



Notice for the PhD Viva Voce Examination

Ms Iyer Anusha Balachandran (Reg. No. 1620074), PhD scholar at CHRIST (Deemed to be University), will defend her PhD thesis at the public viva-voce examination on Thursday, 25 March 2021 at 11.00 am on the Webex Meeting platform.

- Title of the Thesis** : **Insurance Coverage Framework for Assisted Reproductive Treatments for Women**
- Discipline** : **Management**
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- External Examiner** : **Dr Amalendu Jyotishi**
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- Supervisor** : **Dr Ganesh L**
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The members of the Research Advisory Committee of the Scholar, the faculty members of the Department and the School, interested experts and research scholars of all the branches of research are cordially invited to attend this open viva.

Registrar

Place: Bengaluru
Date: 22 March 2021

ABSTRACT

Giving birth to a child is considered as one of the purest and highest forms of giving by any human being. The harsh reality is that, not all men and women can reproduce. Some remain childless their entire life. Infertility hurts both men and women, but women more. Women continue to face social stigma of not bearing a child and go through stress, anxiety and depression (Donkar, 2007; Widge, 2002; Reissman, 2000). One of the most significant contributions of Medical Science is the invention of Assisted Reproductive Technology Treatments that help infertile couples to conceive. India, has been a pioneer in adapting to this technology and since 1978 many couples have been able to give birth to a child. Unfortunately, these treatments are expensive. Infact the high treatment cost is the predominant source of anxiety in patients going through these treatments across the world (Iaconelli, 2013). There are instances where, couples leave the treatment, mid way as they are not able to arrange more money (Brennan et al., 2006). However, countries like Denmark, Canada, New Zealand, Belgium, and Japan, to name a few have included these treatments under their Government health insurance policy, whereas countries such as UK, USA and Singapore have their Private Health insurance companies covering them. In comparison with its western counterparts, India is far behind in using Insurance as a method to finance Assisted Reproductive treatments. A preliminary study indicated two things- The resistance from the Insurance company's side in venturing into a product of this sort and secondly, unavailability of an insurance framework to guide them to venture into such a product.

Thus, study began with the sole intention of creating an Insurance framework for assisted Reproductive Treatments particularly for women. A Qualitative Methodology has been adapted for the study. As a first step, infertility treatment polices from developed and developing countries were gathered and analyzed to extract the components of the drafting an Assisted reproductive Treatment policy framework. Using these components, interview schedules were made to solicit information from the three different stake holders. In-depth face to face interviews with 13 Doctors, 12 Patients and 10 Insurers were conducted and data was further analyzed using Qualitative Content Analysis Method as prescribed by Olle Rudolf Holsti in 1968 and refined by Downe-Wamboldt in 1992. The concepts of reduction, distillation and condensation as prescribed by Olle Findahl in 1981, Stephen Cavanagh in 1997 and Paul Atkinknson in 1996 have been used. The results pave the way for the proposed framework. This framework can be used as a guide by Insurance companies in defining the disease, designing the value proposition, entry and exit age, coverage as per stage of treatment, designing the proposal form to solicit information from the insured, arriving at the sum Insured, drafting conditions and exclusions of the policy, pricing and promotional aspects, mitigation of moral hazards and claims management. The framework suggests a model that can benefit patients to avail insurance at a nominal price.

Keywords: Infertility, Reproductive treatments, Hidden hardships, High cost, Health Insurance Framework