villages such as Sankarpur, Malbari, Chandrabaria, Bahari and Bidhubahari under Contai – III block; Bhabanipur, Fatepur, Madahpur, Kalyanpur and Ichhapur under Nandakumar block; Anandapur, Basanchak, Dakshin chak, Kunarpur and Manaharpur under Haldia as well as Bataspur, Biswanathpur, Ghatua, Harichak and Kalyanpur under Egra – I of Purba Medinipur district and Rangmetia, Purbagopali, Gokulpur, Kunjachak, Jadabpur under Kharagpur – I block, Bansol, Bahadurpur, Chandrapur, Dhansol and Gopalpur under block Garbeta – I; Chandur, Doyal, Madanchak and Lorpur under Chandrokona – I block. The structured questionnaire was prepared and used as a research tool during the study period. The questionnaire was designed for the sake of simplicity to gather to specific and adequate information of respondents. The study population was selected of 350 nos. of poor people from above-mentioned studies.

**Table 1: Demographic Profile of the Respondents of Purba and Paschim Medinipur**

Particulars	Details	Frequency	Percent
Gender	Male	190	54.3
	Female	160	45.7
	<b>Total</b>	<b>350</b>	<b>100.0</b>
Age (Years)	18-30	125	35.7
	31-40	165	47.1
	41-50	39	11.1
	51-60	15	4.3
	> 60	6	1.7
	<b>Total</b>	<b>350</b>	<b>100.0</b>
Educational qualification	Illiterate	80	22.9
	Primary	169	48.3
	Secondary	80	22.9
	Higher secondary	6	1.7
	Graduation	7	2.0
	Post-graduation	8	2.3
	<b>Total</b>	<b>350</b>	<b>100.0</b>

The demographic profile of the respondents (Table 1) helped us to understand the background of the studied population (frequencies 350 nos. and 100%) involved in the micro-insurance and showed their interest for the micro-insurance. In the present study area, among gender classification, frequencies of about 190 nos. (54.3%) of male population and 160 nos. (45.7%) of female population were studied (Fig 1). Among these, the age wise categorizations viz. 18-30 years (125 nos. and 35.7%), 31-40 years (165 nos. and 47.1%), 41-50 years (39 nos. and 11.1%), 51-60 years (15 nos. and 4.3%) and above 60 years (6 nos. and 1.7%) were done (Fig. 2). The educational qualification among 350 nos. of the respondents, illiterate (80 nos. and 22.9%), primary (169 nos. and 48.3%), secondary (80 nos. and 22.9%), higher secondary (6 nos. and 1.7%), graduation (7 nos. and 2.0%) and post-graduation (8 nos. and 2.3%) were recorded (Fig. 3).

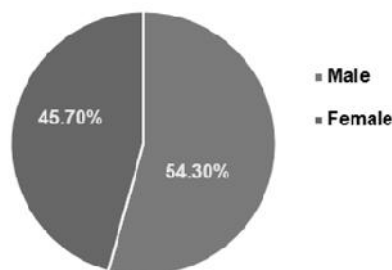


Fig 1: Male and female ratio (in %) of studied population in Purba and Paschim Medinipur district

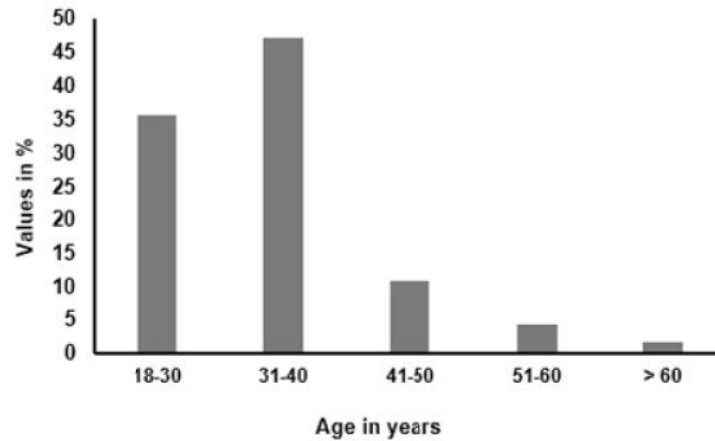


Fig 2: Age in years (in %) of studied population in Purba and Paschim Medinipur district

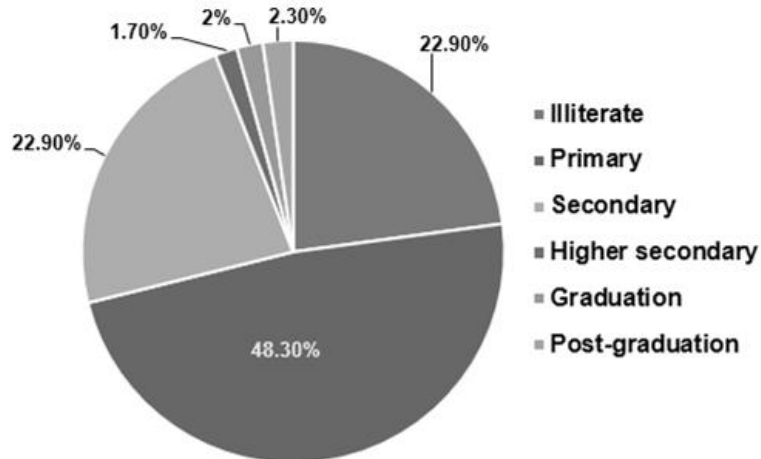


Fig. 3: Educational qualification (in %) of studied population in Purba and Paschim Medinipur district

**Table 2: Socio-economic profile of the respondents of Purba and Paschim Medinipur**

Particulars	Details	Frequency	Percent
Occupation	Service	46	13.1
	Self employed	282	80.6
	No service	22	6.3
	<b>Total</b>	<b>350</b>	<b>100.0</b>
Income per month (INR)	< 5,000/-	136	38.9
	5,001-10,000/-	179	51.1
	10,001-15,000/-	24	6.9
	> 15,000/-	11	3.1
	<b>Total</b>	<b>350</b>	<b>100.0</b>

The socio-economic profile of the respondents (Table 2) indicated to know the economic condition of the studied population (frequencies 350 nos. and 100%) involved to purchase the micro-insurance products. In the present study are among occupational classification, frequencies of about 46 nos. (13.1%) of service holder, 282 nos. (80.6%) of self-employed and 22 nos. (6.3%) of without service holder as no service were recorded (Fig. 4). Among these studied population, the monthly income (INR) groups as per following manner viz. <5,000/- (136 nos. and 38.9%), 5,001-10,000/-

(179 nos. and 51.1%), 10,001-15,000/- (24 nos. and 6.9%) and above 15,000/- (11 nos. and 3.1%) were categorized (Fig. 5).

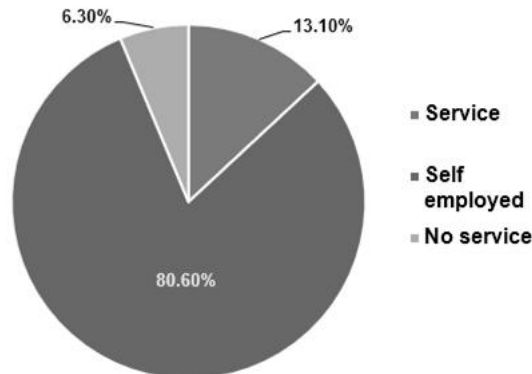


Fig 4: Occupation (in %) of studied population in Purba and Paschim Medinipur District

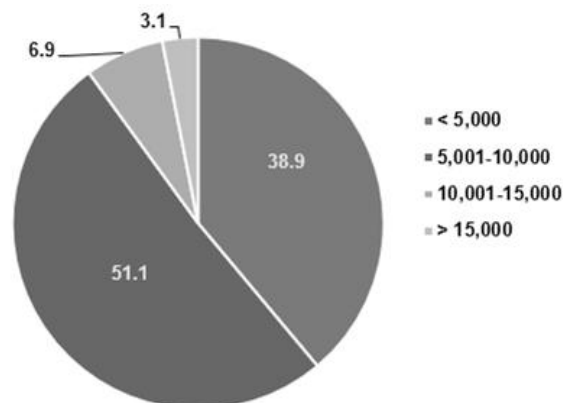


Fig 5: Monthly income (in %) of studied population in Purba and Paschim Medinipur District

**Table 3: Crosstab – Gender and Awareness about Micro-insurance of Purba and Paschim Medinipur District**

		Gender		Total	Pearson Chi-Square value	P - value	
		Male	Female				
Study population aware about micro-insurance	No	Count	169	145	0.265	P<0.607	
		% within gender	88.9%	90.6%			89.7%
	Yes	Count	21	15			36
		% within gender	11.1%	9.4%			10.3%
<b>Total</b>		<b>Count</b>	<b>190</b>	<b>160</b>	<b>350</b>		
		% within gender	100.0%	100.0%	100.0%		

Table 3 describes the cross tabulation between gender (male and female) and awareness about micro-insurance of Purba and Paschim Medinipur district. It was observed that 90.6% females were not aware compared to male groups of 88.9% while in case of awareness, males (11.1%) were more aware than females (9.4%).

**H<sub>0</sub>:** Gender and awareness about micro-insurance of Purba and Paschim Medinipur district are independent

**H<sub>1</sub>:** gender and awareness about micro-insurance are not independent

As the calculated value of p exceeds the table value, we reject H<sub>0</sub> and conclude that gender and awareness about micro-insurance are related i.e., they are not independent. In the present crosstab results, the Pearson's chi-square ( $X^2$ ) = 0.265 with the P - value = 0.607, which did not show significant difference (Table 3).

**Table 4: Crosstab – Age and awareness about micro-insurance of Purba and Paschim Medinipur District**

			Age (in years)					Total	Pearson Chi-Square value	P – value
			18-30	31-40	41-50	51-60	> 60			
Study population aware about micro-insurance	No	Count	117	148	33	14	2	314	24.026	P<0.000
		% within age	93.6%	89.7%	84.6%	93.3%	33.3%	89.7%		
	Yes	Count	8	17	6	1	4	36		
		% within age	6.4%	10.3%	15.4%	6.7%	66.7%	10.3%		
<b>Total</b>		<b>Count</b>	<b>125</b>	<b>165</b>	<b>39</b>	<b>15</b>	<b>6</b>	<b>350</b>		
		% within age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 4 describes the cross tabulation between different age groups (18-30, 31-40, 41-50, 51-60 and >60 years) and awareness about micro-insurance of Purba and Paschim Medinipur district. It was observed that 93.6% and 93.3% age groups of 18-30 and 51-60 years were not aware compared to other groups of 89.7% of 31-40 years followed by 84.6% and 33.3% of age groups 41-50 and >60 years while in case of awareness, age groups of >60 years (66.7%) were more aware than other age groups viz. 41-50 years (15.4%), 31-40 years (10.3%), 51-60 years (6.7%) and 18-30 years (6.4%) respectively. Ho: Age and awareness about micro-insurance are independent. H1: age and awareness are not independent. As calculated value of p does not exceed the Pearson Chi-Square value of p, we accept Ho and conclude that age and awareness about micro-insurance are independent. In the present crosstab results, the Pearson's chi-square ( $\chi^2$ ) = 24.026 with the P - value = 0.000, which showed highly significant difference (Table 4).

**Table 5: Crosstab – Educational Qualification and Awareness about Micro-insurance of Purba and Paschim Medinipur District**

			Educational qualification						Total	Pearson Chi-Square value	P - value
			Illiterate	Primary	Secondary	Higher secondary	Graduation	Post-graduation			
Study population aware about micro-insurance	No	Count	76	160	72	3	3	0	314	103.624	P<0.000
		% within Educational qualification	95.0%	94.7%	90.0%	50.0%	42.9%	0.0%	89.7%		
	Yes	Count	4	9	8	3	4	8	36		
		% within Educational qualification	5.0%	5.3%	10.0%	50.0%	57.1%	100.0%	10.3%		
<b>Total</b>		<b>Count</b>	<b>80</b>	<b>169</b>	<b>80</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>350</b>		
		% within Educational qualification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		

Table 5 describes the cross tabulation between different groups of illiterate and literate people (primary, secondary, higher secondary, graduation and post-graduation) and awareness about micro-insurance of Purba and Paschim Medinipur district. It was observed that 95.0%, 94.7% and 90.0% people of without qualification (illiterate) and primary and secondary level qualification were not aware compared to other groups viz. higher secondary (50.0%), graduation (42.9%) and post-graduation (0.00%) respectively while in case of awareness, post-graduation group (100%) was more aware than other groups viz. graduation (57.1%), higher secondary (50.0%), secondary (10.0%), primary (5.3%) and illiterate (5.0%) respectively.

**H<sub>0</sub>:** Educational qualification and awareness about micro-insurance are independent

**H<sub>1</sub>:** Educational qualification and awareness about micro-insurance are not independent

As the calculated value of p does not exceed the Pearson's Chi-Square value of p, we accept H<sub>0</sub> and conclude that educational qualification and awareness about micro-insurance are not related. In the present crosstab results, the Pearson's chi-square ( $\chi^2$ ) = 103.624 with the P - value = 0.000, which showed highly significant difference

**Table 6: Crosstab – Occupation and awareness about micro-insurance of Purba and Paschim Medinipur District**

			Occupation			Total	Pearson Chi-Square value	P – value
			Service	Self-employed	No service			
Study population aware about micro-insurance	No	Count	31	263	20	314	28.722	P<0.000
		% within Occupation	67.4%	93.3%	90.9%	89.7%		
	Yes	Count	15	19	2	36		
		% within Occupation	32.6%	6.7%	9.1%	10.3%		
<b>Total</b>		<b>Count</b>	<b>46</b>	<b>282</b>	<b>22</b>	<b>350</b>		
		% within Occupation	100.0%	100.0%	100.0%	100.0%		

Table 6 describes the cross tabulation between different groups of occupation (service, self-employed and no service) and awareness about micro-insurance of Purba and Paschim Medinipur district. It was observed that people of the self-employed group (93.3%) and no service group (90.9%) were not aware compared to other group of people as service (67.4%) while in case of awareness, people of service group (32.6%) was more aware than other groups viz. no service (9.1%) and self-employed (6.7%) respectively.

**H<sub>0</sub>:** Occupation and awareness about micro-insurance are independent.

**H<sub>1</sub>:** occupation and awareness about micro-insurance are not independent

As the calculated value of p does not exceed the Pearson's Chi-Square value of p, we accept H<sub>0</sub> and conclude that occupation and awareness about micro-insurance are not related.

In the present crosstab results, the Pearson's chi-square ( $\chi^2$ ) = 28.722 with the P - value = 0.000, which obtained highly significant difference.

**Table 7: Crosstab – Monthly income and awareness about micro-insurance of Purba and Paschim Medinipur District**

			Income (per month in INR)				Total	Pearson Chi-Square value	P - value	
			< 5,000	5,001-10,000	10,001-15,000	> 15,000				
Study population aware about micro-insurance	No	Count	126	167	20	1	314	82.300	P<0.000	
		% within Income (per month)	92.6%	93.3%	83.3%	9.1%				89.7%
	Yes	Count	10	12	4	10				36
		% within Income (per month)	7.4%	6.7%	16.7%	90.9%				10.3%
<b>Total</b>		<b>Count</b>	<b>136</b>	<b>179</b>	<b>24</b>	<b>11</b>	<b>350</b>			
		% within Income (per month)	100.0%	100.0%	100.0%	100.0%	100.0%			

Table 7 describes the cross tabulation between different groups of monthly income (<5,000/-, 5,001-10,000/-, 10,001-15,000/- and >15,000/-) and awareness about micro-insurance of Purba and Paschim Medinipur district. It was observed that people of income group of 5,001-10,000/- (93.3%), <5,000/- (92.6%) and 10,001-15,000/- (83.3%) were not aware compared to other group of people of >15,000/- income (9.1%) while in case of awareness, people of income group of >15,000/- (90.9%) was more aware than other groups viz. 10,001-15,000/- (16.7%), <5,000/- (7.4%) and 5,001-10,000 (6.7%) respectively.





Table 9 describes the cross tabulation between different blocks of the studied districts such as Purba and Paschim Medinipur and awareness about micro-insurance in the studied people in the districts. It was found that people of different blocks such as Chandrakona 1, Egra 1, Garbeta 1, Haldia 1 and Nandakumar as 100.0% were not aware compared to the people of other blocks viz. Kharagpur 1 (68.0%) and Contai 3 (60.0%) while in case of awareness, people of few blocks viz. Kharagpur 1 (32.0%) and Contai 3 (40.0%) were aware than the people of other studied blocks such as Chandrakona 1, Egra 1, Garbeta 1, Haldia 1 and Nandakumar as 0.00%.

**H<sub>0</sub>:** Different Blocks and awareness of Micro- insurance are independent

**H<sub>1</sub>:** Different Blocks and awareness of micro-insurance are not independent

AS the calculated value of p does not exceed the Pearson's p value, we accept Ho and conclude that different blocks and awareness about micro-insurance are independent. In the present crosstab results, the Pearson's chi-square ( $X^2$ ) = 102.052 with the P - value = 0.000, which observed highly significant different.

### Conclusions

It is concluded from above results that poor people of low-income groups of Purba and Paschim Medinipur districts faced a lot of potentially catastrophic risks. It was observed that the standard risk management strategies at their disposal are found diverse however typically inadequate. Micro-insurance is effectively designed to meet the unique requirements of poor people. It can be offered compelling benefits to its target market and facilitated the population from poverty. On the other hand, micro-insurance is an insurance for the poor people, which is covered various risks with a minimum cost. Moreover, micro-insurance is based on insurance at a low-cost premium for the poor people and this required a connection between poor people, and insurance provider organizations. Based on the present findings, it was observed between awareness of micro-insurance and gender, age, educational qualification, occupation and monthly income in the Purba and Paschim Medinipur districts. The study is revealed a highly significant difference between higher to lower age group, higher to lower educational qualification, service groups and non-service groups within occupation and higher to lower monthly income group in the studied districts. Moreover, males were more aware than females, and Paschim Medinipur district was more aware than Purba Medinipur.

The Micro insurance Regulations of India has been allowed other organizations such as MFIs, SHGs and NGOs to play an important role as MI agents. In several parts of India, many NGOs and MFIs are already doing commendable work for betterment of the poor people in villages. These organizations can be recognized as agents and their infrastructure can be used by insurance companies governed by IRDA. Many insurance companies through their trusts and CSR activities are providing their help for betterment of the poor people in rural area. However, few banks through their rural branches are selling micro-insurance products. State governments are also coming out with various schemes to improve the earnings and protect the poor from natural disaster. It was known that micro-insurance products have potential importance against poverty alleviation in the rural area of other parts of West Bengal, India described by researchers (Guha Roy, 2014; 2015). The extensive expansion of pioneering holds much significance in outreaching the concept of micro-insurance to the grass root level.

If micro insurance schemes are rightly implemented, it could bring sea change in the living standard of rural population living below poverty line. The customization of products could better suit to the need and requirement of individual customers and hence could favorably impact the demand for micro-insurance products. Moreover, the development of micro-insurance is both a moral and an economic imperative, not only for achieving the inclusive financial systems but also for the equitable mitigation of risks. From the present study, it was observed still some lack of understanding and awareness, extension services and development of insurance market that grossly affect wider use of insurance products and its uptake, particularly, among low-income groups of study area. As per gender, males (11.1%) were more aware about micro-insurance than females (9.4%) but the lower value on awareness in the study area was obtained without significant changes. In case of age groups categorization, there was observed a highly significant difference among age groups of >60 years (66.7%) more aware than other age groups viz. 41-50years (15.4%), 31-40 years (10.3%), 51-60 years (6.7%) and 18-30 years (6.4%).

In case of educational qualification, post-graduation group (100%) was more aware than other groups viz. graduation (57.1%), higher secondary (50.0%), secondary (10.0%), primary (5.3%) and illiterate (5.0%) with a highly significant difference. In case of occupation, people of service group (32.6%)

were more aware than other groups viz. no service (9.1%) and self-employed (6.7%) with a highly significant difference. In case of monthly income, people of income group of >15,000/- (90.9%) was more aware than other groups viz. 10,001-15,000/- (16.7%), <5,000/- (7.4%) and 5,001-10,000 (6.7%) with a highly significant difference. Among two study areas, people of Paschim Medinipur (10.7%) was more aware than the people of Purba Medinipur (10.0%) without significant difference.

The present study revealed demography and socio-economic profiles are very important about micro-insurance awareness. It has been observed that lower age groups, illiteracy and low education, self-employment and no service groups and low income made the respondents vulnerable to risks in the study area. According to Shokeen (2017), micro-insurance is an emerging concept in India, which has several challenges for its development as people are not aware about it and there are no proper channels for its distribution.

#### Limitations of the Study

The present study focused only on the rural people of Purba and Paschim Medinipur districts. The total number of samples is restricted to 350 only. The opinion of the respondents may be altered and the present results of the study may be altered next times and also may not be the same for other villages of the West Bengal state. Therefore, the results of the study may not be confirmed to other rural places of West Bengal. The transportation problems were faced by the researcher at the time of collection of data. The present study was carried out by the researcher with sincere efforts to complete the work in order to increase the reliability of the findings of this study.

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