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**EMPLOYEES PROBLEMS IN UTILIZING ESI BENEFITS-
AS SPECIAL REFERENCE TO TIRUCHIRAPPALLI
DISTRICT OF TAMILNADU**

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Abstract

Employees of State Insurance Scheme of India is a multidimensional social security system tailored to provide socio economic protection to working population and their dependants covered under the scheme. Besides, full medical care for self and dependants, that is admissible from day one of insurable employment. The insured persons are also entitled to a variety of cash benefits in times of physical distress due to sickness, temporary or permanent disablement etc., resulting in loss of earning capacity, the confinement in respect of insured women, dependants of insured persons who die in industrial accidents or because of employment injury or occupational hazard are entitled to a monthly pension called the dependents' benefit. This study also analyzes employee's problems in utilizing ESI Benefit in Tiruchirappalli District of Tamil Nadu.

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INTRODUCTION

Social Security has now become a fact of life for millions of people throughout the world. It is a major aspect of public policy and the extent of its prevalence is a measure of the progress made by the country towards the ideal of a welfare state. The International Labour Organization (1942) defines social security as “the security that the society furnishes, through appropriate organizations, against certain risks to which its members are exposed. These risks are essentially contingencies against which the individual of small means and meager resources cannot be effectively provided by his own ability. These risks are sickness, maternity, invalidity, old age and death. It is the characteristics of these contingencies that they imperil the ability of the working man to support himself and his dependants for health and decency.”

India’s population, mainly consisting of middle and low-income groups, necessitates the provision of social security, although their capacities to pay insurance premiums are very low. In India, only 3% of population is covered under some form of health insurance, either social or private.

In India, a good majority of the workforce is devoid of any formal social security protection. There is a dearth of formal social security protection i.e. either a contribution based on social insurance scheme or tax/cess based on social security benefits. This is a major challenge to the existing social security systems that have evolved in the last century. Security and institutional support are required by all persons in order to face difficulties and to mitigate hardships in the event of losses due to sickness, injury, loss of income and inability to work.

EMPLOYEES STATE INSURANCE IN INDIA

Employees State Insurance Scheme of India is a multidimensional social security system tailored to provide socio economic protection to working population and their dependants covered under the scheme. Besides, full medical care for self and dependants, that is admissible from day one of insurable employment. The insured persons are also entitled to a variety of cash benefits in times of physical distress due to sickness, temporary or permanent disablement etc., resulting in loss of earning capacity, the confinement in respect of insured women, dependants of insured persons who die in industrial accidents or because of employment injury or occupational hazard are entitled to a monthly pension called the dependants’ benefit.

The Employees’ State Insurance (ESI) Scheme is more relevant because this was the first social insurance measure introduced in India and is executed and administered through Employees State Insurance Corporation (ESIC). ESI Scheme of India is a major multi-dimensional social insurance programme that has over the last six decades emerged with its phenomenal growth in terms of geographical reach, demographic coverage, multi-faceted services and an infrastructure that has no parallel. Despite the entire Endeavors made by the Corporation for the effective functioning of the ESI Scheme in the country, public discernment of the Corporation has not been very positive. The insured persons often allege that the Corporation has not given any regard for the quality of services and benefits provided to the beneficiaries and their dependants.

ESI BENEFITS AND SCHEMES IN INDIA

1. Medical Benefit:

Medical benefit consists of "full medical care" including hospitalization, free of cost, to the insured persons in case of sickness, employment injury and maternity.

2. Sickness benefit:

Sickness Benefit represents periodical cash payments made to an IP during the period of certified sickness occurring in a benefit period when IP requires medical treatment and attendance with abstention from work on medical grounds. Prescribed certificates are Forms 8,9,10,11 & ESIC-Med.13. Sickness benefit is roughly 50% of the average daily wages and is payable for 91 days during 2 consecutive benefit periods.

i) Temporary Sickness Benefit:

Sickness Benefit represents periodical cash payments made to an IP during the period of certified sickness occurring in a benefit period when IP requires medical treatment and attendance with abstention from work on medical grounds.

ii) Extended sickness Benefit:

In addition to 91 days of sickness benefit, insured persons suffering from certain long-term diseases are entitled to extended sickness benefit for 34 diseases. The list of diseases are enclosed in the annexure.

iii) Enhanced Sickness Benefit:

The ESI Corporation has also extended additional cash incentive to the insured persons to promote acceptance of sterilization method by providing sickness cash benefit equal to full wage for a period of 7 days for vasectomy and 14 days for tubectomy. The period for which cash benefit is admissible is extended beyond the above limits in the event of any complications after Family Planning operations.

3. Maternity benefit:

The benefit is payable in cash to an insured woman for confinement / miscarriage or sickness arising out of pregnancy / confinement or premature birth of child or miscarriage. For confinement, the duration of benefit is 12 weeks, for miscarriage 6 weeks and for sickness arising out of confinement etc. 30 days. The benefit is allowed for about full wages.

4. Disablement benefit:

The Act provides for cash payment, besides free medical treatment, in the event of temporary or permanent disablement as a result of employment injury as well as occupational diseases. The rate of temporary disablement benefit is about 72% of the wages as long as the temporary disablement lasts. In case of total permanent disablement, the insured person will be given life pension at full rate i.e., about 72% of his wages, while in cases of partial permanent disablement a portion of it will be granted as life pension. For cases where daily pension is up to Rs.1.50, it is commutable.

5. Dependents benefit

In case of death, as a result of employment injury, the dependants of an insured person are eligible for periodical payments. Pension at the rate of 40% more than the Standard Benefit Rate will be paid periodically to widow (s) and children in accordance with the prescribed share. An eligible son or daughter is entitled to dependants benefit up to the age of 18 without any proof of education; the benefit is withdrawn if the daughter marries earlier.

6. Funeral Expenses:

Funeral benefit is a cash payment payable on the death of an insured person towards the expenses on his funeral, the amount not exceeding Rs.2,500/-.

7. OTHERS:

i) Rehabilitation allowance:

Disabled IPs who remain admitted in an Artificial Limb Centre for fixation or repair or replacement of the artificial limb are entitled to a rehabilitation allowance for each day on which they remain admitted at Artificial Limb Centre at double the Standard Benefit rate. This is not subject to any contributory condition.

ii) Vocational Rehabilitation:

This scheme has been designed to provide financial assistance to IPs who are referred to Vocational Rehabilitation Centre for training. Under the scheme, IPs aged not more than 45 years who are permanently disabled as a result of an employment injury (EI) with loss of earning capacity of not less than 40% and are not in gainful employment subsequent to EI are entitled to receive cash

allowance equal to the expenditure charged by the Vocational Rehabilitation Centre or Rs.45/- per day whichever is more during his stay at the Vocational Rehabilitation Centre. Such IPs are also paid conveyance charges for the journey undertaken by them from their normal residence to the centre and back.

iii) Medical Benefit to Retired IP's and Permanent Disabled IP's

On payment of Rs.10/- P.M. or Rs. 100/- Per annum in lump sum for one year in advance, Medical Benefit can be provided to, an Insured Person and his or her spouse who leaves insurable employment on attaining the age of superannuation after being insured for not less than five years, till the period for which contribution is paid.

IMPORTANCE OF THE STUDY

After the Independence, the industrial sectors are marching towards the sustainable development under the New Economic Policy of India in 1991, industrial sector's growth and contribution of industrial GDP is steadily increasing. At this juncture organized sector employees' health is important, because the good health of employees can make more contribution to productivity and development of industries. Employees well-being and satisfaction of work, will lead to employers earning more profit. The core of the study is focusing on the level of employees' satisfaction in utility of the ESI schemes and ESI dispensaries for employees. The study also analyses how the problems are faced by the ESI card holders and suggests solutions for improvement of the working of ESI dispensaries, hospitals, etc.

TABLE NO. 1 OVERALL GROWTH TRENDS OF ESI

Years	No. of Implemented Centers	No. of insured persons (in lakhs)	No. of beneficiaries (in lakhs)	No. of employees covered under the ESI Scheme	No. of ESI Dispensaries / Ism unit	No. of ESI IMOs / IMPs	No. of factories established / covered
2006	728	315.22	92.72	85.67	8324	1298	300344
2007	737	394.11	101.57	92.38	8832	1388	331744
2008	773	468.33	120.7	111.8	7099	1397	352508
2009	783	501.97	129.37	125.69	8748	1432	394332
2010	787	554.84	143	138.96	8841	1486	406499
2011	790	602.57	155.3	154.28	8902	1496	443010
2012	807	663.52	171.01	163.49	8720	1463	580028
2013	810	720.98	185.82	165.04	9182	1511	666161
2014	815	758.44	195.47	174.12	8780	1558	669880
2015	830	789.34	203.44	179.55	8828	1647	723756
Mean	786	576.932	149.84	139.098	8625.6	1467.6	486826.2
SD	32.92	158.74	38.92	33.87	575.92	97.04	157863.14
CV	4.19	27.51	25.98	24.35	6.68	6.61	32.43
CGR	1.32	9.61	8.17	7.68	0.59	2.41	9.19
AGR	1.33	9.05	8.56	7.90	1.02	2.07	10.38

Source- compiled from annual report of ESIC, 2006 to 2015

On the basis of overall period the mean value of number of insured persons 576.932, number of beneficiaries 149.84, number of dispensaries 8625.6, number of factories established 486826.2, number of implement centres 786. The CGR values were 9.61, 8.17, 7.68, 2.41, 9.19 and 1.32. AGR values are 9.05, 8.56, 7.90, 2.07, 10.38 and 1.33 respectively.

When compare to period I and period II, period II values show an increasing trend. It may be due to increase number of employees, dispensaries, beneficiaries etc.

OBJECTIVES

1. To Study the functioning of ESI Corporation
2. To Identify the common Problems Faced by the employees registered in ESI Corporation

METHODOLOGY

First-hand information was collected from 400 employees registered in ESIC. Questionnaire was the main tool employed to collect the pertinent data from primary sources.

HENRY GARRETT RANKING

Henry Garrett Ranking technique was used to rank out the purpose of savings in SHGs by the members and the problems faced by the members. In this method the respondents were asked to rank the purpose of savings and given problems. The order of merit given by the respondents was converted into ranks by using the following formula

$$\text{Percentage Position} = \frac{100(R_{ij} - 0.5)}{N_j}$$

Where R_{ij} = Rank given for i^{th} factor by j^{th} individual.

N_j = Number of factors ranked by j^{th} individual.

The percentage position of each rank thus obtained is converted into scores by referring to the table given by Henry Garret. Then for each factor, the scores of individual respondents are added together and divided by the total number of respondents for whom scores were added. These mean scores for all the factors are arranged in the descending order, ranks are given and most important problems are identified.

Problems faced by the insured persons' use of ESI dispensary

In this chapter, the researchers made an attempt to identify the common problems faced in the insured persons for the use of ESI dispensary. They are lack of doctors, lack of medicines and other facilities for treatment, lack of confidence, misbehaviour of supporting staff, intentionally delaying, timing issues for o.p, etc. Far distance from bus stop and other reasons specify. The insured persons were asked to rank the problems based on the magnitude of the problem. Henry Garret ranking was employed to ascertain the problems. The details of the Henry Garret ranking are furnished in the following table.

TABLE NO. 2

PROBLEMS FACED BY THE INSURED PERSON'S USE OF ESI DISPENSARY

S. No	Items	Weighted Score	Rank
1	Lack of doctors	10680	2
2	Lack of medicines and other facilities for treatment	10850	1
3	Lack of confidence	8676	4
4	Misbehaviour of supporting staff	9585	3
5	Intentionally	6088	6

	delaying		
6	Timing issues for o.p	6285	5
7	Far distance from bus stop	4656	7
8	Other reasons Specify	2207	8

Source: Primary data.

It is highlighted from the above table that out of 8 problems, "Lack of medicines and other facilities for treatment" was ranked first with a Garrett score of 10850 points. The problems such as lack of doctors, misbehaviour of supporting staff and lack of confidence were ranked in the second, third and fourth places with the Garrett score of 10680, 9585 and 8676 points respectively. On the other hand, the problems such as timing issues for intentionally delaying and far distance from the bus stop were ranked fifth, Sixth & Seventh places with the Garrett scores of 6285, 6088 and 4656 points respectively. Lastly, others reasons specify was ranked in the last with the Garrett score of 2207 points.

Insured persons' opinion on after retirement reasons for not using the medical benefit scheme

The researcher made an attempt to identify the common problem faced with the ESI dispensaries and also want to know the reasons for not continuing after retirement in the medical benefit scheme of the corporation. The insured person not willing to continue after retirement has expressed the problems. Such problems are ranked by using Henry Garrett ranking to ascertain the magnitude of the problem. The details of the Henry Garret ranking are furnished in the following table.

TABLE NO. 3
INSURED PERSONS' OPINION ON
AFTER RETIREMENT NOT USING
THE MEDICAL BENEFIT SCHEME

S. No	Items	Weighted Score	Rank
1	Poor Medical Care	848	1
2	High Amount of Contribution	505	3
3	Poor Attention After Retirement	813	2
4	Poor Confidence	470	4
5	Other Reason	276	5

Source: Primary data.

It is highlighted from above table that out of 5 reasons, Poor medical care and poor attention after retirement were ranked first and second with a Garrett score of 848 and 813 points. The reason such as high amount of contribution and poor confidence were ranked in third and fourth places with the Garrett score of 505 and 470 points respectively. Lastly other reason was ranked in the last with the Garrett score of 276 point. From the above analysis it is inferred that the respondent's poor medical care, poor attention after retirement and high amount of contribution were ranked as the most burning issues.

SUMMARY OF FINDINGS

Socio Economic Background:

- From the analysis, it is concluded that 52.2% of the respondents belonged to male category.
- From the analysis, it is inferred that 65.20% of the respondents belonged to the age group between 25- 35 years.
- Education qualification of the respondents was studied and it was found that 43.5% of the respondents' literacy level was degree level.

- Marital status of the respondents reveals that 64% of the respondents were single and the remaining was married.
- From the analysis, it is found that 70.2% of respondents' religion was Hindu religion and the remaining were Christians and Muslims.
- From the analysis, it is inferred that the 55.75% of the respondents belonged to backward community.

HENRY GARRETT RANKING

- From the analysis, it is inferred that lack of medicines and other facilities for treatment, lack of doctors and misbehaviour of supporting staff were ranked as the most burning problems faced by insured persons from ESI dispensaries.
- From the analysis, it is inferred that Poor medical care and poor attention after retirement were ranked first in medical benefit scheme.

SUGGESTIONS

- Enhance the awareness among the insured persons and the employers about ESI scheme.
- Activate grievance handling mechanism to address effectively and efficiently.
- Regarding health care service delivery impose quality in terms of services of doctors, availability of quality medicines, adequate laboratory testing facilities. At least in some cases, specialist care should be provided with reimbursement facilities with regard to some diseases, at their choice hospitals where the insured persons seek at treatment.
- Trained personnel working in ESIC have to deal with their client very sensitively as

they visit ESIC for service with some expectations.

- Improve function of various boards like regional board, local board and departments like inspectorate, employment state insurance court etc. to develop better co-ordination among various stake holders and expedite settlement of cash benefit.

CONCLUSION

Though India has developed into a force to reckon with in the fields of science and technology, industrial development, education, information technology, communication etc., the same level of achievements cannot be claimed as in the area of social security measures under health insurance.

Though our country has reached commendable level of advancement in the field of medicine and surgery, the facilities have not yet reached many of the rural workers and poor due to the exorbitant charges needed for such facilities. This state can very easily be removed and the rural poor should be enabled to attain the rich treatment by way of every citizen by registering under Employees State Insurance (ESIs)

The study is a challenging take in the sense that, in addition to identifying the awareness ESI and schemes, utilization of ESI dispensaries, it has also covered the problems encountered from the use of ESI dispensaries. This has enabled satisfaction of medical, maternity, cash benefits and schemes. Further to the employer and ESI Corporation services to the insured persons. Another awareness of ESI courts and grievance and redress cell mechanism are also attempted in this study.

The present research is a rewarding exercise to the scholar and the researcher will

be delighted if the suggestions are incorporated by the policy makers in ESI corporations and the government to reach the good medical faculties for the poor employees working in the rural areas through establishing more number of dispensaries and hospitals.

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