



Original Article

Youth Awareness and Perceptions of Health Insurance: A Study of College Students in Raigad

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Manuscript ID:

IBMIIRJ -2025-021043

Submitted: 14 Sept. 2025

Revised: 18 Sept. 2025

Accepted: 19 Oct. 2025

Published: 31 Oct. 2025

ISSN: 3065-7857

Volume-2

Issue-10

Pp. 188-192

October 2025

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Quick Response Code:



Web: <https://ibrj.us>



DOI: [10.5281/zenodo.17621986](https://doi.org/10.5281/zenodo.17621986)

DOI Link:

<https://doi.org/10.5281/zenodo.17621986>



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Abstract

This study explores the awareness, perceptions, and behavioural intentions of college students in Raigad district regarding health insurance, with a particular focus on government schemes such as Ayushman Bharat-(PM-JAY). Using a structured questionnaire administered to 128 students predominantly from rural backgrounds the research reveals high theoretical awareness (89%) but low actual enrollment (22.8%) in health insurance. While most respondents associate insurance with hospitalization expenses, significant misconceptions persist around coverage limits, exclusions, and digital health tools. Family and social media emerged as primary sources of information, while seminars and college-led initiatives were preferred for future awareness. The findings underscore the need for targeted, youth-centric insurance literacy programs, especially in rural areas, to bridge the gap between awareness and action. This study contributes to the discourse on equitable healthcare access by highlighting the informational and structural barriers faced by young populations.

Keywords: Health Insurance Awareness, Enrollment, Barriers, Perception

Introduction

Health insurance plays a pivotal role in ensuring financial protection against unforeseen medical expenses, especially in a country like India where out-of-pocket healthcare costs remain high. Government initiatives such as Ayushman Bharat – PM-JAY have aimed to extend coverage to vulnerable populations, yet awareness and uptake among youth remain uneven. College students, as emerging adults, represent a critical demographic for shaping future health-seeking behaviour and insurance participation. This study investigates the awareness and perceptions of health insurance among college students in Raigad district, Maharashtra a region with a predominantly rural population. By examining students' understanding of insurance benefits, their familiarity with government and private schemes, and their attitudes toward digital health platforms, the research seeks to identify gaps in knowledge and barriers to adoption. The study also explores preferred methods for raising awareness, offering practical insights for educators, policymakers, and insurers. Through a mixed-methods approach combining quantitative survey data and interpretive analysis, this paper aims to contribute to the broader conversation on youth health literacy and equitable access to insurance. The findings highlight the urgency of integrating insurance education into academic settings and tailoring outreach strategies to the unique needs of rural youth.

Literature Review

Health insurance in India has become a critical instrument for improving healthcare access and reducing out-of-pocket expenditure. However, awareness, perception, and utilization remain varied across populations, as highlighted by several empirical studies. Parisi et al. (2023) conducted a cross-sectional study across six Indian states to evaluate awareness of the Pradhan Mantri Jan Arogya Yojana (PM-JAY). The study revealed that although the scheme had significant potential to provide financial protection, awareness and understanding among beneficiaries were inconsistent. Many respondents lacked clarity regarding eligibility, coverage, and claim processes, which limited effective utilization (Parisi et al., 2023). Reshmi et al. (2021) examined health insurance awareness and uptake in India, identifying gaps in understanding of insurance terms and low enrollment rates despite rising healthcare costs.

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How to cite this article:

Gupta, S. P., & Gandal, V. R. (2025). Youth Awareness and Perceptions of Health Insurance: A Study of College Students in Raigad. *InSight Bulletin: A Multidisciplinary Interlink International Research Journal*, 2(10), 188–192. <https://doi.org/10.5281/zenodo.17621986>

The study emphasized the need for targeted awareness campaigns to improve health literacy and promote insurance adoption (Reshmi et al., 2021). Similarly, Luke and Vincent (2020) reported low awareness and utilization of health insurance among patients at a tertiary care hospital in South India. Their findings highlighted a direct relationship between knowledge gaps and underutilization of schemes, suggesting the necessity of structured interventions in educational and community settings (Luke & Vincent, 2020). At the community level, Panda (2015) highlighted how building awareness about community-based health insurance schemes in rural India significantly influenced enrollment decisions. The research showed that localized, community-driven awareness programs were more effective in reaching marginalized groups (Panda, 2015). Awareness and utilization challenges have been a recurring theme in studies evaluating India's national health insurance schemes. For instance, a recent study conducted in Gujarat found that while the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) expanded access to health insurance, many beneficiaries were either unaware of their eligibility or had limited knowledge about the scheme's claim procedures and coverage details. The study also highlighted that enrolment rates were uneven across socio-economic groups and utilization remained far below potential due to informational and procedural barriers (Thomas, Raykundaliya, Bhatt, & Vadhel, 2023). Beyond government schemes, several empirical works have focused on consumer perceptions. Singh and Chaturvedi (2022) found that demographic factors like age, gender, and occupation significantly influenced perceptions of health insurance in India. Kondapally, Reddy, and Kumar (2024) reported similar findings from Hyderabad, where awareness, attitudes, and perceptions directly correlated with the purchase of health insurance plans (Singh & Chaturvedi, 2022; Kondapally et al., 2024). The COVID-19 pandemic further shaped consumer behavior. Ganguly et al. (2021) observed that perceptions of health insurance became more favorable during and after the pandemic, as individuals recognized the role of insurance in financial risk management (Ganguly et al., 2021). Likewise, Tripathy, Mishra, and Behera (2019) found limited awareness levels in Bhubaneswar city, underlining the regional disparities in health insurance literacy across urban centers (Tripathy et al., 2019). Collectively, these studies show that while awareness of health insurance has improved in certain pockets, significant challenges remain. Misconceptions, lack of clarity about claim procedures, demographic influences, and financial dependence continue to act as barriers. These insights provide a strong foundation for the present study, which explores awareness, perceptions, and behavioral intentions of college students in Raigad District.

Objectives of the Study

1. To assess the level of awareness and ownership of health insurance among college students in Raigad district.
2. To identify common misconceptions and knowledge gaps related to insurance terms, coverage limits, and claim processes.
3. To explore college students' perceptions of health insurance, including their attitudes, emotional responses, and willingness to engage with available schemes.
4. To analyze preferred awareness strategies and student-led suggestions for improving health insurance literacy through seminars, social media, curriculum integration, and peer outreach.
5. To explore students' behavioural intentions and barriers to enrolling in health insurance, including financial dependence and informational challenges.

Research Methodology

This study adopted a descriptive survey design to explore the awareness and perceptions of health insurance among college-going youth in Raigad district, Maharashtra. A total of 128 students were selected using purposive sampling, with a majority from rural backgrounds. Data was collected through a structured Google Form questionnaire available in both English and Marathi to ensure accessibility. The form included multiple-choice and Likert-scale questions covering demographics, awareness of government and private insurance schemes, understanding of coverage and exclusions, digital health literacy, and behavioural intentions. Responses were compiled digitally and analyzed using descriptive statistics. Ethical considerations were upheld by ensuring voluntary participation, informed consent, and respondent anonymity. This methodology enabled a focused examination of youth health insurance literacy within a real-world educational context.

Data Presentation (Results)

This section presents the descriptive statistics derived from the responses of 128 college students from Raigad district, Maharashtra. The data is organized into demographic characteristics, awareness levels, perceptions, and behavioural intentions related to health insurance.

Demographic Profile

Out of 128 respondents, 64.1% were female and 35.9% male. The majority (62.5%) belonged to the 18–19 age group, followed by 21.1% aged 20–21. A significant proportion (78.1%) resided in rural areas, with 13.3% from semi-urban and 8.6% from urban settings. Regarding family income, 37.8% reported a monthly income between ₹25,001–₹50,000, while 28.3% earned less than ₹25,000. Only 14.2% reported incomes above ₹1,00,000.

Awareness of Health Insurance

A substantial 89% of respondents had heard about health insurance. Awareness of government schemes such as Ayushman Bharat, PM-JAY, and RSBY stood at 61.7%, while 57.8% were aware of private health insurance plans. Despite high awareness, only 22.8% of students currently possessed health insurance, and 26.6% reported coverage within their household. Notably, 23.4% were unsure about their family's insurance status.

Understanding of Coverage and Benefits

When asked about the primary purpose of health insurance, 81.8% correctly identified medical expenses due to illness or injury. However, misconceptions were evident, with 10.3% unsure and 8% associating insurance with unrelated domains such as job loss or education expenses. Regarding specific coverage items, 85.9% recognized hospitalization expenses, while only 19.5% acknowledged maternity care and outpatient treatment. Surgeries were identified by 43.8% of respondents.

Knowledge of Key Insurance Concepts

Understanding of “cashless hospitalization” varied: 53.9% correctly defined it as direct settlement by the insurer at network hospitals, while 24.2% believed it applied only to OPD services, and 19.5% assumed it meant no payment was ever required. Similarly, only 30.5% correctly defined “exclusion” as a non-covered condition or procedure, whereas 43.8% misunderstood it as a free benefit.

Digital Health Literacy

Only 13.4% of students had used digital health service apps or portals such as ABHA or Aarogya Setu. While 52% had heard of these platforms, 34.6% remained unaware, indicating a significant digital literacy gap among youth.

Behavioural Intentions and Attitudes

Despite limited ownership, 89.1% of respondents believed health insurance is important for young people. However, only 39.8% were “very likely” to purchase insurance within the next five years, while 32% were “unlikely,” and 7.8% were unsure. Regarding student awareness, 61.7% felt students were sufficiently informed, while 28.9% disagreed.

Barriers to Adoption

The most cited reason for avoiding health insurance was lack of awareness (56.3%), followed by dependence on parents (39.8%) and high premium costs (37.5%). Additional barriers included lack of trust in insurance companies (17.2%) and disinterest (15.6%).

Sources of Information

Family (57.5%) and social media (50.4%) emerged as the dominant sources of health insurance information. College teachers (35.4%), newspapers/TV/radio (23.6%), and insurance agents (17.3%) were also mentioned, while only 3.9% cited other sources.

Preferred Awareness Strategies

Students identified seminars/workshops (65.4%) as the most effective method for raising health insurance awareness, followed by social media campaigns (51.2%), advertisements (36.2%), curriculum-based insurance literacy programs (28.3%), and peer-led initiatives (22.8%), reflecting a strong preference for interactive, relatable, and student-centric outreach.

Type of Health Insurance Coverage

Among respondents who reported having health insurance, 53.8% were covered under government schemes such as PM-JAY, ESIC, or state programs. Private individual/family floater plans accounted for 12.8%, while employer group cover (7.7%) and student group cover (2.6%) were less common. Notably, 23.1% selected “Other,” indicating informal or unclear coverage types.

Data Analysis and Interpretation (Discussion)

The survey responses from 128 college students in Raigad district reveal a complex landscape of awareness, understanding, and behavioural intent regarding health insurance.

Awareness vs. Ownership

While 89% of respondents had heard about health insurance and 61.7% were aware of government schemes like Ayushman Bharat (PM-JAY), only 22.8% had personal coverage. This gap suggests that awareness does not necessarily translate into enrollment, possibly due to financial, informational, or familial barriers. Among respondents who reported having health insurance, the dominance of government schemes suggests that public initiatives are the most accessible form of insurance for youth, especially in rural areas. The low uptake of student and employer group covers highlights a gap in institutional support. The high percentage under “Other” reflects either informal arrangements or lack of clarity, reinforcing the need for improved insurance literacy and documentation among students.

Socioeconomic and Residential Influence

A majority of students (78.1%) came from rural areas, and 66.1% belonged to families earning less than ₹50,000 per month. These factors likely influence access to insurance, digital tools, and health literacy. Rural students showed lower engagement with digital health apps (only 13.4% had used them), reinforcing the need for offline and vernacular outreach.

Misconceptions and Knowledge Gaps

Although 81.8% correctly identified medical expenses as the primary purpose of health insurance, only 44.4% knew the correct coverage limit under PM-JAY. Misunderstandings were common regarding “cashless hospitalization” and “exclusions,” with 43.8% incorrectly defining exclusions as free benefits. These gaps indicate a need for clearer, student-friendly communication. Furthermore, when asked to name at least one state health insurance scheme, many students mentioned “Ayushman Bharat” without recognizing its integration with Maharashtra’s Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY). Responses included vague or misspelled terms such as “LIC,” “आरोग्य विमा,” and “Mahatma jotiba fule,” reflecting partial awareness but limited clarity about scheme identity and structure. This highlights the importance of improving terminology literacy and contextual understanding among youth.

Behavioural Intentions and Barriers

Despite 89.1% agreeing that health insurance is important for youth, only 39.8% were “very likely” to purchase it in the next five years. Key barriers included lack of awareness (56.3%), dependence on parents (39.8%), and high premium costs (37.5%). These findings reflect both informational and structural challenges.

Information Channels and Awareness Strategies

Family (57.5%) and social media (50.4%) were the most cited sources of information. Students preferred seminars/workshops (65.4%) and social media campaigns (51.2%) as the best ways to raise awareness, suggesting that institutional and peer-led efforts could be highly effective.

Qualitative Insights

In addition to structured survey responses, students shared open-ended suggestions that emphasized the need for seminars, workshops, and campus campaigns to raise health insurance awareness. Social media was the most preferred outreach tool, with calls for engaging reels, posters, and relatable content. Many advocated integrating insurance education into the curriculum and forming peer-led ambassador groups. Students also expressed frustration with complex policy language and urged for simplified, transparent communication. Their responses reflected both emotional urgency and a desire for practical understanding, reinforcing the importance of interactive, student-centric awareness strategies.

Findings

- **High awareness but low ownership:** Most students are aware of health insurance, yet only a small percentage are enrolled.
- **Rural and low-income students are underserved:** They face digital literacy gaps and financial constraints that limit access.
- **Misconceptions persist:** Many students misunderstand key terms like exclusions, cashless hospitalization, and coverage limits.
- **Positive attitudes, hesitant behavior:** Youth value health insurance but are reluctant to act due to confusion or dependency.
- **Students prefer practical education:** Seminars, workshops, and campus events are favored over passive materials.
- **Social media is the top outreach tool:** Platforms like Instagram, WhatsApp, and YouTube are preferred for awareness.
- **Strong call for curriculum integration:** Students want insurance literacy embedded in subjects like Economics and Life Skills.
- **Peer-led initiatives are encouraged:** Students support forming ambassador groups to educate and engage their peers.
- **Simplified language is essential:** Complex policy terms discourage engagement; students want clear, layman-friendly communication.
- **Emotional and real-life examples resonate:** Stories and relatable scenarios are more impactful than technical definitions.
- **Family and social media are key influencers:** Formal education channels are underutilized in shaping insurance awareness.

Conclusion

The study concludes that although college students in Raigad demonstrate broad awareness of health insurance, their understanding remains superficial and actual enrollment is notably low. Factors such as rural residence, limited digital literacy, and financial dependence contribute to this gap, alongside persistent misconceptions about coverage, exclusions, and claim processes. However, students express a strong belief in the importance of insurance and a clear willingness to learn. Their open-ended suggestions reveal a desire for clarity, relevance, and empowerment through practical education, peer-led initiatives, and simplified communication. While quantitative data highlights gaps in ownership and comprehension, qualitative insights affirm that students are ready to engage provided they are supported with the right tools, platforms, and institutional efforts.

Recommendations

1. **Integrate Insurance Literacy into College Curriculum**
Introduce basic insurance concepts through health or financial education modules.
2. **Conduct Rural-Focused Awareness Campaigns**
Use local languages and relatable examples to reach underserved students.
3. **Promote Digital Health Tools Through Workshops**
Train students to use ABHA, Aarogya Setu, and insurer apps effectively.
4. **Design Youth-Friendly Insurance Plans**
Collaborate with insurers to offer low-premium, student-specific policies.
5. **Leverage Peer and Family Networks**
Encourage student ambassadors and family-centered discussions to build trust.
6. **Use social media Strategically**
Develop engaging, myth-busting content tailored to youth platforms.

Acknowledgment

The authors wish to express their sincere gratitude to K. M. C. College, Khopoli, and the Department of Commerce and Research Center, University of Mumbai, for their constant support, encouragement, and the academic environment that facilitated this research.

Special thanks are extended to Dr. Vinayak R. Gandai, Research Guide, for his expert guidance, insightful suggestions, and continuous motivation throughout the course of the study. His mentorship played a vital role in shaping the quality and direction of this research.

The authors also acknowledge the cooperation of the college students from Raigad district who participated in the survey and generously shared their valuable time and opinions, which formed the foundation of this study.

Finally, heartfelt appreciation is extended to family members, colleagues, and friends for their encouragement and unwavering support during the preparation of this research paper.

Financial support and sponsorship

Nil.

Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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