

Climate Risk Coverage : The Interplay of Insurance and Global Warming

Aditi Khanna and Mukul Khanna

Abstract

Dramatically increasing health insurance coverage in India is an imperative economic and social goal. Achieving this objective requires the country to establish stable methods for expanding access, catering to the substantial emerging middle class within an individual market framework, as well as addressing the needs of the economically disadvantaged citizens at the base of the pyramid. This necessitates the adoption of health insurance plans that extend beyond the current narrow emphasis on hospitalisation benefits. While international experiences offer valuable lessons, India must craft a distinctive approach tailored to its vast size and stage of development. Climate change poses a significant threat to our planet, impacting ecosystems, weather patterns, and, importantly, human health. The interconnectedness of environmental factors and public well-being necessitates a comprehensive approach to mitigate the adverse effects of climate change on health. Raising consumer awareness towards health insurance emerges as a critical strategy in addressing and reducing the health damage inflicted by the changing climate. This paper explores the role of heightened awareness in promoting health insurance utilisation as a shield against climate change-induced health risks.

Keywords: *Climate Change, Healthcare Insurance, Consumer Awareness, Sustainable Development*

I. Introduction

Policymakers and leaders in the industry unanimously recognize the crucial economic and social necessity of extending health insurance coverage to a significantly larger population in India than is currently the case. As income levels and awareness continue to increase, the emerging middle class in India will actively pursue enhanced fundamental medical services and seek protection against the financial risks associated with the availability of more advanced, albeit costlier, healthcare options. Simultaneously, a vast number of Indians at the economic base remain highly susceptible to unforeseen healthcare expenses, often compelling them to liquidate assets or plunge into debt.

As of now, only approximately 30 million Indians, constituting an estimated 2 to 3 percent of the total healthcare expenditures, benefit from some form of private health insurance. The existing healthcare insurance primarily comes from large employers and is centred around hospitalisation benefits, offering a limited sum assured. To significantly enhance healthcare coverage, India must seek financially viable methods to broaden access for the majority of the population. This entails developing insurance plans that encompass preventive care interventions and medications.

Due to its size and developmental stage, India is presented with both an opportunity and a challenge to devise a distinctive approach to offering health insurance to a substantially larger population. While drawing insights from relevant international practices, it is crucial to steer clear of some of the costly mistakes made by others in the field.

II. Climate Change and Health Impacts

Climate change contributes to a range of health hazards, including extreme weather events, the spread of infectious diseases, air

pollution, and disruptions in food and water supply. These factors, coupled with the growing frequency and intensity of climate-related disasters, can result in increased health risks, particularly for vulnerable populations. From heat-related illnesses to the expansion of vector-borne diseases, the ramifications of climate change on public health are multifaceted.

The shifting climate is set to elevate both human mortality and morbidity, especially under conditions of high greenhouse gas emissions. Persistent alterations, such as heightened temperatures and prolonged droughts, alongside sudden occurrences like more frequent and severe hurricanes and wildfires, have the potential to profoundly impact overall health and life expectancy. Indirect impact of climate change includes a rise in disease occurrences attributed to air pollution, deterioration of water quality, and mental health repercussions stemming from factors like unemployment and compelled migration. According to the World Health Organization (WHO), climate change is anticipated to lead to an extra 250,000 annual deaths by 2030-2050, attributable to factors such as malnutrition, malaria, diarrhoea, and heat stress. The study's goal is to assess consumers' degree of awareness regarding health insurance policies and the variables that influenced their choice of policy(s).

Following a pandemic, climate change stands as a paramount and dynamic threat to human health. This phenomenon is anticipated to induce more intense heat waves, placing a strain on health systems in regions susceptible to hot weather. The amalgamation of warmer temperatures and heightened humidity is expected to facilitate the migration of tropical pathogens into currently more temperate zones. Additionally, prolonged drought conditions may contribute to the escalation of wildfires, leading to air pollution that can affect even distant regions.

The fragility of life becomes evident with a single hospital visit. Confronting a diagnosis that requires hospitalisation can be a challenging experience for individuals across various demographics. Lifestyle-related illnesses such as heart disease, diabetes, stroke, kidney failure, and cancer are becoming more prevalent. While specialised healthcare facilities and expert specialists are more accessible today, the associated costs have also increased significantly. Hospitalisation or surgery expenses for a serious illness can easily surpass affordable limits (Mall and Sahoo, 2015).

III. The Role of Health Insurance

Health insurance serves as a crucial tool in adapting to and mitigating the health consequences of climate change. It provides financial protection, ensuring that individuals and communities have access to necessary medical care in the aftermath of climate-related events. However, for health insurance to be effective, it is imperative to enhance consumer awareness regarding the importance of coverage, the types of risks covered, and the benefits it offers in times of need.

It is widely acknowledged that health insurance serves as a protective shield against unforeseen medical expenses for both individuals and their dependents. In addition to financial coverage, health insurance also offers healthcare and disability benefits. There are two main categories of health insurance – individual and group coverage. Policyholders often enjoy tax deductions or other benefits as the insurer deducts the cost of medical insurance. The insurance company commits to compensating the insured in exchange for specified payments to minimise risks. Various types of policies, including group healthcare, Jan Arogya Bima, cancer, Bhavishya Arogya, overseas medical, and Videsh Yatra Mitra policies, cater to diverse needs.

In India, health insurance has traditionally been a relatively minor component of the offerings and portfolios of nationalised insurance companies. However, there is now a notable shift in strategy and management within the sector (Narware, 2017). The transformation of healthcare in India is propelled by increased affluence, growing health awareness, trade liberalisation, reduced bureaucracy, and the rise of private healthcare finance. Although health insurance was historically underdeveloped, it is currently gaining prominence due to heightened awareness (Tripathy et al., 2018). Despite its growth, there is still considerable untapped potential, as many individuals are yet to explore the products and services offered by this industry.

In the contemporary world, health is a major concern for everyone. India has substantial room for enhancing the perception of healthcare services, creating ample opportunities for the healthcare industry to expand. Insurers have significant opportunities to expand their business by assisting individuals and society in more effectively handling health and longevity concerns. Health insurance has evolved with new dimensions and mechanisms to provide financial assistance for healthcare services. The primary objective of the country's healthcare reforms is to alleviate individual poverty by expanding health insurance plans (Anjali, 2018). India is poised to become one of the top three nations globally in terms of incremental growth in healthcare. Therefore, there is a pressing need to expand the health insurance market by increasing awareness and clarifying policy benefits to reach a broader consumer base.

Nithiyalakshmi et al. (2016) asserted that India's financial sector inherently possesses strength, proficiency, and adaptability in its operations, aligning with the nation's economic goals of fostering a market-driven, industrious, and sustainable economy. The emergence of new financial technologies and the expansion of insurance outsourcing services have engendered highly competitive markets, leading to notable shifts in consumer behaviour. Consequently, to

enhance customer satisfaction in the realm of online insurance, the insurance industry must urgently delve deeper into understanding consumers' overall attitudes towards technology. Successful comprehension of these attitudes would empower insurance companies to not only influence but also regulate consumer behaviour, a crucial factor in shaping future strategic plans.

IV. Literature Review

According to Sureshbhai Vithalbhai (2023), in today's fast-paced technological landscape, people have a heightened expectation for instant access to information. Given their busy schedules, individuals tend to favour making prompt decisions, including those related to purchases. Marketing managers across different companies leverage technology to identify the optimal customer base for various product categories, employing effective strategies. The digitalization of marketing empowers them to precisely analyse every factor that influences consumers' decision-making processes.

Keyurkumar et al. (2021) emphasised that health insurance policies are designed to be renewed annually rather than purchased for an extended duration. It is essential to comprehend the factors influencing the demand for and decisions to renew health insurance programs to ensure the sustained growth and advancement of this sector, given the expansion of both micro and private medical insurance schemes. Future research should explore whether insurance companies, especially microinsurance plans, should consider offering medium-term insurance policies, such as those with terms ranging from three to five years, and identify the primary requirements for doing so.

Raval (2020) highlighted that the health insurance market in India is considerably underdeveloped, presenting abundant opportunities in

this domain. The potential for market expansion has attracted numerous private insurance companies with international partnerships, enabling them to secure a larger market share. Despite a decrease in the proportion of indigenous public sector insurance businesses, their overall revenue has experienced a significant surge. The health insurance industry in India possesses substantial growth potential, with innovation in its offerings playing a pivotal role in fostering development.

As asserted by Tripathy et al. (2018), the insurance industry serves as a crucial instrument for mobilising savings among both upper and lower-income groups. Considerable funds have been accumulated by insurance firms through the collection of relatively small individual premiums. These funds have been strategically invested, significantly contributing to the economic growth of the nation where these companies operate. The establishment of the Insurance Regulatory and Development Authority of India (IRDA) has played a pivotal role in propelling the growth performance of the Indian insurance sector.

According to Ahlin et al. (2016), the people of India are considered its most valuable resource, yet they also present health challenges. The sheer size of the population implies immense potential. Consequently, it is evident that India harbours a substantial healthcare market, with health insurance playing a pivotal role. Additionally, factors such as risk aversion, age, gender, income, and education have been identified as significant considerations in the decision-making process regarding the adoption of health insurance. Health insurance providers are now focusing their efforts on initiatives like coaching, mentoring, training, and analysing customer perceptions.

According to George et al. (2015), changes in consumer socio-demographic profiles over time have influenced a shift in purchasing behaviour towards healthier foods. The rise of wellness and health

foods as a promising market has garnered substantial investment from both domestic and international companies. The study also evaluated the impact of market characteristics on customers' ability to afford nutritious dietary supplements, considering the evolving retail store format. This indicates that consumers of these products prioritise convenience in their purchases and are less influenced by in-store sales support and market offerings.

As summarised by Chithirai & Shanmugapriya (2015), consumers are progressively opting for online purchases driven by several factors such as convenience, cost-effectiveness, time efficiency, and the flexibility to shop from any location at any time. The need for physical visits to markets and stores has diminished. However, despite the growing trend, certain challenges hinder online shopping. The inability to physically touch, inspect, or see products raises concerns about the potential of receiving incorrect items after placing an order.

According to Jha (2015), the insurance sector in the country faces two supply-side challenges: lower product margin calculations and regulatory pressure. On the demand side, there is an increase in expectations for higher service levels and quality. The study highlighted that specific factors significantly influence the satisfaction levels of policyholders, including financial stability and psychological safety. While the findings provide valuable insights, there is potential for further exploration, particularly in examining the role of service quality as a mediator in understanding how purchasing behaviour influences customer satisfaction.

As suggested by Paramasivan (2015), the primary driver of changes in life insurance is not the products themselves but rather the customers. The key to success lies in insurance solutions rather than specific products. The recent trend of channel diversification has led to the emergence of corporate agents and brokers as a direct sales force, complementing individual financial advisors. Rating services

websites now provide product comparisons from various insurers. While various factors influence investment decisions for life insurance users, the survey findings underscore that population demographics play a significant role in determining decisions to acquire life insurance policies.

V. Objective and Methodology

To find out the factors that affect consumers buying decisions towards health insurance purchase.

Methodology refers to the systematic and organised approach used by researchers to conduct a study or investigation. In the context provided, the methodology involves the steps taken to understand consumers' health insurance buying behaviour in Delhi-NCR.

Research Design: The researcher chose a survey as the method of data collection. A questionnaire, a structured set of questions, was developed to gather information from 100 respondents who are still devoid of any health insurance coverage in Delhi -NCR region.

Random Sampling: The researcher used a random sampling method to select participants who are still devoid of any health insurance coverage to understand the need for a product that caters to all populations. This means that each individual in the population had an equal chance of being included in the study. Random sampling helps in making the sample representative of the larger population.

Data Collection: The researcher collected primary data, which is information collected directly from the respondents for the specific purpose of the study. In this case, it includes the responses obtained through the survey questionnaire.

Data Analysis: The mean is a measure of central tendency that calculates the average of a set of values. In this study, it might have

been used to find the average response to certain survey questions, providing an overall understanding of the respondents' views.

t-test: The t-test is a statistical method used to compare the means of two groups and determine if there is a significant difference between them. In this study, it might have been applied to compare the means of different groups within the respondents (e.g., different demographic categories) to identify any statistically significant differences in health insurance buying behaviour.

Geographical Focus: Delhi-NCR: The study specifically focuses on the Delhi-NCR region, indicating a geographical limitation. This allows the researcher to explore health insurance buying behaviour in a specific and defined area.

Sample Size: 100 Respondents: The researcher surveyed 100 individuals. The sample size is crucial in determining the representativeness of the study. A larger sample size can increase the generalizability of the findings to the larger population.

In every country, people's health is their most prized possession. It has the ability to greatly increase economic output and is therefore a crucial component of human capital. Both theoretical and empirical evidence supports a favourable correlation between health and economic growth (Scultz, 1961; Denison, 1962; Grossman, 1972; Bloom, Canning, & Sevilla, 2004; Gupta, & Mitra, 2004). An international objective is "universal health coverage." Several global groups and conferences have brought attention to the need of enhancing health for people all around the world.

As a result, health funding has emerged as the single greatest obstacle to the long-term growth of any economy in the world. For its 1.2 billion people, India spends less than five percent of its GDP on health care, with the government contributing just one percent. Due to inadequate funding, India's healthcare system is plagued by inequities and barriers to care. Despite the efforts of the Indian

government, in 2015 65.1% of the country's Current Health Expenditure was covered by individual family contributions. Due to the high rate of medical inflation, poverty and catastrophic conditions persist. Health insurance has been suggested as a viable health funding strategy in national and international policy responses on health policy.

S. No.	Statements	Mean Value	t value	Sig.
1.	The knowledge and resources to purchase health insurance	3.83	8.446	0.000
2.	Barriers to Purchase of Health Insurance	3.98	10.036	0.000
3.	Overall attitude toward health insurance	4.07	11.132	0.000
4.	Risks covered/uncovered by Health Insurance	3.95	9.684	0.000
5.	The usefulness of health insurance	4.24	12.847	0.000
6.	Social Influence on purchase decision	4.12	11.409	0.000
7.	Internal Factors	4.19	12.236	0.000
8.	External Factors	3.24	2.479	0.007
9.	Satisfaction of HI policy, indicate the level of satisfaction with the services	4.11	11.326	0.000
10.	Important Factors and Purchase of health insurance	3.21	2.180	0.016
11.	Brand Image of Insurance Companies	3.46	4.681	0.000

Table 1. Factors affecting Consumers health insurance buying behaviour

Table 1 presents the mean values associated with various factors influencing consumers' health insurance purchasing behaviour. The respondent highlights key findings, emphasising the statistical

significance of these factors, as determined by p-values below 0.05 following t-test applications.

According to the respondent, health insurance is perceived as highly useful (mean value: 4.24), indicating a positive attitude towards the practical benefits it offers. Internal factors, with a mean value of 4.19, play a significant role in determining consumer purchase intentions, showcasing the importance of personal considerations in the decision-making process. Social influence also proves influential, as evidenced by a mean value of 4.12, emphasising the impact of external opinions on purchasing decisions.

The respondent notes that satisfaction with health insurance policies (mean value: 4.11) and overall attitude towards health insurance (mean value: 4.07) strongly influence consumers' intentions to purchase health insurance. Additionally, barriers to purchasing health insurance, with a mean value of 3.98, signify challenges that consumers consider when deciding on insurance coverage.

Furthermore, the respondent suggests that perceived risks covered or uncovered by health insurance (mean value: 3.95) and the knowledge and resources available for purchasing health insurance (mean value: 3.83) significantly shape consumers' purchase intentions. The brand image of insurance companies (mean value: 3.46), external factors (mean value: 3.24), and important factors related to health insurance purchase (mean value: 3.21) also contribute to consumers' decision-making processes.

Importantly, all statements related to consumers' purchase intentions exhibit statistical significance, as indicated by p-values below 0.05 post-t-test analysis. This underscores the robustness and reliability of the findings, reinforcing the notion that these factors indeed play a substantive role in shaping consumers' attitudes and behaviours towards health insurance.

It can be derived from the table that people are still not considering global climate change as a threat to their health among all other factors. There exists a lack of awareness on the part of the participants on the subject of global warming as well as the available health insurance products among the targeted population. The missing middle population which is devoid of health insurance lacks enough information. The marketers of health insurance must target this population by catering to their relevant needs and introducing a better product in the market as well as increasing awareness among this untapped segment of the population.

VI. Findings

The study highlights that people are not aware of global climate change and its effect on human health. The outcomes of the aforementioned analysis indicate a strong dependence of health insurance purchase decisions on a critical factor – awareness. The study sheds light on the pervasive lack of awareness, particularly among the informal, semi-formal, and contractual workers in the Delhi-NCR region, resulting in a substantial portion of the population remaining without health insurance coverage especially during the current global climate. The need for healthcare insurance is even more imperative in current global warming scenarios. Having health insurance coverage for this semi-formal working population group in India comprising the missing middle population of 30% can help India achieve its target of universal health care coverage.

The study underscores a notable issue concerning the existing insurance products, revealing that they often fail to meet the needs of the untapped population. This inadequacy is primarily attributed to affordability constraints related to premiums, delays in claim settlement times, and the adverse selection problem encountered by insurance companies. The adverse selection problem ultimately acts

as a barrier, preventing many individuals from accessing insurance policies tailored to their specific requirements.

Moreover, a significant constraint highlighted during the study is the absence of provisions for outpatient services in existing insurance policies. This gap in coverage poses an additional challenge for individuals seeking comprehensive health insurance, further contributing to the barriers faced by the population in acquiring adequate insurance protection.

In summary, the findings emphasise the pivotal role of awareness in influencing health insurance purchase decisions. The study illuminates the widespread lack of awareness, particularly among specific segments of the population, and highlights the existing shortcomings in insurance products, such as affordability issues, delays in claim settlement, adverse selection problems, and the absence of outpatient services. Addressing these challenges is crucial to expanding the reach of health insurance coverage and ensuring that a broader spectrum of the population can benefit from comprehensive and accessible healthcare protection.

VII. Recommendations

Understanding Climate-Related Health Risks:

Educating consumers about specific health risks associated with climate change is essential. Awareness campaigns can highlight the increased prevalence of diseases, the impact of extreme weather events, and the importance of preparedness.

Promoting Health Insurance Literacy: Many individuals may not fully comprehend the scope and coverage of their health insurance plans. Raising awareness about the comprehensive nature of health insurance, including coverage for climate-related health issues, will encourage individuals to seek appropriate policies.

Highlighting Financial Protections: Climate change-induced health emergencies can lead to significant financial burdens. Communicating the financial protection offered by health insurance can motivate individuals to invest in coverage, knowing they have a safety net in times of crisis.

Fostering Community Resilience: Community-level awareness campaigns can create a collective understanding of the importance of health insurance. When communities are well-informed, they are better equipped to support each other during climate-related health challenges.

Benefits of Raised Awareness

Timely Healthcare Access: Increased awareness ensures that individuals seek medical attention promptly, reducing the severity of health issues caused by climate change.

Reduced Financial Strain: Individuals with adequate health insurance are less likely to face financial hardships when addressing health challenges, promoting overall economic resilience.

Community Cohesion: Informed communities are better prepared to support one another during health crises, fostering a sense of unity and shared responsibility.

VIII. Conclusion

Raising consumer awareness towards health insurance represents a crucial and strategic measure in mitigating the adverse health impacts of climate change. In the face of evolving climatic conditions, individuals stand to encounter heightened health risks, ranging from extreme weather events to the spread of infectious diseases and disruptions in essential services like food and water supply. As climate-related challenges become more multifaceted, informed decision-making becomes paramount for individuals seeking to

safeguard their health and well-being.

In this context, the significance of health insurance as a protective mechanism cannot be overstated. The process of raising consumer awareness involves disseminating comprehensive information about the risks associated with climate change, the benefits of health insurance coverage, and the financial protections it offers. As individuals gain a deeper understanding of these aspects, they are empowered to make informed choices that enhance their resilience in the face of climate-induced health challenges.

Awareness campaigns play a pivotal role in this process, necessitating collaboration among governments, insurers, and advocacy groups. These stakeholders must work in tandem to design and implement targeted campaigns that effectively communicate the nuanced relationship between climate change, health risks, and the role of health insurance in mitigating these risks. Such campaigns can utilise various channels, including traditional media, social platforms, community outreach programs, and educational initiatives.

By fostering increased awareness, individuals can proactively seek health insurance coverage that aligns with their specific needs, providing them with a financial safety net during times of climate-related health crises. Moreover, an informed populace is better equipped to recognize the early signs of health issues, seek timely medical attention, and navigate the complexities of healthcare systems efficiently.

The collaboration between governments, insurers, and advocacy groups is essential for creating a resilient society capable of confronting the health impacts of climate change. Through joint efforts, these entities can address systemic challenges, improve accessibility to health insurance, and ensure that vulnerable populations are not left unprotected. The overarching goal is to build

a society where individuals are not only aware of the risks posed by climate change but also possess the knowledge and resources to make choices that enhance their health security.

In summary, raising consumer awareness towards health insurance serves as a proactive and preventive strategy in the face of climate change. It empowers individuals to make informed decisions, enhances their capacity to navigate health challenges, and contributes to the overall resilience of society. Through collaborative efforts, stakeholders can foster a culture of preparedness, ultimately reducing the damage on health caused by the evolving climate.

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Aditi Khanna is Research Scholar in Manav Rachna University, Faridabad. Mukul Khanna is Research Scholar in MVN University, Palwal.