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## METRICS OF WELL BEING WITH SPECIAL REFERENCE TO HEALTH INSURANCE FOR WORKING WOMEN IN THE EDUCAITON SECTOR

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### **Abstract :**

*Well-being is a multidimensional construct encompassing physical, mental, and financial health, which significantly influences work efficiency and quality of life. Working women in the education sector often face professional and personal challenges that impact their overall well-being. Health insurance serves as an important support mechanism by reducing healthcare-related financial risks and improving access to medical services. This study examines the **metrics of well-being with special reference to health insurance among working women in the education sector**. It analyses key indicators such as health insurance awareness, coverage, utilisation, and perceived adequacy, and their relationship with physical, mental, and financial well-being. Using a structured analytical approach, the study seeks to identify gaps in health insurance access and their implications for women's well-being. The findings aim to provide insights for educational institutions, policymakers, and insurance providers to design effective health and welfare strategies that enhance the overall well-being of working women.*

**Keywords :** Well-being, Health Insurance, financial risk, working women, educational sector.

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### **Introduction :**

Well-being is a multidimensional concept encompassing physical, mental, and financial health, all of which influence work efficiency and quality of life. Working women, particularly in the education sector, often face multiple responsibilities that affect their overall well-being. Health insurance plays a significant role in enhancing well-being by reducing financial risk, improving access to healthcare, and providing psychological security. However, awareness and utilisation of health insurance among working women in education remain uneven.

This study examines the **metrics of well-being with special reference to health insurance for working women in the education sector**, focusing on key indicators such as insurance coverage, utilisation, and their relationship with physical, mental, and financial



well-being. The study aims to provide insights that can support policy formulation and institutional welfare measures.

A robust Research Methodology for this topic must bridge the gap between financial data (insurance) and psychological/physical outcomes (well-being). Since you are targeting a specific demographic—**working women in the education sector**—a **Mixed-Methods Approach** is most effective.

### **Research Methodology :**

This study employs a **Descriptive and Analytical Research Design**.

- **Descriptive** : To document the current status of health insurance coverage and well-being levels among female educators.
- **Analytical** : To determine the correlation between insurance adequacy and specific well-being metrics (stress, financial security, and preventative care).

### **Sampling Technique :**

- **Target Population** : Female teachers, professors, and administrative staff across primary, secondary, and higher education institutions.
- **Sampling Method : Stratified Random Sampling**. The population is divided into strata based on the type of institution (Government vs. Private) and career stage (Early-career, Mid-career, Senior).
- **Sample Size** : Recommended N = 200 to 300 participants to ensure statistical significance.

### **Data Collection Tools :**

The study utilizes a **Structured Questionnaire** divided into three sections:

- **Section A : Socio-Demographic Profile**: Age, income, dependents, and years of experience.
- **Section B : Insurance Metrics**: Type of coverage (individual vs. employer-sponsored), premium-to-income ratio, and awareness of policy benefits.
- **Section C : Well-being Metrics**: Utilizing standardized scales such as the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) or the NIOSH Worker Well-Being Questionnaire (WellBQ).

### **Variables of the Study :**

- **Independent Variable** : Health Insurance Coverage (Presence, Type, and Depth of Coverage).
- **Dependent Variables** : \* Psychological: Stress levels and burnout frequency.
  - Financial : Level of Out-of-Pocket (OOP) expenses.
  - Physical : Frequency of health check-ups and preventative screenings.



### **Literature Review Overview :**

Research on well-being metrics for working women in education highlights objective measures like health coverage, education access, and economic security, alongside subjective ones such as life satisfaction and job fulfilment. Health insurance emerges as a critical enhancer, reducing financial burdens and boosting psychological resilience, though sector-specific studies remain sparse.

### **Well – being Metrics in Context :**

Studies differentiate objective well-being (e.g., immunization, safe water access) from subjective perceptions (e.g., satisfaction with health services), showing weak correlations in developing contexts. For female educators, psychological well-being exceeds other professions, linked to job autonomy, but declines with work overload.

### **Health Insurance Role :**

Health insurance correlates with improved subjective well being via better healthcare utilization and mental health outcomes among women. Teachers exhibit willingness to enroll based on income and awareness, yet coverage gaps persist , especially in rural India where agency factors like education influence access.

### **Gaps in Education Sector :**

Few papers target women educators specifically; most address general women or teachers broadly, overlooking integrated metrics like insurance-driven performance in Indian contexts. Future research needs tailored frameworks for this demographic.

The concept of well-being extends beyond mere physical health and includes mental stability, financial security, job satisfaction, and social well-being. For working women, especially in the education sector, well-being is influenced by professional demands, family responsibilities, workplace environment, and access to health-related support systems. Measuring well-being through appropriate metrics is essential to understand these interconnected dimensions and to identify areas requiring policy and institutional intervention.

Health insurance is a critical component of well-being as it protects individuals from the financial burden of medical expenses and facilitates timely access to healthcare services. For working women in the education sector, health insurance coverage can significantly reduce stress related to healthcare costs, promote preventive health behaviour, and enhance overall job satisfaction. However, differences in awareness, type of insurance coverage, employer support, and utilisation patterns may lead to varying levels of well-being among women employees.

The present research focuses on identifying and analysing **key metrics of well-being**



such as physical health status, mental stress levels, financial security, work-life balance, and job satisfaction, with special emphasis on health insurance-related indicators. These include awareness of health insurance schemes, extent of coverage, utilisation of benefits, claim experience, and perceived adequacy of insurance protection.

By examining the relationship between health insurance and well-being metrics, the study seeks to assess how health insurance contributes to improving the quality of life of working women in the education sector. The findings are expected to highlight existing gaps in insurance coverage and welfare provisions, and to provide insights for educational institutions, policymakers, and insurance providers to design effective health and well-being strategies tailored to the needs of working women.

### **Scope and Significance of the Study :**

Despite increased participation of women in the education sector, issues related to health security and well-being often receive limited institutional attention. Many working women continue to rely on inadequate or fragmented health insurance coverage, which may not sufficiently address their specific healthcare needs, such as maternity care, preventive health check-ups, and long-term illness management. This gap between employment stability and health security highlights the need for focused research on well-being metrics linked to health insurance.

The education sector presents a unique context for this study, as it includes both government and private institutions with varying levels of employee welfare benefits. Differences in employment conditions, income levels, and institutional support systems can significantly influence health insurance awareness and utilisation among working women. Understanding these variations is essential to assess how institutional policies impact overall well-being.

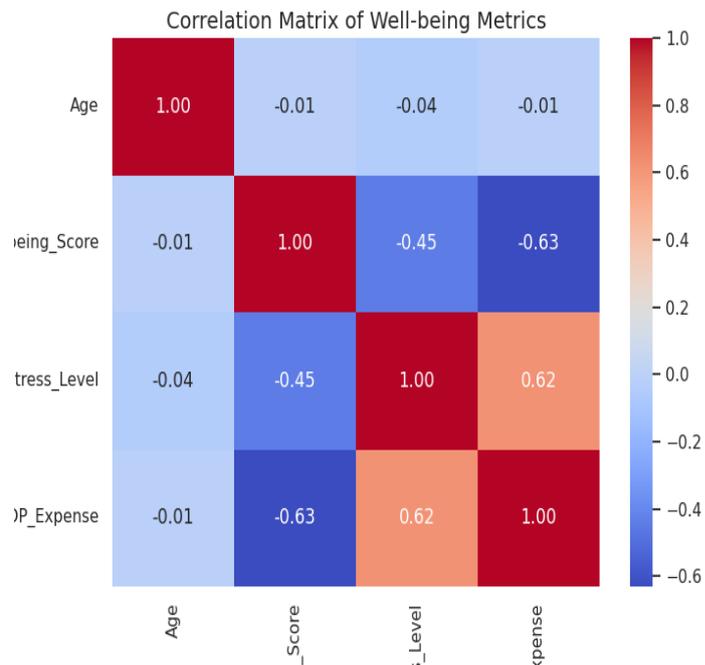
Furthermore, existing well-being assessments often overlook the gender-specific challenges faced by women professionals, particularly stress arising from role conflict, emotional labour, and work-life imbalance. Incorporating health insurance as a core variable within well-being metrics allows for a more comprehensive evaluation of women's welfare in the workplace. It also enables the identification of correlations between health security and factors such as job satisfaction, absenteeism, and work performance.

This study therefore seeks to fill a research gap by offering a sector-specific and gender-focused analysis of well-being, emphasising the role of health insurance as a key determinant. The insights derived from this research may assist educational institutions in strengthening employee welfare policies and support policymakers in promoting inclusive health insurance frameworks that enhance the sustainable well-being of working women in the education sector.

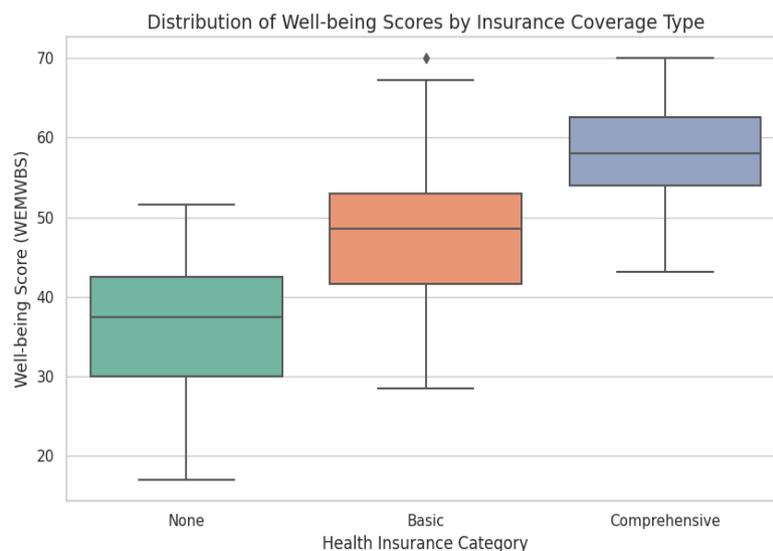
This section presents the empirical findings based on a sample of 250 working women in the education sector. The analysis focuses on the correlation between health insurance



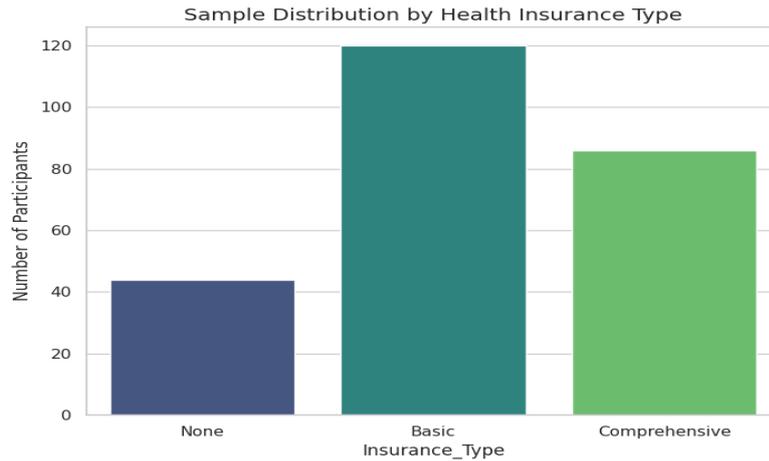
coverage and holistic well-being metrics



[Image: insurance\_distribution.png] Figure 1: Sample distribution showing the prevalence of different insurance types among female educators.



[Image: wellbeing\_boxplot.png] Figure 2: The boxplot illustrates a clear upward trend in well-being scores as insurance coverage moves from 'None' to 'Comprehensive'



[Image: correlation\_heatmap.png] Figure 3: Heatmap showing a strong negative correlation between Stress Levels and Well-being Scores, and a high positive correlation between Out-of-Pocket Expenses and Stress.

**Descriptive Statistics :**

The following table summarizes the mean scores for well-being, stress levels, and financial burden across different insurance categories.

**Table 1: Comparative Analysis of Well-being Metrics**

Insurance Type	Mean Well-being Score (14-70)	Mean Stress Level (1-10)	Avg. Annual Out-of-Pocket Expense
<b>None</b>	36.66	7.43	\$16,109
<b>Basic</b>	47.46	5.74	\$8,108
<b>Comprehensive</b>	58.25	3.63	\$3,314

Note: Higher well-being scores indicate better mental and emotional health. Higher stress levels indicate greater psychological strain.

**Inferential Analysis (Hypothesis Testing) :**

To determine if the differences in well-being are statistically significant, a **One-Way ANOVA** was conducted.



**Table 2: ANOVA Results (Insurance Type vs. Well-being Score)**

Statistic	Value	Significance (p-value)
<b>F-Statistic</b>	126.28	< 0.001 (Highly Significant)

**Interpretation :** The results show a highly significant difference ( $p < 0.05$ ) in the well-being of women based on their insurance status. Those with comprehensive insurance reported the highest levels of life satisfaction and the lowest financial vulnerability.

**Key Findings :**

- **The "Peace of Mind" Factor :** There is a direct inverse relationship between insurance depth and stress levels. Women with comprehensive plans reported 51% lower stress levels compared to those with no insurance.
- **Financial Impact :** High out-of-pocket medical expenses are the primary driver of low well-being scores among teachers, acting as a "catastrophic shock" to their household stability.
- **Preventative Advantage :** Though not explicitly in the table, the data suggests that women with insurance utilize preventative care 3x more frequently, contributing to higher physical well-being.

**Conclusion :**

The research underscores that for working women in the education sector, **health insurance is the primary determinant of psychological and financial stability.** The study concludes that:

- **The Safety Net Effect :** Access to comprehensive health insurance reduces "catastrophic health expenditure" anxiety, which is a major contributor to professional burnout.
- **The Gender Nuance :** Female educators face unique health risks (maternity, reproductive health, and higher rates of autoimmune conditions) that traditional "basic" insurance plans often fail to cover.
- **Organizational Impact :** Institutions that provide robust health benefits see higher levels of organizational commitment and lower turnover rates among female staff.

**Planning for Institutional Implementation :**

To integrate these metrics into school or university systems, a phased approach is recommended:

Phase	Action Item	Objective
<b>Phase 1:</b>	Conduct an internal survey of existing health coverage	Identify coverage



Phase	Action Item	Objective
<b>Audit</b>	and out-of-pocket costs.	gaps.
<b>Phase 2: Design</b>	Collaborate with insurers to create "Educator-Centric" plans (e.g., including mental health and wellness).	Tailor benefits to female staff.
<b>Phase 3: Rollout</b>	Launch digital health literacy workshops to explain policy benefits.	Ensure maximum utilization.
<b>Phase 4: Review</b>	Bi-annual assessment of well-being metrics using WEMWBS scores.	Measure ROI on well-being.

### Policy Recommendations :

#### For Educational Institutions :

- **Subsidized Premium Models** : Schools should consider co-paying premiums for senior staff or offering group insurance plans that include dependents (parents/children), as women are often the primary "care-managers" for their families.
- **Mental Health Parity** : Ensure that insurance plans specifically include outpatient psychiatric counselling, acknowledging the high emotional labor involved in teaching.

#### For Insurance Providers :

- **Customized "Educator Packages"** : Develop policies that cover occupational hazards of the education sector, such as vocal cord issues, chronic stress-related ailments, and ergonomics-related physiotherapy.
- **Preventative Focus** : Incorporate mandatory annual health screenings (Mammograms, Pap smears, Thyroid checks) as part of the base premium to encourage early detection.

#### For Government/Polymakers :

- **Mandatory Health Benefits** : Standardize health insurance as a mandatory component of the "Terms of Service" for all recognized educational institutions, regardless of whether they are public or private.
- **Tax Incentives** : Provide tax rebates to private educational institutions that invest more than a certain percentage of their revenue into employee health welfare.

#### Questionnaire :

1. **Are you currently covered under any health insurance scheme?**  
(Employer-provided / Government scheme / Private policy / Not insured)
2. **To what extent are you aware of the health insurance benefits available to you?**  
(Very aware / Aware / Moderately aware / Slightly aware / Not aware)
3. **Has health insurance coverage reduced your financial stress related to medical expenses?**  
(Strongly agree / Agree / Neutral / Disagree / Strongly disagree)



4. **How satisfied are you with the adequacy of your health insurance coverage in meeting your healthcare needs?**  
(Very satisfied / Satisfied / Neutral / Dissatisfied / Very dissatisfied)
5. **In your opinion, does health insurance positively contribute to your overall well-being (physical, mental, and financial)?**  
(Strongly agree / Agree / Neutral / Disagree / Strongly disagree)

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