

CHAPTER 5

INTRODUCTION

The Employees' State Insurance Scheme is a unique multidimensional self-financing social security scheme in which every contributor is a benefactor and a beneficiary. The integrated scheme of the health and social insurance provides comprehensive medical cover and cash benefits in the contingencies of sickness, maternity, disablement and death due to employment injury to the insured persons and their dependents. The ESI Act, 1948 provided the conceptual breakthrough in the development of a social security scheme that has over the years metamorphosed into the country's largest worker welfare programme in terms of geographical reach, demographic coverage and multi-faceted services. The ESI Scheme, today, is a national phenomenon and one of the few largest social security programmes in the world. The scheme is based on the concept and principle of 'pooling of risks and resources' (Joes etl.)¹. It is a scheme in which the workers contribute according to their capacity and derive benefits as per their needs.

In this chapter, an attempt has been made to make an assessment to know how effectively the Corporation provides the various social security benefits to the insured persons under the ESI Scheme and to what extent beneficiaries are satisfied with the benefits. For this some variables are taken that are helpful in measuring the effectiveness of the Insured Persons and the Employers. Moreover, the effectiveness of the scheme can be best judged through the facilities and benefits it provides. The outline of the benefits of the scheme is discussed below herein.

THE EMPLOYEES' STATE INSURANCE BENEFITS

The details of various benefits in cash and kind that the insured persons or their dependants are entitled as per the ESI Act, the ESI Corporation is providing the following social security benefits[**ESIC Employers' Guide**]²-

BENEFITS TO EMPLOYERS

Employers who come under the purview of the ESI Act, 1948, derive the following benefits from the Scheme:-

- i)** Employers are absolved of all their liabilities of providing medical facilities to employees and their dependents in kind or in the form of fixed cash allowance, reimbursement of actual expenses, lump sum grant or opting for any other medical insurance policy of limited scope unless it is a contractual obligation of the employer.
- ii)** Employers are exempted from the applicability of the,
 - (a)** Maternity Benefit Act; and
 - (b)** Workmen's Compensation Act in respect of employees covered under the ESI Scheme.
- iii)** Employers have, at their disposal, a productive, well secured workforce; an essential ingredient for better productivity.
- iv)** Employers are absolved of any responsibility in times of physical distress of workers such as sickness, employment injury or physical disablement resulting in loss of wages, as the responsibility of paying cash benefits lies on the Corporation in respect of insured employees.
- v)** Any sum paid by way of contribution under the ESI Act is deducted in computing 'income' under the Income Tax Act.

BENEFITS TO EMPLOYEES

The Social Security (Minimum Standards) Convention No.102, of the International Labour Conference on 28.5.1952, defined nine branches of Social Security benefits for the welfare of labour class. In India, as a follow up measure for protection of workers in times of physical and economic distress, the Employees' State Insurance Corporation has already adopted and extended these benefits to the insured workers under three major headings namely, Medical Benefit, Cash Benefits and Other Benefits [ESIC Employers' Guide]³

Under the ESI Scheme, the comprehensive and need based package of major Social Security in cash and kind include, -

1. Medical Benefit – for self & family

[Full range of medical care]

2. Cash Benefit

Sickness Benefit – for self

Maternity Benefit – for self

Disablement Benefit

a) Temporary Disablement Benefit – for self

b) Permanent Disablement Benefit – for self

Dependants' Benefit – for dependants in case of death due to employment injury.

3. Other Benefits- In addition, the scheme also provides some other need based benefits to insured workers. These are:-

i) Funeral expenses – to a person who performs the last rites of an I.P.

ii) Rehabilitation allowance – for self

iii) Vocational Rehabilitation – for self

iv) Medical Bonus – for insured women and IP's wife

v) Un-employment Allowance – for self

An interesting feature of the ESI Scheme is that the contributions are related to the paying capacity as a fixed percentage of the employees' wages, whereas Social Security benefits are provided according to entitlement without any distinction of class or status. Medical benefit for self and family is provided at uniform scale from day one of entering insurable employment.

TYPES OF BENEFITS

The different types of benefits available under ESI Scheme are, viz.-

- i) The Medical Benefits
- ii) The Cash Benefits
- iii) Other Benefits

The brief description about these benefits are explained below-

MEDICAL BENEFIT

The Scheme provides full range of medical care, namely;

(i) Out-patient Services; (ii) Diagnostic services; (iii) Specialists services; and (iv) Hospitails services; through a network of ESI dispensaries & Panel clinics, diagnostic centres and ESI Hospitails, etc. Super-speciality facilities are provided to the beneficiaries through recognized advanced medical institutions empanelled for the purpose on referral basis. The Corporation has set up a revolving fund in most of the State to ensure smooth flow of funds for super-specialist treatment of ESI beneficiaries [ESIC Employers' Guide] ⁴

An Insured Person and his dependent family members become entitled to medical care from the date he/she enters the insurable employment and the entitlement continues as long as the insured person is in insurable employment or is qualified to

claim sickness, maternity or disablement benefit. The entitlement to medical care is extended upto two years to persons suffering from any of the 34 specified chronic or long-term diseases. Medical treatment to persons, who go out of coverage during the period of treatment, is not discontinued till spell of sickness ends. Insured Persons and dependent members of their family are entitled to free, full and comprehensive medical care under the Scheme. The package covers all aspects of healthcare from primary to super-specialist facilities as detailed below:-

- i) Out-patient treatment;
- ii) Domiciliary treatment (treatment by visits at the residences);
- iii) Specialist consultation and diagnostic facilities;
- iv) In-Patient treatment;
- v) Free supply of drugs and dressings;
- vi) X-ray and laboratory investigations;
- vii) Vaccination and preventive inoculations;
- viii) Anti-natal care, confinement and post-natal care;
- ix) Ambulance service or conveyance charges for going to hospitals, diagnostic centres, etc. wherever admissible;
- x) Free diet during admission in hospitals;
- xi) Free supply of artificial limbs, aids and appliances for physical rehabilitation;
- xii) Medical certification; and
- xiii) Special provisions including super-speciality treatment

Hospitalisation facilities are provided in ESI Hospitals or ESI wards attached to Govt. or public hospitals. (In areas where there are no ESI Hospitals or wards, or where such separate facilities are not sustainable, hospitalization is provided by reserving beds in existing Govt. public and private hospitals on payment basis) [ESIC

Employers' Guide] ⁵. Hospital beds are provided on a scale of 4 beds per thousand Insured Person family units. All drugs, dressings and aids and appliances are provided free of cost. Under the service system, these medicines are dispensed at ESI dispensaries, ESI hospitals and medical stores. Under the Panel system, common medicines are dispensed from the IMP's clinics, and supply of expensive drugs on prescription by specialists, is made through approved chemists or medical store depots established under the Scheme. The Employees' State Insurance Corporation has formulated its own exhaustive pharmacopoeia which lists over 800 commonly used medicines.

For super-speciality treatment; such as open heart surgery, neuro surgery, bone marrow transplant, kidney transplant or specialized investigations like C.T. scan, MRI, angiography, etc. referral arrangements have been made with the reputed hospitals of the country. The total cost of such treatment, diagnostic facilities or surgical intervention is borne by the ESI Corporation directly w.e.f. 1-8-2008 [**ESIC Employers' Guide]** ⁶. Though medical care is provided, by and large, to the beneficiaries in modern system of medicine (Allopathy), facilities in indigenous systems such as (i) Ayurveda (ii) Unani (iii) Homoeopathy & Siddha are also being provided to the insured persons, on demand in many areas.

EXTENSION OF MEDICAL COVER TO THE RETIRED AND DISABLED INSURED PERSONS AND THEIR SPOUSES

The scheme also provides for a comprehensive medical cover to the superannuated and disabled insured persons and their spouses on pre-payment of a nominal contribution of Rs. 120/- per annum, per couple, provided that the insured person was in continuous insurable employment for at least 5 years before retirement [**ESI Rules,1950]** ⁷. The scheme, thus offers total medical cover to the retired and disabled

employees without any upper ceiling on expenditure at a very low premium when compared with medical cover schemes introduced by some other insurance agencies in the business of medical insurance.

With a view to ensuring that the medical facilities under the scheme are of the required standard, the Employees' State Insurance Corporation has appointed medical officers area wise, such as Medical Referees and State Medical Commissioners who conduct periodic inspections of dispensaries, hospitals and panel clinics etc. There is also a high-powered committee known as the General Purposes Sub-Committee of the ESI Corporation, comprising representatives of Parliament, employers, employees, medical profession and the State Govts. etc, that visits ESI institutions periodically to inspect and assess the quality of service available. The committee also holds meetings with local representatives of employers, employees and the State Govts. to have a feed back about the performance of the scheme at the grass root level and suggest measures in consultation with the State Govts. for improvements in services wherever necessary.

CASH BENEFITS

Under cash benefits the following benefits are provided-

SICKNESS BENEFIT

Sickness benefit represents periodical payments made to an Insured Person for the period of certified sickness after completing nine months in insurable employment. To qualify for this benefit, contributions should have been payable for at least seventy eight days in the relevant contribution period. The maximum duration for availing Sickness Benefit is 91 days in two consecutive benefit periods. There is a Waiting period of 2 days which is waived if the insured person is certified sick in not more than 15 days of the last spell for which sickness benefit was last paid. The

Sickness benefit is paid at 20% more than standard benefit rate for 99 wage slabs. The rates vary from Rs. 14/- to Rs. 480/- per day averaging just above 60 percent of the daily wages. After exhausting the Sickness Benefit payable upto 91 days, an insured person, if suffering from tuberculosis/leprosy, mental and malignant diseases or any of the 34 specified long-term diseases is entitled to Extended Sickness Benefit at a rate that is 70 percent of the daily wages for a further period of 124/309 days/two years provided he has been in continuous employment for a period of 2 years or more in a factory or establishment to which the provisions of the Act apply and fulfills the contributory conditions as per the Corporation's resolution [**ESIC Employers' Guide**]⁸. The list of these specified long-term diseases is constantly reviewed by the Corporation on the recommendations of the Medical Benefit Council.

MATERNITY BENEFIT

Maternity Benefit implies cash payment to an insured woman in case of confinement or mis-carriage or sickness arising out of pregnancy, pre-mature birth of child as certified by a duly appointed medical officer or mid-wife. For entitlement to maternity Benefit the contribution in respect of an insured woman should have been payable for not less than seventy days in the immediately preceding two consecutive contribution periods (For new entrants, in one or two contribution periods) corresponding to the benefit period in which the confinement occurs or is expected to occur. The daily rate of benefit is double the Standard Benefit rate. , i.e. almost full wages. Maternity benefit is normally payable for a maximum period of 12 weeks in case of confinement, 6 weeks in case of mis-carriage of medical termination of pregnancy and for one additional month in case of sickness arising out of confinement duly certified by an authorized medical officer[**ESIC Employers' Guide**]⁹. Maternity benefit continues to be payable even in the event of death of an insured woman during

her delivery or immediately following the date of her delivery leaving behind a child for the whole of that period, and in case the child also dies, during the said period, until the death of the child.

DISABLEMENT BENEFIT

The disablement benefits provided to the insured persons is of two natures. Following is a brief introduction about them-

(i) TEMPORARY DISABLEMENT BENEFIT

In case of temporary disability arising out of an employment injury or occupational disease, Disablement Benefit is admissible to an insured person for the entire period so certified by an Insurance Medical Officer/ Practitioner for which the insured person does not work for wages. The benefit is not subject to any contributory condition and is payable at a rate which is not less than 75% of the daily average wages. Benefit is, however, not payable if the incapacity lasts for less than 3 days excluding the date of accident.

(ii) PERMANENT DISABLEMENT BENEFIT

In case an employment injury or occupational disease results in permanent, partial or total loss of earning capacity, periodical payments are made to the insured persons for life at a rate depending on the actual loss of earning capacity as may be determined and certified by a duly-constituted Medical Board. The rates of Disablement Benefit are determined in accordance with the provisions of Rule 57 of the ESI (Central) Rules, 1950. In order to protect erosion in real value of the periodical payments of Permanent Disablement Benefit, against rise in the cost of living index, periodical increases are granted, based on actuarial calculations. Commutation of periodical payments into lump sum (one time payment) is permissible where the permanent disablement stands assessed as final and the daily

rate of benefit does not exceed Rs. 5/- per day. Commutation of Permanent Disablement Benefit into lump sum payment is also allowed in case the total commuted value does not exceed Rs. 30,000/- [ESIC Employers' Guide]¹⁰.

DEPENDENTS' BENEFIT

If an insured person dies as a result of an employment injury or occupational disease, his dependents that are entitled to compensation under ESI Act, shall be entitled to periodical payments referred to as dependents' benefit [ESI Act, 2010]¹¹. The widow receives monthly pension for life or until re-marriage, at a fixed rate equivalent to 3/5 th of the disablement rate and each dependent child is paid an amount equivalent to 2/5 th thereof until he/she attains 18 years of age, provided that, in case of infirmity, the benefits continues to be paid till the infirmity lasts. However, it is subject to the condition that the total dependents' benefit distributed among the widow and legitimate or adopted children of the deceased insured person, does not exceed, at any time, the full rate of disablement benefit. In case it exceeds the given ceiling, the share of each of the dependents is proportionately reduced. The benefit is not payable to married daughters. In case the insured person does not leave behind any widow or child, the benefit is payable to other dependents including parents. The amount of pension paid to the dependents of a deceased insured person is reviewed vis-à-vis the cost of living index and increases are granted from time to time to compensate for erosion in its real value.

OTHER BENEFITS

Other benefits include the funeral expenses on death of insured person subject to a maximum of Rs 5000. The amount is paid either to the eldest surviving member of the family or, in his/ her, absence, to the person who actually incurs the expenditure on the funeral. Vocational rehabilitation in case of disabled insured persons under 45

years of age with 40% or more disablement, free supply of aids and appliances such as crutches, wheelchairs, dentures, spectacles and other such physical aids and preventive health care services such as immunization, HIV/AIDS detection etc. are provided as other benefits. The Corporation introduced these rehabilitation allowances to the insured persons w.e.f.1.1.1980 [ESI Employers' Guide] ¹²

EFFECTIVENESS OF SERVICE DELIVERY

This section assesses the perceptions of the insured persons and their employers regarding the effectiveness of the service provided by the Corporation under the ESI Scheme in Assam region. For efficient and comprehensive assessment, out of various adopted beneficial schemes, a few selective schemes namely, medical benefits, Cash Benefits [sickness benefits, maternity benefits, Disablement Benefits] and other benefits are taken into accounts for examination considering the major activities of the corporation are related to these beneficial services. The analysis has been made on the basis of some well defined variables, like, awareness, sources of awareness, level of satisfaction etc.

AWARENESS OF THE ESI BENEFITS (IPs)

The ESI benefits to be effective, first of all, there should have awareness among the insured persons about the various benefits provided by the Corporation under the ESI Scheme. Similarly, the employers should also be aware, without which they cannot guide the insured persons for availing it. The insured persons can avail these benefits properly if they are well aware of the benefits they are entitled to. Therefore, to know about their awareness regarding the ESI Scheme & the benefits they are entitled, the following table 5.1 is framed that gives the perceptions of the insured persons as to the awareness of the ESI benefits-

Table 5.1: Awareness of the ESI benefits (Insured Persons)

Enterprises where the IPs work						
Awareness of the ESI benefits as perceived by the IPs	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Fully Aware	43	19	65	42	108	28
Partially Aware	186	81	88	58	274	72
Not Aware	-	-	-	-	-	-
Total	229	100	153	100	382	100

Source: Field Study

Table 5.1, reveals that only 28% of the insured persons were fully aware of the ESI benefits and remaining 72% were partially aware.

AWARENESS OF THE ESI BENEFITS (EMPLOYERS)

It is also estimated that if the employers are well aware about the ESI Scheme and the benefits then they can make their employees aware too. It may help in bringing a strong relationship between the employers and employees in availing the ESI benefits.

Table 5.2 shows the awareness of the employers regarding the ESI benefits.

Table 5.2: Awareness of the ESI benefits (Employers)

Awareness of the ESI benefits as perceived by the Employers	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Fully Aware	32	53	18	45	50	50
Partially Aware	28	57	22	55	50	50
Not aware	-	-	-	-	-	-

Total	60	100	40	100	100	100
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Source: Field Study

Table 5.2 shows that most of the employers (57%) in factories were Partially Aware of the ESI benefits, followed by 55% in establishments. The total percentage came to 50% as a whole for the employers who were both fully aware and partially aware.

Further on enquiry about ESI benefits to partially aware insured persons and the employers, it was revealed that they were mainly aware about medical benefits and sickness benefits.

SOURCES OF AWARENESS OF THE ESI BENEFITS (IPs)

The Corporation has a primary duty to provide awareness about the ESI benefits to the insured persons and their employers. This will help them to get correct and adequate information on the ESI benefits. It will also help them to know the changes that are taking place in the benefits from time to time. In this regard it is essential to study about the various sources through which this awareness are gathered. **Table 5.3** reveals the perception of the insured persons regarding the sources of awareness.

Table 5.3: Sources of Awareness of the ESI benefits (Insured persons)

Enterprises where the IPs work						
Sources of Awareness as perceived by the IPs	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Brochures/Circulars	34	15	34	22	68	18
ESI Officials	23	11	9	6	32	8
Employees Union	28	12	13	8	41	11
Colleagues	129	56	88	58	217	57
Others*	15	6	9	6	24	6
Total	229	100	153		382	100

Source: Field Study

*Others – Owners, Relatives, Friends, Media (both print & electronic), hoardings etc.

Table 5.3 shows that the majority (57%) of the insured persons in factories and establishments have got the awareness of the ESI benefits through their colleagues. Those who have got information on the ESI benefits from the brochures/ circulars of the Corporation came to 18%. Again, the insured persons who have got the awareness from the Employees Union are only 11%, followed by 8% through ESI officials and others constitute 6%.

SOURCES OF AWARENESS OF THE ESI BENEFITS (EMPLOYERS)

The employers are itself a source of awareness to their employees. Therefore, leading by this motivation they too have to be acquiring awareness from various sources.

Table 5.4 reveals the perception of the employers as to the sources of awareness of the ESI benefits.

Table 5.4: Sources of Awareness of the ESI benefits (Employers)

Sources of Awareness as perceived by the Employers	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Brochures/Circulars	42	70	28	70	70	70
ESI Officials	16	27	12	30	28	28
Employers Union Officials	2	3	-	-	02	02
Colleagues	-	-	-	-	-	-
Others*	-	-	-	-	-	-
Total	60	100	40	100	100	100

Source: Field Study

*Others – Relatives, Friends, Media (both print & electronic), hoardings, etc.

Table 5.4 reveals that Brochures/circulars of the Corporation were the major source of information for 70% of the employers in factories and 70% in establishments. 27% of the employers in factories and 28% in establishments came to know about the ESI benefits from the officials of the Corporation who visit factories and establishments for various purposes. Another 2% get their sources of awareness from the Employers Union Officials.

**LEVEL OF SATISFACTION IN THE INFORMATION DISSEMINATE BY
THE CORPORATION ON THE ESI SCHEME (IPs)**

Dissemination of information on the various benefits and day to day updates of the scheme is one of the functions of the corporation. Such information about the scheme and the benefits to the employers and the insured persons increases the satisfaction level of both. **Table 5.5** shows the level of satisfaction of the insured persons in the measures taken by the Corporation for providing information on the ESI Scheme.

Table 5.5: Level of Satisfaction in the Information Given (Insured Persons)

Enterprises where the IPs work						
Level of satisfaction of the IPs on the Information Given by the Corporation on the ESI Scheme	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	32	14	24	16	56	15
Satisfied	46	20	20	13	66	17
Neither Satisfied nor dis-satisfied	66	29	52	34	118	31
Dis-satisfied	76	33	47	31	123	32
Strongly Dis-satisfied	9	04	10	06	19	05
Total	229	100	153	100	382	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is: 5.014
Table value at 0.05 level: 9.4888
Result/Conclusion: Not Significant

Table 5.5 reveals that a large number insured persons (57%) were dis-satisfied with the measures taken by the Corporation for disseminating information on the ESI Scheme and 4% of them were strongly dis-satisfied. Those who were satisfied came only to 9% followed by 7%, strongly satisfied. However a sizeable number of the insured persons (23%) were neither satisfied nor dis-satisfied. Further there is no

difference in the level of satisfaction among the insured persons in factories and establishments as to the measures of the Corporation in providing information on ESI Scheme. The Chi-Square test also confirms this at 5% level of significance.

Thus, the **Ho2.1** stating that there is no difference in the level of satisfaction concerning the measures of the Corporation for providing information on the ESI Scheme among the insured persons in factories and establishments stands accepted.

LEVEL OF SATISFACTION IN THE INFORMATION GIVEN BY THE CORPORATION ON THE ESI SCHEME (EMPLOYERS)

The corporation has the duty to provide timely and transparent information to the employers that are covered under the scheme. Otherwise, the new developments of the corporation will not be able to reach the beneficiaries properly. The employers perception regarding the level of satisfaction in the information given by the corporation is explain with the help of following table 5.6-

Table 5.6: Level of Satisfaction in the Information Given (Employers)

Level of satisfaction of the Employers on the Information Given by the Corporation on the ESI Scheme	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	10	17	8	20	18	18
Satisfied	36	60	24	60	60	60
Neither Satisfied nor dis-satisfied	10	17	6	15	16	16
Dis-satisfied	4	6	2	5	6	6
Strongly Dis-satisfied	-	-	-	-	-	-
Total	60	100	40	100	100	100

Source: Field Study

The **table 5.6** shows that among the employers, 60% in both factories and in the establishments were satisfied and 18% as a whole is strongly satisfied. The remaining

16% was neither satisfied nor dis-satisfied. Again, dis-satisfied came to 6% only on the measures taken by the Corporation for providing information on the ESI Scheme.

KNOWLEDGE ABOUT THE FORMALITIES FOR CLAIMING THE ESI BENEFITS

There are a number of formalities for claiming the benefits under the ESI Scheme. An insured person and his family members who are entitled to medical care are required to select the dispensary from where they would like to avail medical care as the dispensary is the first point of reference. Reference to ESI and other hospitals or recognized laboratories are made only if the required facilities are not available in the dispensary. Without the reference slips, hospitals and laboratories will not entertain the patient. Similarly, admission in an ESI hospital for indoor treatment is also based upon the reference slip of the dispensary.

A medical certificate issued by an Insurance Medical Officer/Practitioner in appropriate Form should support a claim for the sickness benefit. The Claim Form should be filled up and signed by the claimant. The Claim Form should be submitted to his/her branch office of the Corporation within three days of sickness. Where an insured woman wishes to claim maternity benefit, she would obtain a certificate of confinement or miscarriage from the Insurance Medical Officer and should be submitted to his/her branch office of the Corporation along with a Claim Form for maternity benefit. To claim the temporary disablement benefit, firstly a notice of injury should be given to the employer and he should enter the particulars of injury in the Accident Book kept in the factory. Then a medical certificate of incapacity should be obtained from the Insurance Medical Officer. The Claim Form printed on the back of the medical certificate should be filled in and submitted promptly to his/her branch office of the Corporation along with the medical certificate. If suffering from permanent effects of employment injury, the insured person should make an

application to the regional office of the Corporation for reference of his/her case to the Medical Board. Where the loss of earning capacity has been assessed and communicated to the insured person, he should submit a claim in the appropriate form to the branch office of the Corporation. To claim the dependents' benefit, the documents such as claim form, evidence of death being due to employment injury or occupational disease, proof of relationship to the deceased supporting eligibility of the claimant as a 'dependent' and the evidence of age of the claimant should be submitted to the branch office of the Corporation. [Mathews & Vasanthagopal] ¹³.

KNOWLEDGE ABOUT THE FORMALITIES FOR CLAIMING THE ESI BENEFITS (IPs)

To claim a particular benefits an insured persons have to go through various official formalities like filling up of some forms, giving notices or letters etc. to the concerned authorities. In the study an attempt was made to know about the awareness and about the knowledge of the insured persons. **Table 5.7** shows the opinion of the insured persons as to the knowledge about the formalities for claiming benefits under the ESI Scheme.

Table 5.7: *Knowledge about the Formalities for Claiming the ESI Benefits (Insured Persons)*

Enterprises where the IPs work						
Knowledge about the Formalities for Claiming the ESI Benefits as Perceived by the IPs	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Fully Aware	23	10	40	26	63	16
Partially Aware	138	60	104	68	242	64
Not Aware	68	30	09	06	77	20
Total	229	100	153	100	382	100

Source: Field Study

Table 5.7 reflects that out of the 382 insured persons selected for the study, 64% were Partially Aware, 20% were Not Aware and the remaining 16% only were fully aware

of the formalities for claiming the benefits. This indicates that the insured persons were somehow aware about the formalities for claiming the ESI benefits.

KNOWLEDGE ABOUT THE FORMALITIES FOR CLAIMING THE ESI BENEFITS (EMPLOYERS)

Having proper knowledge about the formalities for claiming the ESI benefits not only benefits the employers alone, it also helps the insured persons working as employee under those employers. The following **table 5.8** tries to measure the awareness and the knowledge of the employers in claiming the ESI benefits-

Table 5.8: *Knowledge about the Formalities for Claiming the ESI Benefits (Employers)*

Knowledge about the Formalities for Claiming the ESI Benefits as Perceived by the Employers	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Fully Aware	10	17	09	23	19	19
Partially Aware	50	83	24	60	74	74
Not Aware	-	-	07	17	07	07
Total	60	100	40	100	100	100

Source: Field Study

Table 5.8, reveals that, among the employers, 74% were partially aware of the formalities for claiming the benefits. Next, 19% were fully aware and only 07% were not aware. Further discussion with the insured persons and the employers who are somehow aware about of the formalities revealed that they were aware of the formalities for claiming medical and sickness benefits only.

QUALITY OF MEDICAL BENEFITS

All the insured persons and their dependents are entitled to free, full and comprehensive medical care under the ESI Scheme. Under the ESI Scheme, an insured person and his/her dependents become entitled to medical care from the date he/she enters in the insurable employment and the entitlement continues as long as the

insured person is in insurable employment. The coverage of services include primary, outpatient, inpatient etc. and specialist services and these are provided through a network of ESI dispensaries and hospitals. Super specialty services are provided through a large number of empanelled medical institutions on referral basis. Since the medical benefit is the kingpin of the ESI benefits, the effectiveness of the benefits under the ESI scheme can best be judged by the quality of medical benefits (medical care) as perceived by the beneficiaries[Mathews & Vasanthagopal]¹⁴.

The quality of the medical care provided by the Corporation under the ESI Scheme has been studied by analyzing the following factors-

- 1) Institutional Preference for Treatment
- 2) Level of Satisfaction of the Insured Persons in the Services/Facilities in ESI Dispensaries. Like-
 - a. Services of Doctors
 - b. Availment of Drugs & Dressing
 - c. Quality of Drug
 - d. Laboratory Test
 - e. Family Welfare
- 3) Insured Persons Taking Further Treatments in ESI Hospitals
- 4) Level of Satisfaction of the Insured Persons in the Services/Facilities in ESI Hospitals. Like-
 - a. Services of Doctors
 - b. Availment of Drugs & Dressing
 - c. Quality of Drug
 - d. Laboratory Test
 - e. Family Welfare
 - f. Specialists' Service

5) Insured Persons Who Wish to Continue in the Medical Benefit

Scheme (after retirement)

INSTITUTIONAL PREFERENCE FOR TREATMENT (IPs)

The insured persons that are registered under the ESI benefit scheme do have a choice in the institutions for his/her treatment and the treatment of the family as a whole. In the study, an enquiry was made among the insured persons about the institutional preference for treatment when they are sick. Their responses, given below in **Table 5.9-**

Table 5.9: Institutional Preference for treatment (Insured Persons)

Preferences	Enterprises where the IPs work					
	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
ESI Dispensary	156	68	69	45	225	59
Government Hospital	52	23	53	35	105	27
Private Hospital	21	9	31	20	52	14
Total	229	100	153	100	382	100

Source: Field Study

Table 5.9, shows that 68% of the insured persons in factories and 45% in establishments prefer ESI dispensaries for treatment (59% of the total). But 23% of the insured persons in factories and 35% in establishments prefer Government hospitals (27% of the total). A few numbers of insured persons (only 14% of the total) prefer Private hospitals also. Thus it can be concluded that the insured persons registered under the ESI Scheme took treatment from the dispensary itself.

REASONS FOR TAKING TREATMENT IN ESI DISPENSARIES (IPs) From

the study it was revealed that most of the insured persons prefer the ESI dispensaries for the treatment of their illness [Table 5.9]. A further enquiry was also made among the insured persons who prefer treatment in ESI dispensaries to find out the various factors that induced them for taking treatment in ESI dispensaries, given in **Table**

5.10 below-

Table 5.10: Reasons for taking Treatment in ESI Dispensaries (Insured Persons)

Reasons/Factors	Enterprises where the IPs work					
	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Good Treatment	33		07		37	20
Free Medical Care	70	46	38	48	108	46
Medical Certification	46	29	20	25	66	28
Convenience to go	07	4	7	9	14	6
Total	156	100	79	100	225	100

Source: Field Study

Table 5.10 shows that 20% prefer ESI dispensaries on assurance of good treatment. Free medical care induced 46% of them to prefer ESI dispensaries. 28% prefer ESI dispensaries mainly for medical certification for the purpose of claiming sickness benefits. A very small portion took treatments from the ESI Dispensary because it was nearby to their house or locality. So, it could be understood that most of the insured persons approaches the ESI dispensary because they were unable to afford the medical treatment privately or by any other means and free medical care, such as , free medicine, free doctor services etc. induced them to hold the same.

REASONS FOR NOT TAKING TREATMENT IN ESI DISPENSARIES (IPs) An enquiry was also made among the insured persons who do not prefer treatment in ESI dispensaries to find out the factors that prevented them from taking treatment in ESI dispensaries. **Table 5.11**, below indicate that 19% of them do not prefer ESI dispensaries due to lack of doctors. Lack of medicines and other facilities for treatment have prevented another 44%. It is important to note that 13% of them do not have confidence to take treatment from ESI dispensaries. Further, 15% opined that due to In-convenience to go to the dispensaries also prevent them for taking treatment. Moreover, Lack of Infrastructural facilities and others constitutes 6% and 3% respectively.

Table 5.11: Reasons for not taking Treatment in ESI Dispensaries (Insured Persons)

Reasons/Factors	Enterprises where the IPs work					
	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Lack of Doctors	11	14	19	24	30	19
Lack of medicines & medical facilities	39	50	28	35	67	44
Lack of confidence	11	14	10	13	21	13
In-convenience to go	9	12	14	18	23	15
Lack of Infrastructural facilities	4	5	6	7	10	06
Others*	4	5	02	3	06	03
Total	78	100	79	100	157	100

Source: Field Study

*Others – Traditional beliefs, rites, rituals etc.

LEVEL OF SATISFACTION IN THE SERVICES/FACILITIES IN ESI DISPENSARIES (IPs)

In the study, an enquiry was also made among the insured persons who prefer treatment from ESI dispensaries, for assessing their level of satisfaction in the services and facilities provided for medical care. Their responses and Chi-Square test results are given below-

SERVICES OF DOCTORS

In any medical institutions the services delivered by the doctors are regarded as the main indicator for the development and growth of the institutions. **Table 5.12**, reflects the level of satisfaction of the IPs regarding the Services of Doctors. The table, reveals that 63% of the insured persons in factories and establishments were dissatisfied in the services of doctors in ESI dispensaries and only 11% and 2% respectively were either Satisfied or Strongly Satisfied. Strongly dis-satisfied came to 4%. Further, the Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments with regard to the services of doctors.

Table 5.12: Level of Satisfaction regarding the Services of Doctors (Insured Persons)

Enterprises where the IPs work						
Level of satisfaction regarding the Services of Doctors	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	03	02	02	03	05	02
Satisfied	17	12	08	10	25	11
Neither Satisfied nor Dissatisfied	22	15	23	29	45	20
Dissatisfied	98	67	42	53	140	63
Strongly Dissatisfied	06	04	04	05	10	04
Total	146	100	79	100	225	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 6.925
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

AVAILMENT OF DRUGS AND DRESSING

The availment of drugs and dressing at an easiest and also at a reasonable rate gives priority for a medical institutional for treatment. In ESI Dispensaries there are provisions of availment of drugs and dressing, some of them are free of cost and some them are a reasonable rate. **Table 5.13**, reflects the level of satisfaction of the IPs regarding the availment Drugs and Dressing-

Table 5.13: Level of Satisfaction regarding the Drugs & Dressing (Insured Persons)

Enterprises where the IPs work						
Level of satisfaction regarding the Availment of Drugs & Dressing	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	08	05	06	08	14	06
Satisfied	11	08	20	25	31	14
Neither Satisfied nor Dissatisfied	13	09	17	42	46	20
Dissatisfied	108	74	33	22	125	56
Strongly Dissatisfied	6	04	03	03	09	04

Total	146	100	79	100	225	100
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Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 26.74
Tabulated Value: 9.4888
Result/Conclusion: Significant

Table 5.13, reveals that, as regards the availability of drugs and dressings in ESI dispensaries, most of the insured persons 56% were dis-satisfied. Next 20% registered no opinion regarding the availment of drugs and dressing, that is, they are neither satisfied nor dissatisfied. Satisfied came only to 14%, followed by 6% strongly satisfied. It was observed during the study that those who were not satisfied disclosed that they got reimbursement of medicines bought from outside shop after a long period. However, there is significant difference in the opinion among the insured persons in factories and establishments as to the availability of drugs and dressings, as shown by the Chi-Square test.

QUALITY OF DRUG

The insured persons opined that the drugs that are provided in the ESI dispensaries are not satisfactory. During the study the insured persons comment that, sometimes they are receiving the drugs that are beyond expiry date. **Table 5.14**, reflects the level of satisfaction of the IPs regarding the Standard of Drugs Quality-

Table 5.14: Level of Satisfaction of the Insured Persons regarding the Standard of Drug Quality

Enterprises where the IPs work						
Level of satisfaction regarding the Quality of Drugs	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	09	06	05	06	14	06
Satisfied	25	17	12	15	37	16
Neither Satisfied nor Dissatisfied	32	22	21	27	53	27
Dissatisfied	78	54	35	44	113	48
Strongly Dissatisfied	02	01	6	08	08	03

Total	146	100	79	100	225	100
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Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 1.490
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

From, **Table 5.14**, 48% of the insured persons were dissatisfied with the quality of drugs provided in ESI dispensaries and 3% were strongly dis-satisfied. 27% opined that they were neither satisfied nor dis-satisfied regarding the quality of the drugs available in the ESI dispensary. Only 16% of the IPs was satisfied with it and another 6% were strongly satisfied. Those who were not satisfied revealed that they had even got the medicines, after the expiry-date. The Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments as to the standard of drugs.

LABORATORY TEST

In any medical treatment now a day the laboratory is very much essential to have a more details and clear picture of the patient illness. But this laboratory tests are very much expensive. The persons under the coverage of such a social security scheme need this facility very often. It is not possible for them to carry out such a laboratory test somewhere outside. **Table 5.15**, reflects the level of satisfaction of the IPs regarding the *Laboratory Test*-

Table 5.15: Level of Satisfaction regarding the Laboratory Test (Insured Persons)

Enterprises where the IPs work						
Level of satisfaction regarding the laboratory test	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	03	02	03	4	06	03
Satisfied	20	14	11	14	31	14
Neither Satisfied nor Dissatisfied	38	26	20	25	58	25
Dissatisfied	82	56	42	53	124	55

Strongly Dissatisfied	03	02	3	4	06	03
Total	146	100	79	100	225	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is **1.263**

Tabulated Value: **9.4888**

Result/Conclusion: **Not Significant**

Table 5.15, shows that the facilities provided in ESI dispensaries for laboratory test, most of the insured persons (55%) were Dis-satisfied and 3% were strongly dis-satisfied. Satisfaction level and strongly satisfaction level regarding the laboratory test came only to 14% and 3% respectively. Neither Satisfied nor Dissatisfied regarding the level of satisfaction in laboratory test came to 25%. On enquiry on the reasons for dissatisfaction it is opined by the respondents that due to non- available of modern equipments and time taking process, the insured persons are tend to move to the private laboratories though it is expensive.

The Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments with regard to it.

FAMILY WELFARE

Some of the family welfare measures introduced in the ESI Scheme are promoting small family norms among the ESI beneficiaries, immunizations programmes, promotion of Indian System of Medicine etc. Efforts have been made in the study to know about the satisfaction level of the insured persons regarding the family welfare programmes organised by the ESIC. **Table 5.16**, reflects the level of satisfaction of the IPs regarding the **Family Welfare-**

Table 5.16: Level of Satisfaction of the Insured Persons regarding Family Welfare

Enterprises where the IPs work						
Level of satisfaction regarding the Services of Doctors	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	-	-	6	8	6	3
Satisfied etc.	20	17	14	18	34	15
Neither Satisfied nor Dissatisfied	33	23	24	30	57	24
Dissatisfied	93	60	28	35	121	54
Strongly Dissatisfied	-	-	7	9	7	04
Total	146	100	79	100	225	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 1.177
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.16, reveals that with regard to the family welfare services provided in ESI dispensaries, most of the insured persons (54%) were Dis-satisfied and another 4% were strongly dis-satisfied. The satisfaction and strongly satisfied came to be 15% and 3% respectively. Another 24% were neither satisfied nor dis-satisfied with the family welfare services of the ESI Dispensary.

Again, there is no significant difference in the opinion among the insured persons in factories and establishments as to the family welfare service, as shown by the Chi-Square test.

SUMMARY OF THE CHI-SQUARE TEST RESULTS

The chi-square test result regarding the level of satisfaction among the insured persons of factories and establishments in the services provided in the ESI Dispensaries are summarized below-

Table: 5.17: Level of Satisfaction in the Services/Facilities in ESI DISPENSARIES

Sl No.	Cash Benefits	Chi-Square Value	Tabulated Value	df	Level of Significance (at 5% Level)
1.	Services of Doctors	6.925	9.4888	4	Not Significant
2.	Availment of Drugs	26.74	9.4888	4	Significant
3.	Quality of Drug	1.490	9.4888	4	Not Significant
4.	Laboratory Test	1.263	9.4888	4	Not Significant
5.	Family Welfare	1.177	9.4888	4	Not Significant

From the above, it is obvious that a large number of insured persons were not satisfied in the various services and facilities except the availment of drugs or medicines in **ESI dispensaries** for medical care. Moreover, there is no significant difference in the level of satisfaction among the insured persons in factories and establishments with regard to the services and facilities. Only, significant difference is found in case of the availment of drugs. Thus, the **Ho2.2** may be considered as it stands accepted.

INSURED PERSONS TAKING FURTHER TREATMENTS IN ESI HOSPITALS

The insured persons who are under treatment in ESI dispensaries may be referred to ESI hospitals for further treatment especially for in-patient treatment, which is not provided in ESI dispensaries. An enquiry was made in the study given in **Table 5.18** among the insured persons who take treatment in ESI dispensaries to find out whether they were referred or not to ESI hospitals for further treatment.

IPs WHO WERE REFERRED / NOT REFERRED TO ESI HOSPITALS

Some of the insured persons who require more medical attention or medical care, they were referred to the concern ESIC Hospital. In entire North East Region, there is only a single ESIC Hospital, situated in Guwahati. The following **Table 5.18** shows the number of IPs that were referred and nor referred to the ESI Hospitals-

Table 5.18: Number of IPs that were referred and nor referred to the ESI Hospitals

Enterprises where the IPs work						
IPs Referred/not referred to ESI Hospitals	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Referred	81	55	62	78	143	61
Not Referred	65	45	17	22	82	39
Total	146	100	79	100	225	100

Source: Field Study

Most of the insured persons were referred to the ESIC Hospital for better medical care. The above **Table 5.18** reveals that 61% of the insured persons who had taken treatment from ESI dispensaries were referred to ESI hospitals for further treatment, 39% were not referred.

IPs WHO HAVE TAKEN/NOT TAKEN TREATMENT FROM ESIC HOSPITALS

Again, the insured persons who were referred to ESI hospitals for further treatment were asked whether they had taken treatment from ESI hospitals. Their response is given in **Table 5.19**

Table 5.19: Insured Persons who have Taken/Not Taken Treatment from ESI Hospitals

Enterprises where the IPs work						
IPs taken/not taken treatment from ESI Hospitals	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Treatment Taken	52	64	40	65	92	64
Treatment Not Taken	29	36	22	35	51	36
Total	81	100	62	100	143	100

Source: Field Study

From the above **Table 5.19**, it is seen that out of 143 IPs referred to the ESI Hospitals, 64% has taken further treatment in ESI Hospitals, i.e. out of 143 IPs; 92 IPs have taken further treatment in ESI Hospitals. The rest 36% did not approach to the ESIC hospital for various reasons.

REASONS FOR NOT TAKING TREATMENT IN ESI HOSPITALS BY THE IPs

An enquiry was also made among the insured persons to find out the reasons for not taking treatment from ESI hospitals. Their views regarding not taking treating from the concerned hospital reveals in the following **Table 5.20** -

Table 5.20: Reasons Preventing the IPs from Taking Treatment in ESI Hospitals

Reasons/Factors	Enterprises					
	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Lack of Doctors	2	7	4	17	6	12
Lack of medicines & medical facilities	12	43	14	61	26	51
Lack of confidence	5	18	-	-	5	10
In-convenience to go	7	25	5	22	12	23
Others*	2	7	-	-	2	44
Total	28	100	23	100	51	100

Source: Field Study

*Others – Traditional beliefs, rites, rituals etc.

The enquiry revealed that from, **Table 5.20**, that, lack of medicines & medical facilities was the reasons for not taking further treatment from ESI hospitals (51%). 44% were reluctant to take further treatment due to other factors. Inconvenience to go to ESI hospitals was yet another reason for 23% of the insured persons.

LEVEL OF SATISFACTION OF THE IPs IN THE SERVICES/ FACILITIES IN ESI HOSPITALS

In the study, an enquiry was also made among the insured persons who prefer treatment from ESI hospitals, for assessing their level of satisfaction in the services

and facilities provided for medical care. Their responses and Chi-Square test results are given in the following Tables-

5.13.1. SERVICES OF DOCTORS

The doctors are an integral part of providing services in regards to the health care system. The reputation of a hospital is well known by the doctors it keeps. The ESIC in entire north eastern region has only a single hospital situated at Beltola, Guwahati. In this regard, again it becomes more essential to have an efficient service of the doctors to the insured persons for the medical care they avail. The level of satisfaction of the insured persons regarding the services of the doctors is given below in the **table 5.21-**

Table 5.21: Level of Satisfaction of IPs regarding the Services of Doctors

Enterprises where the IPs work						
Level of satisfaction regarding the Services of Doctors	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	2	4	1	2	3	3
Satisfied	7	13	8	20	15	16
Neither Satisfied nor Dissatisfied	10	19	11	28	21	23
Dissatisfied	33	64	20	50	53	58
Strongly Dissatisfied	-	-	-	-	-	-
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 2.107
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.21 shows that, 58% of the insured persons both in factories and establishments were Dis-satisfied in the services of doctors in ESI hospitals and another 23% opined that they were Neither Satisfied nor Dissatisfied regarding the services of doctors in ESI hospitals. Only 16% were satisfied with the services of the doctors in the ESI Hospitals and 3% were strongly satisfied with the services of the doctors. Further, the Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments with regard to the services of doctors.

AVAILMENT OF DRUGS AND DRESSING

Most of the insured persons approach the ESIC hospital because there is a provision of the availment of free drugs and dressing. Sometimes, the insured persons have to avail some of the drugs with due payment from the hospital itself but that too is at a very low rate than the market rate. But, most often there was non-availment of the drugs in the ESIC hospital as opined by the insured persons. The following **Table 5.22** shows the level of satisfaction of IPs regarding the Drugs & Dressing in ESI Hospitals-

Table 5.22: Level of Satisfaction of IPs regarding the Drugs & Dressing

Enterprises where the IPs work						
Level of satisfaction regarding the Availment of Drugs and Dressing	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	2	4	-	-	2	2
Satisfied	4	8	3	8	7	8
Neither Satisfied nor Dissatisfied	10	19	6	15	16	17
Dissatisfied	33	63	29	72	62	67
Strongly Dissatisfied	3	6	2	5	5	6
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 2.071
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.22 shows that, as regards the availability of drugs and dressings in ESI hospitals, most of the insured persons (67%) were Dis-satisfied., followed by 6% strongly dissatisfied, 17% were neither satisfied nor dissatisfied. The satisfaction level came only to 8% regarding the availability of drugs and dressing in ESI Hospitals and mere 2% were strongly satisfied. Those who were not satisfied disclosed that they had to buy medicines from outside shop during the process of treatment. Again, there is no significant difference in the opinion among the insured persons in factories and establishments as to the availability of drugs and dressings, as shown by the Chi-Square test.

QUALITY OF DRUGS

The cure of an illness depends upon the strong and the qualitative drugs that are provided to the insured persons on the ESIC hospitals. The following **Table 5.23** shows the level of satisfaction of IPs regarding the Standard of Drug Quality that is provided in the ESI Hospital-

Table5.23: Level of Satisfaction of IPs regarding the Standard of Drug Quality

Enterprises where the IPs work						
Level of satisfaction regarding the Standard of Drug Quality	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	2	4	-	-	2	2
Satisfied	7	13	13	32	20	22
Neither Satisfied nor Dissatisfied	16	31	7	18	23	25
Dissatisfied	24	46	20	50	44	48
Strongly Dissatisfied	3	6	-	-	3	3
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 9.278
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

From **Table 5.23**, it is observed that, 48% of the insured persons were dis-satisfied with the quality of drugs provided in ESI hospitals and satisfaction level came to 22%. Strongly dissatisfied was 3% and strongly satisfied was 2% respectively. Again, 25% was also neither satisfied nor dis-satisfied with the quality of the drugs in the ESI Hospital. Those who were not satisfied revealed that they had even got the medicines, after long formalities. The Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments as to the standard of drugs.

LABORATORY TEST

The ESIC hospitals are having the in-house testing facilities provided in their own campus with a very reasonable rate. But, the insured persons, most often have to go outside for the laboratory tests due to various reasons as opined by them. The following **Table 5.24** shows the level of satisfaction of IPs regarding the Laboratory Test in ESI Hospitals-

Table 5.24: Level of Satisfaction of IPs regarding the Laboratory Test

Enterprises where the IPs work						
Level of satisfaction regarding the Laboratory Test	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	6	12	-	-	6	7
Satisfied	7	13	-	-	7	8
Neither Satisfied nor Dissatisfied	27	52	6	15	33	35
Dissatisfied	12	23	30	75	42	46
Strongly Dissatisfied	-	-	4	10	4	4
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 37.145
Tabulated Value: 9.4888
Result/Conclusion: Significant

Table 5.24 reveals that, in the facilities provided in ESI hospitals for laboratory test, most of the insured persons (46%) were dis-satisfied. However, a sizeable number of the insured persons (i.e. 35%) also reveal that they were neither satisfied nor dissatisfied regarding the laboratory tests in the ESI hospital. Further, they revealed that they had to go to the private laboratories for most of the tests, which is less time consuming and expensive. The Chi-Square test shows that there is significant difference in the opinion among the insured persons in factories and establishments with regard to it.

FAMILY WELFARE

Attempts have been made in the study to know about the satisfaction level of the insured persons regarding the family welfare programmes, such as, promotion of small family norms among the ESI beneficiaries, immunizations programmes for their children, promotion of Indian System of Medicine, timely awareness about the various diseases, like, dengue, malaria, organizing workshops on AIDS control etc. organised by the ESIC. The following **Table 5.25**, reflects the level of satisfaction of the IPs regarding the family welfare measures adopted by the ESIC hospitals-

Table 5.25: Level of Satisfaction of IPs regarding Family Welfare

Enterprises where the IPs work						
Level of satisfaction regarding the Family Welfare	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	5	10	-	-	5	5
Satisfied	9	17	12	30	21	23
Neither Satisfied nor Dissatisfied	16	30	6	15	22	24
Dissatisfied	18	35	20	50	38	41

Strongly Dissatisfied	4	8	2	5	6	7
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 9.304
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

With regard to the family welfare services provided in ESI hospitals, most of the insured persons (41%) were dis-satisfied as shown in **Table 5.25**. However a good number of the insured persons were also found to be satisfied with the family welfare programme of the ESI hospitals, i.e. 23%. Another 24% reveal that they were neither satisfied nor dissatisfied. Again, there is no significant difference in the opinion among the insured persons in factories and establishments as to the family welfare service, as shown by the Chi-Square test.

SPECIALISTS' SERVICE

The ESIC hospitals are having tie-ups with some referred hospitals for providing specialists' care to the insured persons for some of the illness that are not possible to provide in the ESIC hospital. Sometimes, the medical bill has been reimbursed to the insured persons who have taken specialists' services from other hospitals. The following **Table 5.26** shows the level of satisfaction of IPs regarding Specialists' Service in ESI Hospitals-

Table 5.26: Level of Satisfaction of IPs regarding Specialists' Service

Enterprises where the IPs work						
Level of satisfaction regarding the Specialists' Service	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	10	19	2	5	12	13
Satisfied	11	21	8	20	19	21

Neither Satisfied nor Dissatisfied	14	27	11	27	25	26
Dissatisfied	15	29	15	38	30	33
Strongly Dissatisfied	2	4	4	10	6	7
Total	52	100	40	100	92	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 5.360
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.26 reveals that, regarding specialists' service in ESI hospitals, 21% of the insured persons were satisfied and strongly satisfied came to 13%. Again, a large majority (33%) was dis-satisfied and strongly dissatisfied was 7%. However, a sizeable number of insured persons (26%) opined that they were neither satisfied nor dissatisfied. Those who were not satisfied revealed that only a few specialist departments and doctors were there in the hospital. Moreover, in some serious and critical case the patients were referred to some other hospital (other than ESIC Hospital) with whom they had a tie-up. The Chi-Square test shows that there is no significant difference in the opinion among the insured persons in factories and establishments with regard to the specialists' service.

SUMMARY OF THE CHI-SQUARE TEST RESULTS

The chi-square test result regarding the level of satisfaction among the insured persons of factories and establishments in the services provided in the ESI Hospital are summarized below-

Table: 5.27: Level of Satisfaction in the Services/Facilities in ESI HOSPITALS

Sl No.	Cash Benefits	Chi-Square Value	Tabulated Value	df	Level of Significance (at 5% Level)
1.	Services of Doctors	2.107	9.4888	4	Not Significant
2.	Availment of Drugs	2.071	9.4888	4	Not Significant
3.	Quality of Drug	9.278	9.4888	4	Not Significant
4.	Laboratory Test	37.145	9.4888	4	Significant
5.	Family Welfare	9.304	9.4888	4	Not Significant
6.	Specialists' Service	9.002	9.4888	4	Not Significant

From the above, it is obvious that a large number of insured persons were not satisfied in the various services and facilities provided in **ESI Hospitals** for medical care. Moreover, there is no significant difference in the level of satisfaction among the insured persons in factories and establishments with regard to the services and facilities except in case of laboratory test. Thus, the **Ho2.3** may be considered as stands accepted.

INSURED PERSONS WHO WISH TO CONTINUE IN THE MEDICAL BENEFIT SCHEME (AFTER RETIREMENT)

An enquiry was made in the study among the insured persons as to whether they wish to continue after retirement in the Medical Benefit Scheme of the Corporation. Their response is given in **Table 5.28** below-

Table 5.28: Insured Persons who wish to Continue in the Medical Benefit Scheme (After Retirement)

Enterprises where the IPs work						
Perception of the Ips as to continue with the Scheme after retirement)	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Wish to Continue	59	26	38	25	97	25
Not wish to Continue	170	74	115	75	285	75
Total	229	100	153	100	382	100

Source: Field Study

The above **Table 5.28** reveals that only 25% of the insured persons were interested to continue after retirement in the Medical Benefit Scheme of the Corporation and most of them (75%) were not interested.

REASONS FOR NOT CONTINUING IN THE MEDICAL BENEFIT SCHEME (AFTER RETIREMENT)

A further enquiry among the insured persons who don't wish to continue in the Medical Benefit Scheme of the Corporation is described in **Table 5.29** below-

Table 5.29: Reasons for not continuing in the scheme after retirement

Enterprises where the IPs work						
Reasons for not continuing in the scheme after retirement)	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Poor Medical Care	122	72	76	66	198	70
Poor attention after retirement	42	25	27	23	69	24
Others*	6	3	12	11	18	6
Total	170	100	115	100	285	100

Source: Field Study

***Others:** High amount of contribution, Lack of specialist services, too much of official formalities, etc.

The **Table 5.29** disclosed that ‘poor medical care’ prevented most of them (70%) for continuing in the Scheme. Poor attention after retirement was another reason for another 24% for not continuing in the Scheme and in other reasons the ‘high amount of contribution’ was the main reason for most of them and it stood at 6%.

CASH BENEFITS

Under the ESI Scheme, except medical benefit all other benefit (sickness benefit, maternity benefit, disablement benefit, dependents’ benefit and other benefits) are given to the insured person or to his/her dependents in cash. The amount of these benefits depends upon the wages of the insured persons.

INSURED PERSONS AVAILING OF CASH BENEFITS

An enquiry was made in the study among the insured persons to know whether any cash benefits have availed as provided by the Corporation under the ESI Scheme. Their responses are given in the following **Table 5.30-**

Table 5.30: Insured Persons who have Availed/Not availed of Cash Benefits

Enterprises												
Cash Benefits	Factory				Establishment				Total			
	Availed		Not Availed		Availed		Not Availed		Availed		Not Availed	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sickness Benefit	175	80	62	38	44	20	101	62	219	57	163	43
Maternity Benefit	32	74	30	39	11	26	46	61	43	36	76	64
Disablement Benefit	76	75	117	42	26	25	163	58	102	27	280	73
Other Benefits	34	56	50	16	27	44	271	84	61	16	321	84

Source: Field Study

Of the various cash benefits, **sickness benefit** was the main benefit that the majority of the insured persons (57%) were often availed. While 80% of the insured persons in factories were availed the benefit, only 20% were availed in the establishments. Those who have not availed of the sickness benefit so far came to 38% in factories and 62% in establishments.

Next to the sickness benefit, **maternity benefit** was another important cash benefit often availed by the insured persons. But the percentage of insured persons (women) availed of this benefits is comparatively less (36%). Most of the insured women (64%) have not availed of the maternity benefit so far.

Again, 42% of the insured persons in factories and 58% in establishments have not availed of the **disablement benefit** so far. This came to 73% of the total sample. The sample that has availed of this benefit came to only 27%.

Similarly, the percentage of the insured persons who have availed of the **other benefits** like the Funeral Expenses on death of insured person, Rehabilitation allowance, Vocational Rehabilitation, Medical Bonus, Un-employment Allowance and free supply of aids and appliances etc. which are provided both in cash and kinds came to be very low (16%). 84% of them have not availed of the availed of the other benefits so far.

REASONS FOR NOT AVAILING OF CASH BENEFITS BY THE IPs

It was seen that [table 5.30] a large majority of insured persons have not availed of the cash benefits (except sickness benefits), therefore, a further enquiry was made to know about the reasons for not availing of the cash benefits. The reasons for not availing of the cash benefits are given in the following tables-

SICKNESS BENEFIT

The following **Table 5.31** shows the causes of not availing the Sickness Benefit-

Table 5.31: Reasons for Not Availing of Cash Benefits regarding Sickness Benefit

Enterprises where the IPs work						
Reasons for Not Availing of Cash Benefits regarding sickness benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Not applied	35	56	63	62	98	60
Not eligible	6	10	11	11	17	10
Not required	16	26	23	23	39	24
Not sanctioned	5	8	4	4	9	6
Others*	-	-	-	-	-	-
Total	62	100	101	100	163	100

Source: Field Study

Table 5.31 shows 60% of the insured persons, have not availed of sickness benefit, because of that loss of wages (those who are availing of sickness benefit get only 50% of their daily wages) prevented them for applying for the benefit. 24% of them could not avail of the benefit due to their non-requirement and 10% who had not availed of the cash benefit said that they were not eligible.

MATERNITY BENEFIT

The following **Table 5.32** shows the causes of not availing the Maternity Benefit-

Table 5.32: Reasons for Not Availing of Cash Benefits regarding Maternity Benefit

Enterprises where the IPs work						
Reasons for Not Availing of Cash Benefits regarding sickness benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Not applied	5	17	2	4	7	9
Not eligible	2	7	12	26	14	18
Not required	23	76	29	64	52	68
Not sanctioned	-	-	2	4	2	3
Others*	-	-	1	2	1	2
Total	30	100	46	100	76	100

Source: Field Study

***Others:** Lack of proper documentation, delay from her own part, etc.

Table 5.32 reveals that, Non-requirement was the main reason for 68% of the insured women for not availing of maternity benefit. 18% of them were not eligible for the benefit and 9% of them had not applied willingly. Moreover, 3% of them were not given sanction by the Corporation even though they have applied for it.

DISABLEMENT BENEFIT

The following **Table 5.33** shows the causes of not availing the Disablement Benefit. 13% of the insured persons disclosed that they have not applied for the disablement benefit due to the complex formalities. 75% of them said that they had not required the benefit in any time and 9% revealed that they had not been given sanction by the Corporation even though they have applied for it. Due to the cumbersome process which require frequent visit to ESIC Dispensaries/Hospitals at the cost of leave/ pay cut in their workplace.

Table 5.33: Reasons for Not Availing of Cash Benefits regarding Disablement Benefit

Enterprises where the IPs work						
Reasons for Not Availing of Cash Benefits regarding sickness benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Not applied	14	12	23	14	37	13
Not eligible	-	-	8	5	8	3
Not required	89	76	122	75	211	75
Not sanctioned	14	12	10	6	24	9
Others*	-	-	-	-	-	-
Total	117	100	163	100	280	100

Source: Field Study

***Others:** Lack of proper documentation, delay from his/her own part, etc.

OTHER BENEFITS

The following **Table 5.34** shows the causes of not availing the Other Benefits-

Table 5.34: Reasons for Not Availing of Cash Benefits regarding Other Benefits

Enterprises where the IPs work						
Reasons for Not Availing of Cash Benefits regarding sickness benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Not applied	10	20	25	9	35	11

Not eligible	-	-	-	-	-	-
Not required	40	80	246	91	286	89
Not sanctioned	-	-	-	-	-	-
Others*	-	-	-	-	-	-
Total	50	100	271	100	321	100

Source: Field Study

***Others:** Lack of proper documentation, delay from his own part, etc.

Thus from the above tables, **5.31, 5.32, 5.33** and **5.34** respectively, it was found that the prime reasons for not availing of the cash benefits was their non- requirement. The non requirement of the cash benefits may be again associated with some other reasons, such as, fear of wage cut, lack of confidence, lack of patience etc. Next to that, when it was enquired, it was revealed that, most of the insured persons have not applied to gain the cash benefits from the corporation.

LEVEL OF SATISFACTION AMONG THE IPs IN THE AMOUNT OF CASH BENEFITS

In the study, the insured persons who have availed of the cash benefit were asked about their level of satisfaction in the amount of cash benefits. Their responses regarding their level of satisfaction in case of sickness benefits, maternity benefits, disablement benefits and other benefits are given in following tables-

SICKNESS BENEFIT

Table 5.35: Level of Satisfaction in the Amount of Cash Benefits regarding Sickness Benefit

Enterprises where the IPs work						
Level of Satisfaction about Cash Benefit regarding Sickness Benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	1	1	-	-	1	1
Satisfied	11	6	-	-	11	5
Neither Satisfied nor Dissatisfied	18	10	5	11	23	10
Dissatisfied	67	38	12	27	79	36
Strongly Dissatisfied	78	45	27	62	105	48

Total	175	100	44	100	219	100
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Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 6.921
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.35 shows that number of IPs strongly satisfied or even satisfied is very negligible with the amount of sickness benefits provided by the Corporation under the ESI Scheme. Those who were strongly dis- satisfied came to 48% and dis- satisfied, 36%.

MATERNITY BENEFIT

Table 5.36: Level of Satisfaction in the Amount of Cash Benefits regarding Maternity Benefit

Enterprises where the IPs work						
Level of Satisfaction about Cash Benefit regarding Maternity Benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	-	-	-	-	-	-
Satisfied	21	66	8	73	29	67
Neither Satisfied nor Dissatisfied	-	-	-	-	-	-
Dissatisfied	11	34	3	27	14	33
Strongly Dissatisfied	-	-	-	-	-	-
Total	32	100	11	100	43	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 12.570
Tabulated Value: 9.4888
Result/Conclusion: Significant

Table 5.36 reveals that most of the insured persons, i.e. 67% of the insured women were satisfied with the amount of maternity benefit and only 33% were dis- satisfied.

DISABLEMENT BENEFIT

Table 5.37: Level of Satisfaction in the Amount of Cash Benefits regarding Disablement Benefit

Enterprises where the IPs work

Level of Satisfaction about Cash Benefit regarding Disablement Benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	-	-	-	-	-	-
Satisfied	-	-	2	8	2	2
Neither Satisfied nor Dissatisfied	10	13	4	15	14	14
Dissatisfied	16	21	6	23	22	22
Strongly Dissatisfied	50	66	14	54	64	62
Total	76	100	26	100	102	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 0.161
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

From **Table 5.37**, it is seen that, most of them were Dis- satisfied with the amount of disablement benefit. The dis-satisfied sample was 62%.

OTHER BENEFITS

Table 5.38: Level of Satisfaction in the Amount of Cash Benefits regarding Other Benefits

Enterprises where the IPs work						
Level of Satisfaction about Cash Benefit regarding Other Benefits	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Strongly Satisfied	-	-	-	-	-	-
Satisfied	-	-	-	-	-	-
Neither Satisfied nor Dissatisfied	10	29	5	19	15	25
Dissatisfied	24	71	22	81	46	75
Strongly Dissatisfied	-	-	-	-	-	-
Total	34	100	27	100	61	100

Source: Field Study

Calculated Value of χ^2 (Chi-square) at 4 df is 0.963
Tabulated Value: 9.4888
Result/Conclusion: Not Significant

Table 5.38, reflects that the insured persons who have availed of the other benefits were unanimous in their opinion and they were mostly Dis- satisfied with 75%.

SUMMARY OF CHI-SQUARE TEST RESULTS

The chi-square test result regarding the level of satisfaction among the insured persons of factories and establishments in the availment of amount of Cash Benefits are summarized below-

Table 5.39: Chi-Square test results of the IPs of Level of Satisfaction in the Amount of Cash Benefits

Sl No.	Cash Benefits	Chi-Square Value	Tabulated Value	df	Level of Significance (at 5% Level)
1.	Sickness Benefit	6.921	9.4888	4	Not Significant
2.	Maternity Benefit	12.570	9.4888	4	Significant
3.	Disablement Benefit	0.161	9.4888	4	Not Significant
4.	Other Benefits	0.963	9.4888	4	Not Significant

Thus, from the chi-square test results it was found that there is no significant difference in the level of satisfaction among the insured persons in factories and establishments with regard to the settlement of cash benefits in case of sickness benefits, disablement benefits and other benefits, but there was a significant difference in the level of satisfaction among the insured persons in factories and establishments with regard to the settlement of cash benefits in case of maternity benefits as shown in the above **table 5.39**. Thus, the **Ho3** may stand accepted.

DELAYS IN DISBURSING CASH BENEFITS

As ‘justice delayed’ is ‘justice denied’, similarly for the insured persons, the cash benefits delayed is cash benefits denied, at least for those insured persons who are low paid. So the Corporation has a duty to make the payment of cash benefits without delay. An enquiry was made among the sample that have availed of cash benefits, for finding out whether they got the payment of benefits on time. The responses of the insured persons in this regards are given in tables below-

SICKNESS BENEFIT

Table 5.40: Delay in Disbursing Cash Benefits regarding Sickness Benefit

Enterprises where the IPs work						
Perceptions as to the Delay in Disbursing Cash Benefits regarding Sickness benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Very high delay	-	-	-	-	-	-
High delay	-	-	-	-	-	-
Moderate delay	40	23	28	64	68	31
No delay	135	77	16	36	151	69
Total	175	100	44	100	219	100

Source: Field Study

Table 5.40 shows that 77% of the insured persons in factories and 36% in establishments reported that there was no delay in the disbursement of sickness benefit and the remaining said that the delay for getting the amount was moderate only.

MATERNITY BENEFIT

Table 5.41: Delay in Disbursing Cash Benefits regarding Maternity Benefit

Enterprises where the IPs work						
Perceptions as to the Delay in Disbursing Cash Benefits regarding Maternity benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent

Very high delay	-	-	-	-	-	-
High delay	8	25	9	82	17	40
Moderate delay	21	66	2	18	23	53
No delay	3	9	-	-	3	7
Total	32	100	11	100	43	100

Source: Field Study

Table 5.41 regarding the maternity benefit, 66% of the respondents in factories said that there was moderate delay and 82% in establishments reported that there was high delay in its disbursements.

DISABLEMENT BENEFIT

Table 5.42: Delay in Disbursing Cash Benefits regarding Dependent Benefit

Enterprises where the IPs work						
Perceptions as to the Delay in Disbursing Cash Benefits regarding Dependent benefit	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Very high delay	-	-	-	-	-	-
High delay	52	68	21	81	73	72
Moderate delay	24	32	5	19	29	28
No delay	-	-	-	-	-	-
Total	76	100	26	100	102	100

Source: Field Study

From **Table 5.42**, it is seen that, large majority of the insured persons (72%) opined that there was high delay in disbursing the amount of disablement benefit. However, 28% told that the delay was moderate.

OTHER BENEFITS

Table 5.43: Delay in Disbursing Cash Benefits regarding Other Benefits

Enterprises where the IPs work						
Perceptions as to the Delay in Disbursing Cash Benefits regarding Other benefits	Factory		Establishment		Total	
	No.	Percent	No.	Percent	No.	Percent
Very high delay	-	-	-	-	-	-

High delay	-	-	-	-	-	-
Moderate delay	27	79	24	89	51	84
No delay	7	21	3	11	10	16
Total	34	100	27	100	61	100

Source: Field Study

Table 5.43 reveals that, most percentage of the sample insured persons both in factories and establishments opined that there was only moderate delay in disbursing other benefits to 84%.

CONCLUSION

It is important to note that the percentage of insured persons who have got awareness of the ESI benefits from the brochures/ circulars given by the Corporation, which administers the Scheme, is very low. Most of them revealed that they did not get the brochures containing the details of the benefits from the Corporation either at the time of registration or later. Those who have got brochures complained that they were getting the brochures in English, but they prefer to get it in Assamese. Further, they disclosed that their employers did not exhibit the circulars/ notices given by the Corporation, containing the changes in the ESI benefits from time to time, for their information

The Corporation provides the benefits to the insured persons who are eligible for the benefits and have applied for the benefits complying with the formalities. Their lack of knowledge about the formalities causes delay in availing of the benefits or even cannot avail of the benefits at all. The employer should also have knowledge, without which they cannot help the insured persons to avail the benefits.