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RESEARCH ARTICLE

HEALTH INSURANCE IN WEST BENGAL: A COMPARATIVE ANALYSIS OF DARJEELING AND BURDWAN DISTRICT

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ABSTRACT

The present study is an effort to make a comparative analysis of the response of the people of Darjeeling and Burdwan in the area of health insurance. As firstly, in both the districts, this study examines the respondents who are aware or not aware about health insurance as well as various sources of awareness; secondly, those who are aware have subscribed for it or not; thirdly, those who have not subscribed what are the reasons behind the same; and lastly are they willing to join and pay for it? If yes then what would be the possible amount? The study was conducted in some selected villages in Burdwan and Darjeeling districts and 200 questionnaires were got filled using bidding game amongst the people in each district. So the total household surveyed is 400. The analyses have been done using multiple regression analysis

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INTRODUCTION

A number of recent studies have revealed the fact that risk owing to low level of health security is endemic for informal sector workers. The vulnerability of the poor informal worker increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large numbers of people, especially those below poverty line, borrow money or sell assets to pay for the bill for treatment in private hospitals. Thus, Health insurance could be a way of overcoming financial bottleneck, improving access to quality medical care and providing financial protection against high medical expenses. Various studies have shown that in spite of its importance as a protection against high medical expenses, a very high percentage of people in West Bengal even from educated higher income groups are not covered under any health insurance policy and at the same time, although health care has become almost unaffordable for the poor people, it is surprising that the health insurance sector has not made much headway in India. Till date the awareness level regarding health insurance is very low in general masses. Under this light we intended to assess the individuals'

awareness level and willingness to join and pay for the health insurance scheme in two districts of West Bengal. It examines the respondents who are aware or not aware about health insurance as well as various sources of awareness; whether those who are aware have subscribed for it or not; focuses on the reasons for non subscribing for some; and last but not least whether they are willing to pay for a policy, if yes then what would be the maximum amount that they are willing to pay.

Research Objectives of the study

So the study has been conducted basically with the following objectives in mind:

- To add knowledge on the maximal WTP among rural and semi urban people of two districts of West Bengal, and identify the major determinants influencing their choice.
- To determine the socio-economic factors of willingness to join and pay for health insurance by non health insurance holders.
- To assess the awareness regarding health insurance as well as various sources of awareness for it.
- To make a comparison between two districts of West Bengal in respect of WTP scale so that we could get a complete idea about West Bengal as a whole.

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MATERIALS AND METHODS

Data

This study is exclusively based on primary data. We have taken the responses of the people of Burdwan and Darjeeling district of West Bengal. In Burdwan district Rastriya Sashthya Bima Yojana has been already running for the BPL population since 2009, though the coverage is limited. Under this scheme those who are covered have given a smart card which has to be renewed after expiry of the policy period. In our survey we have considered these people as 'having health insurance' category. We have taken total two hundred HH, fifty each from four villages and found a large number of populace is not covered under any scheme. Selection of sample of respondents is made by following purposive random sampling and on the whole a sample size of 200 households (HH) is considered for a particular district.

In view of the fact that in the present study general public has been considered as unit of investigation, a sample framework consisting of equal number of respondents from each of the blocks has been constructed. The survey questionnaire included data of Household demographics, education, income, medical and non medical expenditure, savings, and any other kind of insurance like LIC and also self-reported illness episodes in the Household (HH) within the last 2 years prior to the interview. In our HH survey, the question on income referred to all sources of income, both cash and kind. It is also accepted in the literature that income might be prone to seasonal fluctuations and other "noises" due to in-kind income; these could possibly create a reporting-error or recall-bias but – according to Friedman it is assumed that households smooth their expenditure over time. Data of income lost and loan taken due to illness are also taken. Different HHs were given only one versions of the benefit package, which includes Hospitalization, expenses incurred for medical or surgical treatment for illness/ and injuries and reimbursement of costs for prescribed drugs and cost of general practitioners. The total value of which would be up to Rs. 10,000 per year and per person. After describing the benefit package the respondents were explained the essentials of insurance notably that it entails a prepayment of premiums according to certain age group in order to be eligible for the above said benefit package. At the same time those premiums are not re-paid when no claims are paid. The purpose of the explanation is to make them understand the difference between any other saving product and health insurance which might elicit a different level of Willingness to pay (WTP).

The Bidding Game

Different HHs were given only one versions of the benefit package, which includes Hospitalization, expenses incurred for medical or surgical treatment for illness/disease and injury and reimbursement of costs for prescribed drugs and cost of general practitioners. The total value of which would be up to Rs. 10,000 per year and per person. After describing the benefit package the respondents were explained the essentials of insurance notably that it entails a prepayment of premiums according to certain age group in order to be eligible for the above said benefit package. At the same time those premiums

are not re-paid when no claims are paid. The purpose of the explanation is to make them understand the difference between any other saving product and health insurance which might elicit a different level of Willingness to pay (WTP). After this the respondents were engaged in the 'bidding game' to establish WTP. Bidding game is the process where the respondent is presented with a price, which is increased by each time when the respondent accepts the bid, and lowered each time when the respondent rejects the bid. A bid was randomly assigned to the respondents started from Rs.120, Rs.150, Rs.220, Rs.250, Rs.350, Rs.450, and Rs.500 depending on their monthly income.

From the literature review it is found that some scholars are skeptical about the effectiveness of bidding game as it suffers from the interviewer's bias which they denoted as 'warm glow' problem (van Exel et. al., 2006). The bias would exist when respondents accept an amount closer to the opening bid than they would actually do in reality. In our case, we compared the reported WTP values with the opening bids and found that the reported values were almost 15% to 20% different from the opening bids. So it is expected that our bidding game was free from warm glow problem. The analysis of collected data has been carried out by using frequency distribution and percentages for multiple responses. Beside this the multiple regression and canonical correlation analysis have been made to draw meaningful inference from the study.

RESULTS

Burdwan District

Let us study the personal profiles of the respondents of the surveyed area in Burdwan district. We found that a significant proportion of the sampled households are headed by male member of the family (Table: 1). Majority of the respondents belonged to the age groups of 35-<45 years which is little higher than 25-<35 and were married. Maximum respondents were primary educated followed by class 8 passed and 9% respondents are illiterate. In agriculture category we have three divisions -cultivator, share cropper and daily wage based labourer/worker. Almost 10% people are associated with the poultry /dairy business. As far as level of income is concerned a major percentage of the respondents were having annual income of less than Rs. 50000. 59% respondent have monthly income less than Rs.3000 and only 5% have monthly income level as high as Rs.9000 to 15000.

Willingness to Pay of the Respondents

Table: 2 shows the willingness to pay (WTP) values of the respondents where we found that almost 44% respondents have said that they are ready to subscribe Rs. 200-250 as yearly premium for the proposed health insurance scheme of Rs.10,000 and 18% are willing to pay as much as Rs. 250-300. Only 7% is willing to pay as high as Rs 450-500. During the survey it has been found that people are not very reluctant to the proposed health insurance schemes and many of them have a basic idea about it. Since RSBY for BPL population is in its operation we found a little larger section of people have awareness about health insurance in either form and mostly service holders are having Health insurance scheme other than RSBY.

Table 1. Personal Profile of the Respondents in Burdwan district

Gender	no	%	
Male	178	89.00%	
Female	22	11.00%	
Total	200	100	
Marital status	no	%	
Unmarried	18	9.00%	
Married	182	91.00%	
Age	no	Insured	uninsured
18-<25	16	0	16
25-<35	78	9	69
35-<45	83	14	69
45-<55	13	6	7
55-<60	10	4	6
Total	200	33	167
%		16.5%	83.5%
Education	no	%	
Illiterate	18	9.00%	
Primary	73	36.5%	
8 th	56	28.00%	
10 th	27	13.5%	
12 th	23	11.5%	
Others	3	1.5%	
Total	200	100%	
Occupation	no	%	
Service	18	9%	
Small trade	21	10.5%	
Cultivation	26	13%	
Share cropping	24	12%	
Dairy/ poultry	20	10%	
daily labour/worker	80	40%	
self employed	11	5.5%	
Total	200	100%	
Income Per Month	no	%	
less than 3000	118	59%	
3000-<6000	42	21%	
6000-<9000	30	15%	
9000-<15000	10	5%	

Source: Field Survey

Table 2. Willingness to Pay

WTP	No of respondents	Percentage of respondents
0-150	12	6%
150-200	20	10%
200-250	88	44%
250-300	36	18%
300-350	16	8%
350-400	14	7%
400-450	14	7%

Source: field survey

The Distribution of WTP Values According to Income, Expenditure, HH Size and Education

WTP is related to HH income and one way of neutralizing the impact of HH income would be to express WTP as a percentage of HH income.

Data reveals that 9% of the respondents are willing to pay more than 1% of their income as WTP and 21% are willing to contribute near 1% of their income. If we consider non health HH expenditure as the proxy for economic status we found that almost 19% people are ready to pay 1% of their non health expenditure as health insurance premium.

We now check the association between the variables in the following table (Table 3).

Table 3. Correlations between WTP and Various Variables.

Variable 1	Variable 2	R
HH income	HH non health expenditure	0.947
WTP (nominal)	HH Income (nominal)	0.459
WTP (nominal)	HH income per person	0.486
WTP (nominal)	HH non health expenditure	0.443
WTP (% of income)	HH income	-0.604
WTP (% of income)	HH income per person	-0.513
WTP (nominal)	Education	0.158
Education	Income	0.757
Education	HH non health expenditure	0.646
education	WTP % of income	-0.495

Source: calculated from field survey

The correlation between HH income and HH non health expenditure is very high which follows our expectation as both of them refers to the proxies of economic status of the households. Furthermore, as also seen in Table 3, a positive correlation exists between nominal WTP and economic status of the HH, regardless of the proxy used either HH income or HH non health expenditure. On the other hand, the correlation between WTP expressed as percentage of income with the HH income is negative, indicating that poorer HHs are prepared to pay a higher percentage of their income than richer HHs. There is a modest positive association between education of the HH head and WTP. At the same time, HH income and expenditure are positively correlated with education level. Taken together, these findings strongly suggest that the correlation between WTP and education is secondary to the correlation of WTP with HH income or expenditure.

Multivariate Analysis of Willingness to Pay with Burdwan data

We analyze the data using linear multiple regression on the households' willingness to pay, by applying a standard model of the following form

$$WTP = \alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_n X_n \quad \dots \dots \dots (1)$$

In which α represents the intercept (constant), and β the coefficients of the explanatory variables X. The WTP values that were obtained through the bidding game were subjected to multivariate analysis. The result of the multivariate analysis for Burdwan district is represented in the table: 4. As the data base we have used the data of those respondents who do not contribute to any health insurance scheme. The explanatory variables are marital status, education level, income per month, average medical expenditure per month, illness in the last 2 years for what the respondent had to be confined to bed in a hospital and loan taken due to illness or accident. The following linear regression model has been constructed and tested. The model is dummy variable regression model as for marital status there are two dummy variables, if married then we put '1' and if unmarried then '0'. For illness episode also, if ill or met accident in the last 2 years then we put '1' and '0' otherwise. Therefore, the model can be specified in the following form

$$WTP = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 \quad \dots \dots (2)$$

Where, X_1 stands for marital status (MS), X_2 for education level (ED), X_3 for income per month (IN), X_4 for medical expenditure per month (ME), X_5 for hospitalization due to

illness in the last 2 years (ILL) and X_6 for loan taken due to illness (LN). We have the following hypothesis regarding the relation between explanatory variables and dependent variable WTP.

Hypotheses

Hypothesis 1: There is no significant association between marital status and willingness to pay.

Hypothesis 2: There is no significant association between the education level and WTP.

Hypothesis 3: There is no significant association between income per month and WTP.

Hypothesis 4: There is no significant association between per month average medical expenditure of respondents and WTP.

Hypothesis 5: There is no significant association between illness or accident of respondents and their WTP.

Hypothesis 6: There is no significant association between loan taken due to illness and WTP value.

Table 4. Regression Analysis of WTP

	Coefficient (β)	SE	Level of Significance
X_1	31.828	17.744	0.075
X_2	5.608	2.635	0.035
X_3	0.1122	0.44	0.002
X_4	-6.30E-03	0.026	0.810
X_5	10.379	16.988	0.542
X_6	-2.39E-03	0.003	0.392
α	133.455	20.502	0.000

F stat: 2.739, sig: 0.015, Adj R²= 0.059

The result of regression analysis taking Burdwan data show that marital status, education level and income level are significantly positive factor for willingness to pay for health insurance policy. That means educated people from this area prefer to invest in health insurance policy as a guard to their health rather than other modes of investment. Per month medical expenditure, illness and loan taken due to illness are not necessarily very significant for them as a guiding principle for WTP contribution. Any health insurance scheme does not pay for day to day medical expenditure. So per month medical expenditure should not come in the decision making behavior of the HH when he is intended to pay for a health insurance scheme. This reasoning is true for Burdwan people also. But surprisingly hospitalization for heavy illness and loan taken due to any illness did not work as a guiding principle for contributing in higher WTP. But we expected that particularly in Burdwan district this will be different since RSBY is in its operation for BPL population where almost RS. 30,000 can be given to a family to meet up the hospitalization and other health related costs. Taking the lesson from this those who suffers from illness in the last 2 years prior to the interview would prefer to pay for higher WTP.

Darjeeling District

In the survey of Darjeeling district, face to face discussion was carried out with the head of the households and we found that a significant proportion of the sampled households are headed by male members in the family. (Table 5) Majority of the respondents belonged to the age groups of 25-<35 years followed by 35-<45 and were married and living in nuclear families.

Maximum respondents were primary educated and 4.5% respondents were found illiterate. Since Tea is the predominant industry in the surveyed region, 32.5% of the surveyed HH constituted tea garden labourers with some doing tea garden official job. We observed an employment category 'driver' who are associated (though in unorganized way) with the tourism industry.

As far as level of income is concerned a major percentage of the respondents were having annual income less than Rs. 50,000. 56% respondents have monthly income less than Rs.3000 and only 4.5% have monthly income level as high as Rs.12000 to 15000.

Table 5. Socio-economic Profiles of the Respondents in Darjeeling

Gender	No	%	
Male	187	93.50%	
Female	13	6.50%	
Total	200	100	
Marital status	No	%	
Unmarried	40	20	
Married	160	80	
Age	No	Insured	Uninsured
18-<25	19	2	17
25-<35	99	15	84
35-<45	62	15	47
45-<55	17	4	13
55-<60	3	1	2
Total	200	37	163
%		18.5%	81.5%
Type of Family	No	%	
Joint	63	31.50%	
Nuclear	137	68.50%	
Total	200	100	
Education	No	%	
Illiterate	9	4.50%	
Primary and can write name	112	56%	
Secondary	25	12.50%	
10 th	13	6.50%	
12 th	31	15.50%	
Others	10	5.00%	
Total	200	100%	
Occupation	No	%	
Service	22	11	
Business	12	6	
Tea Garden Labour	65	32.5	
Shop	21	10.5	
Driver	19	9.5	
Daily Labour/Worker	40	20	
Self Employed	21	10.5	
Total	200	100%	
Income Per Month	No	%	
Upto 3000	102	56%	
3000-<6000	47	23.50%	
6000-<9000	24	12%	
9000-<12000	18	9%	
12000-<15000	9	4.50%	

Source: field survey

On an average the respondents are 33 years old, income per head is Rs. 4408 per month, non health expenditure per HH is RS.3269.50, mostly they are primary educated and per month medical expenditure is Rs. 479.

Table 7. Awareness Level and Source of Awareness for Health Insurance

Awareness about Health Insurance	
	No.
not aware	131
aware but do not subscribe	32
aware and subscribed	37
Source of awareness	
TV and news paper	16
friends and family	18
agent and tax consultant	30
Doctor	5
Total	69

Source: field survey

Out of the surveyed mass only 18.5% are insured to any health insurance scheme and 81.5% are uninsured. It is found that the mean willingness to pay for the insured person is higher than the mean willingness to pay for the uninsured person.

Willingness to Pay of the Respondents

45% people said that they could subscribe Rs. 150-200 as yearly premium for the proposed health insurance scheme and 29% were willing to pay as much as Rs 200-250. Only 1.5% expressed their willing to pay as high as Rs 450-500. 4% respondents did not want to pay for any health insurance scheme. We assigned value 0 as their WTP. Only 4% respondents wanted to pay more than 1% of their income as health insurance premium. We have not considered respondents who are less than 18 years and more than 60 years old.

Table 8. Willingness to Pay in Darjeeling

WTP (1)	No Of Respondents (2)	% of Respondents (3)
0-100	8	4
100-150	19	9.5
150-200	90	45
200-250	58	29
250-300	4	2
300-350	0	0
350-400	17	8.5
400-450	0	0
450-500	3	1.5

Source: Field survey

Multivariate Analysis of Willingness to Pay taking Darjeeling Data

The same model that has been used in case of Burdwan districts has been analysed with the Darjeeling data and we have got the following results.

Table 9. Result of Multivariate Regression Analysis

	Coefficient (β)	SE	Level of Significance
X_1	48.20793	14.47468	0.0011
X_2	-4.839409	3.020247	0.1001
X_3	0.013611	0.004373	0.0022
X_4	-0.016319	0.030194	0.5896
X_5	27.20358	19.08374	0.1060
X_6	-0.003118	0.003098	0.3159
α	120.2406	16.67040	0.0000

F-stat: 4.92155, level of sig: 0.00, R^2 : 0.159

The analysis of non health insurance policy holders has been made in order to know about their willingness to join and pay for health insurance. In the study we found 80% respondents

are married and most of them have come from 25-34 years of age group. It is a socially accepted fact that irrespective of income level married people are more likely to be protective regarding their own life along with their spouse and children's life. So they would like to pay for some health insurance scheme than the unmarried counterpart. Our regression result also supports this and hence we reject the null hypothesis 1 and accept that there is a positive relation between marital status and WTP value. Analysing data we found that more educated people are less likely to be willing to pay higher amount in a health insurance scheme. Highly educated respondents are often high income earners and at the same time their awareness level regarding other sorts of saving is high than their uneducated counterpart. So they want to invest a limited amount of money in health insurance schemes which will protect them from a sudden health attack and would invest more in other modes of savings which in turn give them high return. This is also significantly established in the regression result. So hypothesis 2 is not true and $\beta_2 < 0$.

The relation between income and WTP is positive rejecting the null hypothesis. This is also proved in the correlation result. There we found that effect of education on WTP is secondary than the income. That means for the people income has a positively correlative relation with desire to invest in any health insurance scheme. So we found $\beta_3 > 0$. The possible effect of a recent experience of a health-related high-cost event on WTP was done by using information about incidence of hospitalizations in the past 2 years. The multivariate analysis (Table 6) confirms that respondents who experienced a hospitalization in the last 2 years due to illness/accident were willing to pay more. So the hypothesis 5 is not true and $\beta_5 > 0$.

Per month average medical expenditure and loan taken due to illness are two factors that may also influence the households to pay for a health insurance scheme. The first factor depends on the household size and age group of the HH. Higher HH size and presence of children and elderly people lead to higher per month medical expenditure, which may influence the respondent for a higher level of WTP value. The regression result does not support this and which is true in the sense that health insurance schemes do not pay for this day to day medical expenditure. So per month medical expenditure does not come in the decision making behavior of the HH when he reveals his willingness to pay for a health insurance scheme.

Therefore, hypothesis 4 is true. Poor people due to their less income and saving could not pay for the high cost of hospitalization and surgery which pose the greatest financial risk for them. This financial risk may influence them to take the decision of buying health insurance which in turn may end up into a higher value of WTP. But we have not found any significant positive relation between loan taken behaviour and WTP value. The value of $\beta_6 < 0$ and insignificant. The result of the multivariate regression analysis is satisfactory in spite of the low value of R^2 . Pindyke and Rubinfeld (1998) argued that where cross section data are involved, a lower value of R^2 may result because of wide variety in cross section data.

Conclusive observations

We have done same kind of analysis of willingness to pay in two districts of West Bengal namely, Burdwan and Darjeeling.

Same numbers of people have been interrogated from four villages of both the districts. Both the districts have some unique property of their own in various scales. Here we would take the opportunity to discuss them in a conclusive manner. Considering these two districts; one from north Bengal and another from south Bengal we intended to have a true picture of the state West Bengal as a whole.

- The very prominent difference we found is the occupational structure and structure of the society. Since Darjeeling is mostly depended on tea and tourism a category of labour we found who are named as 'tea garden labour' who work in different tea gardens. Tea garden job is a job in organized sector where the garden owners are supposed to arrange some basic health facilities for its workers. According to secondary data there are total 16 numbers of health centres in the tea gardens of Naxalbari block. Another category of work we found here because mainly of tourism is 'Driver' who drives car/taxi to various tourism destinations of Himalayas. These two categories of work are absent in Burdwan district. On the other hand, in Burdwan we found 'dairy/poultry business' that we did not found in Darjeeling. Other than service the other occupations in both the districts come under the unorganized sector. So number of people working in organized sector is higher in Darjeeling.
- Regarding the structure of the society in Darjeeling, the population of Darjeeling is exceedingly heterogeneous. A large number of people are Nepales, Lepchas, Bhotias, Tibetans and Marwaries other than Bengalis. The people are mostly of either caste like SC, ST and OBC. Their mind set is also little different from the other part of Bengal viz. Burdwan where we found mostly Bengalese either Hindus or Muslims.
- Considering the education in both the districts we found more illiterate people in Burdwan and more people are primary educated in Darjeeling district but the difference in higher education is not very prominent. Although more number of people work in organized sector in Darjeeling, their income level is not much higher than Burdwan. So in the income scale both the districts stands almost in the same position. Darjeeling is little higher than Burdwan.
- One very important factor as we regard is the operation of Rashtriya Sasthya Bima Yojana (RSBY) for BPL population in Burdwan district. Due to that reason the awareness level of people regarding health insurance found higher here rather than in Darjeeling district.
- Regarding the WTP value we found people from Burdwan are ready to pay higher WTP for the same policy than Darjeeling although the economic condition is almost same in the both. Only 4% people comparing 9% of Burdwan are ready to pay 1% of their income as WTP for health insurance in Darjeeling and 10% comparing 21% of

Burdwan are willing to pay near 1% of their income as WTP and the overall willingness to pay is higher in Burdwan comparing to Darjeeling district. In both the districts a positive correlation observed though not very high between nominal WTP and economic status regardless of the proxy used either HH income or HH non health expenditure. On the other hand, the correlation between WTP expressed as percentage of income with the HH income is negative, indicating that poorer HHs are prepared to pay a higher percentage of their income than richer HHs.

- According to the socio-economic determinants of WTP, education had a positive significant effect on WTP in Burdwan which was negative in Darjeeling. There more educated people were reluctant to pay higher WTP, although in the correlation analysis we found no correlation between the two in both the districts. Otherwise, marital status and income showed a significant positive relation with it in both the districts. Per month medical expenditure and loan taken due to illness are not very sound determinants of WTP in both. But the thing is different regarding any illness episode of the respondents. We found more affluent people are ready to pay higher WTP who had a past experience of illness/accidents for what they had to admit into hospital. But this is not true with the Burdwan people. They are less likely to pay higher WTP only because of this past illness episode.

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