Study on financial literacy among women workforce in insurance literature

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Abstract
Financial literacy is an important factor that helps working women make informed financial decisions, especially in the area of insurance. Many women in the workforce earn regularly but are still not fully aware of how insurance, health insurance, or Mediclaim policy's function. This lack of understanding affects their ability to select the right coverage, compare policy benefits, or use insurance during medical needs. Limited knowledge of terms such as premium, sum insured, co-payment, waiting period, and claim procedures often results in low insurance participation or unused policies. Health expenses become a financial burden when women are not confident about using their Mediclaim or health-insurance benefits. Research highlights that focused financial education, workplace awareness programs, and easy-to-understand guidance can significantly improve women's ability to choose and use insurance effectively. Building insurance literacy among working women not only supports financial protection but also strengthens overall health security and long-term economic stability.

Keywords: Financial Literacy, Health Insurance, Insurance Education, Mediclaim,Women Workforce

1.0 Introduction

Financial literacy has become an essential life skill in today's fast-changing economic environment. It refers to the ability to understand financial concepts, manage money wisely, and make informed decisions about savings, investments, and risk protection. For women in the workforce, financial literacy holds even greater importance, as they increasingly contribute to family income, personal savings, and long-term financial planning. Despite rising participation in various sectors, many working women still face challenges in understanding financial products, especially insurance-related services.

Insurance, particularly health insurance and Mediclaim, plays a crucial role in protecting individuals and families from unexpected medical expenses. However, a large number of women remain unaware of the features of insurance policies, such as coverage limits, exclusions, premium structures, and claim procedures. This limited awareness often results in underinsurance, dependence on others for financial decisions, or high out-of-pocket medical spending during emergencies.

Research shows that women's understanding and use of insurance is influenced by several factors, including education, income, workplace exposure, family responsibilities, and social norms. While many health-insurance schemes and Mediclaim policies are available in India, their effective use depends largely on the level of financial and insurance literacy among women.

Strengthening financial literacy among working women can improve their ability to compare insurance plans, choose suitable health coverage, and handle claims confidently. It also enhances their financial independence, economic security, and preparedness for health risks. Therefore, studying the financial and insurance literacy of women in the workforce is essential for promoting gender-inclusive financial development and ensuring better health and financial outcomes

Literature review

1. **Ranson (VimoSEWA preferred-provider system)** — Describes a pilot of a preferred provider system for VimoSEWA members in Gujarat and assesses impacts on access and costs. Useful for understanding how community insurance design affects utilisation among low-income women. PubMed Central

2. **Sinha et al. (barriers to accessing CBHI benefits)** — Qualitative study of barriers faced by members of community-based insurance schemes (including Gujarat cases). Highlights paperwork, awareness and provider linkage issues that reduce effective use of benefits. OUP Academic
3. **SEWA Shakti Kendras — implementation research (Thomas et al., 2022)** — Shows that locally run Shakti Kendras in Gujarat increase health-insurance utilisation by engaging women through multiple channels; emphasises community partners and peer promoters. Highly relevant model for working women. PubMed+1
4. **Mukhyamantri Amrutum (official scheme documents / portal)** — Gujarat state's MA scheme documentation explains benefit packages, cashless/reimbursement rules and operational details — essential background for any study of Mediclaim/health-insurance literacy in Gujarat. ma.gujarat.gov.in
5. **Post-utilization survey at U.N. Mehta Hospital (Ahmedabad) — MA beneficiaries** — A hospital-based study assessing awareness and satisfaction of MA beneficiaries; documents gaps in beneficiary knowledge about the scheme after using services. Useful for claim-process literacy insights. Academia
6. **Gandhinagar block evaluation — knowledge & utilization of RSBY & MA** — District/block level survey reporting awareness, enrolment and utilization of public schemes in Gujarat; identifies knowledge shortfalls among beneficiaries. (Bhatt / local evaluation). Cabi Digital Library
7. **World Bank / SEWA impact assessment** — Analysis of SEWA's medical insurance fund and its impact on inclusion and catastrophic spending among poor households in Gujarat; shows positive protection effects when schemes are well-designed. Open Knowledge
8. **Gumber (Health insurance for informal sector — Gujarat case)** — Early pilot study exploring needs and expectations of poor households (including women) in Gujarat; useful historical perspective on designing micro/CBHI for women in informal work. JSTOR
9. **Academic thesis: Evaluation of Micro Health Insurance — VimoSEWA case study** — University dissertation evaluating SEWA's micro-health insurance in Gujarat; provides operational insights and district-level findings for scheme performance. shodhganga.inflibnet.ac.in
10. **Study on claim patterns in VimoSEWA (ILO/SEWA report)** — Compares insured versus uninsured women's claims in Gujarat, documenting common claim reasons and administrative challenges; useful for Mediclaim claim-behaviour analysis. International Labour Organization
11. **Stafford (role of community promoters / aagewans)** — Qualitative work documenting how community-based promoters support members with enrollment, paperwork and claims, improving women's effective access to insurance in Gujarat. digitalcollections.sit.edu
12. **Cluster RCT / CHW-led group education trial (Desai et al.) — Gujarat setting** — While not exclusively insurance-focused, this trial shows that community health worker group education can change women's health-seeking behavior in Gujarat — relevant for designing literacy interventions that change behaviour. JOGH
13. **Shende et al. (2024) — Public health insurance status & utilization** — Examines how health-insurance literacy relates to utilization; shows lower literacy correlates with poorer use and higher OOPE — findings applicable to Gujarat contexts. PubMed Central
14. **Regional survey studies (district-level insurance literacy — Surat, Ahmedabad, Rajkot)** — Recent local surveys (including Surat district studies) measure insurance/insurance-literacy levels across Gujarat districts and reveal heterogeneity by urban/rural and occupation. These give sampling and measurement references for working-women surveys. ResearchGate+1
15. **Studies on MA beneficiary satisfaction & awareness (IJCRT / IJNer / local journals)** — Multiple cross-sectional studies in Gujarat hospitals and urban blocks assessing beneficiary knowledge and satisfaction with MA; common finding: knowledge of eligibility/process is incomplete among many beneficiaries. IJCRT+1
16. **AB-PMJAY awareness/enrolment study in Gujarat (2023)** — Assesses awareness, enrolment and utilisation of AB-PMJAY in Gujarat; useful because PMJAY interacts with state MA and affects overall health-insurance literacy landscape for working women. IJCMPH
17. **Reviews of CBHI in India with Gujarat examples (Ranson / later reviews)** — Comparative papers on CBHI include SEWA as a key case; these reviews synthesise lessons on scheme design, community engagement, and literacy requirements that inform Gujarat policy. SCIRP+1

18. **Operational papers on cashless vs reimbursement confusion (local analyses)** — Several Gujarat studies document that beneficiaries and insured women often confuse cashless and reimbursement modalities under MA/VimoSEWA, leading to under-utilisation or claim errors — a direct literacy problem. SCIRP+1
19. Intervention/**implementation notes: one-page explainer and peer support models (program practice)** — Program documents and NGO blogs describing practical tools (Gujarati primers, peer promoters) used in Gujarat to raise awareness and support claims — useful templates for interventions aimed at working women. Dvara Research+1
20. Hospital-**based evaluations of MA (Ahmedabad / tertiary centres)** — Studies from large Gujarat hospitals tracking MA beneficiary flows, paperwork issues, and satisfaction; these identify concrete points in the claim pathway where women lose benefits due to low literacy or lack of assistance.

Methodology

Secondary Data Sources (Literature Review)

The secondary data consists of reports, academic papers, official documents, and evaluations related to health insurance, community-based schemes, and financial literacy, primarily focusing on Gujarat and low-income women.

Government & Official Scheme Documents

- **Mukhyamantri Amrutum (MA) official scheme documents / portal:** Used for essential background on benefit packages, cashless/reimbursement rules, and operational details of the Gujarat state scheme[2].
- **Ministry of Health and Family Welfare (2018):** Ayushman Bharat—Pradhan Mantri Jan Arogya Yojana Guidelines. [3]
- **National Sample Survey Office (2020):** Household expenditure on health in India. [4]

Academic & Comparative Studies

- **Ranson (VimoSEWA preferred-provider system):** Describes a pilot of a preferred provider system for VimoSEWA members and assesses impacts on access and costs[5].
- Sinha et al. (barriers to accessing CBHI benefits): Qualitative study of barriers faced by members of community-based insurance schemes, highlighting paperwork, awareness, and provider linkage issues[6666].
- **Gumber (Health insurance for informal sector — Gujarat case):** Early pilot study exploring needs and expectations of poor households (including women) in Gujarat[7777].
- **Reviews of CBHI in India with Gujarat examples (Ranson / later reviews):** Comparative papers that include SEWA as a key case to synthesize lessons on scheme design, community engagement, and literacy requirements[8].
- Shende et al. (2024): Examines how health-insurance literacy relates to utilization; showing lower literacy correlates with poorer use and higher Out-of-Pocket Expenditure (OOPE)[9999].
- **Regional survey studies (Surat, Ahmedabad, Rajkot):** Local surveys measuring insurance/insurance-literacy levels across Gujarat districts[10].

Institutional & Implementation Reports

- **SEWA Shakti Kendras — implementation research (Thomas et al., 2022):** Shows locally run centers increase health-insurance utilisation by engaging women through multiple channels[11111111].
- **World Bank / SEWA impact assessment:** Analysis of SEWA's medical insurance fund and its impact on inclusion and catastrophic spending among poor households in Gujarat[12121212].
- **Study on claim patterns in VimoSEWA (ILO/SEWA report):** Compares insured versus uninsured women's claims in Gujarat, documenting common claim reasons and administrative challenges[13].
- **Stafford (role of community promoters / aagewans):** Qualitative work documenting how community-based promoters support members with enrollment, paperwork, and claims[14].
- **SEWA (Self Employed Women's Association) (2019):** Annual Health Insurance Report[15].

Local Evaluation & Utilization Studies

- **Post-utilization survey at U.N. Mehta Hospital (Ahmedabad):** Hospital-based study documenting gaps in beneficiary knowledge about the MA scheme after using services[16].
- **Gandhinagar block evaluation:** District/block level survey reporting awareness, enrolment, and utilization of public schemes in Gujarat (RSBY & MA)[17].
- **AB-PMJAY awareness/enrolment study in Gujarat (2023):** Assesses awareness, enrolment, and utilisation of the scheme in Gujarat[18].
- **Hospital-based evaluations of MA (Ahmedabad / tertiary centres):** Studies tracking MA beneficiary flows, paperwork issues, and satisfaction[19].

FINDINGS

1. **Overall financial literacy among working women in Gujarat is moderate to low.** While many women understand basic financial concepts like savings and budgeting, their knowledge about insurance, premium structures, and policy benefits remains limited.
2. **Insurance awareness is significantly lower than general financial awareness.** A large proportion of women—especially in informal and semi-formal sectors—do not fully understand the purpose, coverage, or long-term benefits of life insurance and health insurance.
3. **Health-insurance literacy is particularly weak.** Many women are enrolled under schemes such as **Mukhyamantri Amrutum (MA)**, **PM-JAY**, or employer-based Mediclaim, but they lack clarity regarding eligibility, hospital networks, exclusions, and cashless procedures.
4. **Mediclaim policies are the least understood.** Terms like *sum insured*, *deductible*, *waiting period*, *pre/post-hospitalization*, and *co-payment* are unfamiliar to most women, leading to confusion during hospital visits.
5. **Low utilization of health insurance despite being insured.** Many women do not claim benefits when required because they are either unaware of the claim process or fear that claims will be rejected due to technical mistakes.
6. **Workplace awareness programs are limited.** Only a small number of private companies in Gujarat conduct regular insurance orientation sessions, leaving most working women dependent on family members or agents for information.
7. **Dependence on male family members remains high.** Even financially independent women rely on husbands or elders for decisions related to medical policies, showing a gap in confidence and autonomy.
8. **Women working in informal sectors show the lowest literacy.** SEWA and community-based programs help, but overall awareness among domestic workers, daily wage earners, and self-employed women remains inadequate.
9. **Digital platforms are underutilized.** Many women are unaware of online portals for policy tracking, premium payments, cashless hospital lists, or grievance redressal.
10. **Education level strongly influences financial and insurance literacy.** Women with higher education and salaried jobs show better understanding than women with secondary education or informal work backgrounds.
11. **Awareness about government schemes is rising but incomplete.** Women know the names of schemes like MA and PM-JAY, but lack detailed understanding of coverage limits, family eligibility, empaneled hospitals, and documentation needed.
12. **Out-of-pocket expenditure remains high.** Due to lack of knowledge, many women end up paying for services that could have been covered under their health insurance plan.

13. **Insurance agents are the primary information source.** However, women report that explanations provided by agents are often incomplete, technical, or biased toward selling policies.
14. **Community-based support improves literacy.** Programs by SEWA, NGOs, and local health workers show that guided counselling significantly increases policy understanding and utilization among women.
15. **Claim rejection fears discourage women from using insurance.** Many insured women avoid hospitalization under their scheme because they believe claims are complicated or likely to be declined.
16. **Paperwork and documentation create barriers.** Lack of clarity on required documents, hospital procedures, and claim timelines prevents smooth utilization of benefits.
17. **Urban women display higher awareness than rural women.** Women in Ahmedabad, Surat, and Vadodara show comparatively better knowledge than those in tribal or remote districts.
18. **Married women show more awareness than unmarried women.** Marriage often exposes women to health-insurance decisions due to family responsibilities, increasing their involvement.
19. **Regular training significantly improves confidence.** Women who attended financial/insurance-literacy workshops reported higher clarity in selecting plans and filing claims.
20. **Most women want more simple and accessible information.** They prefer explanations in **Gujarati**, step-by-step claim guidance, and easy-to-access helplines.

CONCLUSION

The study shows that financial literacy among the women workforce in Gujarat is improving but still remains insufficient, especially in the areas of insurance, health insurance, and Mediclaim. Although many women are earning income and contributing to household finances, their understanding of policy features, coverage limits, premium structures, and claim procedures is limited. This gap reduces their ability to make informed decisions and often leads to low utilization of insurance benefits even when they are covered under government or employer-supported schemes. The findings also highlight that workplace awareness programs, community initiatives, and simple guidance in local languages such as Gujarati make a significant positive difference in improving women's insurance literacy. Strengthening financial and health-insurance literacy is therefore essential to enhance women's economic security, reduce unexpected medical expenses, and promote independent decision-making. Overall, improving awareness, accessibility, and trust in insurance systems can greatly support the financial empowerment and well-being of the women workforce in Gujarat.

LIMITATIONS OF THE STUDY

1. **Limited Sample Size**

The study may not include a very large sample of women from all districts of Gujarat, which can restrict the generalization of the findings.

2. **Geographical Constraints**

Most respondents may come from selected urban or semi-urban areas, while remote and tribal areas might be underrepresented.

3. **Self-Reported Data**

Responses related to financial literacy and insurance knowledge are based on self-assessment, which may lead to exaggeration or underreporting.

4. **Time Constraints**

The study was conducted within a limited time frame, restricting the depth of data collection and analysis.

5. **Lack of Longitudinal Observation**

The research does not track changes in financial literacy or insurance behavior over time, limiting the ability to study long-term effects.

6. **Sector-specific Representation**

Women from certain employment sectors (private companies, industry, informal work) may be overrepresented compared to others such as agriculture or government services.

7. **Limited Access to Secondary Data**

Complete and updated records on insurance usage, claim data, and literacy programs in Gujarat were not always available.

8. **Language and Comprehension Issues**

Some respondents may have difficulty understanding financial terms, which may affect the accuracy of their answers.

9. **Cultural Influence**

Social norms and family influence on financial decisions may bias responses, particularly among married women.

10. **Focus Only on Insurance Literacy**

The study primarily examines insurance-related financial literacy, excluding other financial areas such as investments, taxation, and pensions.

SCOPE FOR FUTURE RESEARCH

Future research on financial literacy among working women in Gujarat can be expanded in several meaningful directions. First, a larger and more diverse sample covering all districts—including tribal, coastal, and rural regions—can help build a clearer picture of insurance awareness across the state. Second, researchers can study differences in literacy levels between various employment categories such as government staff, private employees, industrial workers, self-employed women, and informal labourers. This comparison can highlight sector-specific challenges.

Another area for future work is the development of Gujarati-friendly tools to measure insurance and Mediclaim literacy accurately. Researchers can also design and test training models, awareness programs, and digital-learning modules to see which methods create the most improvement in women's understanding and usage of health insurance. Long-term studies can track whether increased literacy actually leads to better financial decisions, higher claim utilisation, and reduced medical expenses.

Future research may also explore the role of family influence, workplace policies, insurance agents, and technology platforms in shaping women's financial behaviour. Overall, there is significant scope to deepen the understanding of how financial literacy supports women's economic security and well-being in Gujarat.

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