

# Perception of Social Health Insurance Program among Community People in Pokhara, Nepal

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## Abstract

*Perception of social health insurance program is the way in which it is understood or interpreted in terms of different factors; quality of care service delivery adequacy, benefits of program, convenience, price, providers attitude, peer pressure, Community beliefs and attitudes. The main aim of this study is to identify community people's perception and the factors influencing the perception of people towards social health insurance program. Data from total of 105 household registered in insurance program (insured) were collected. Descriptive cross sectional study design was used. The data were analyzed and interpreted by using descriptive and inferential statistics through the computer program SPSS 16 version and presented in tables. Findings revealed that age group range from 20 to 77 years, 72.4 percent family size 5 or below 74.3 percent utilized the insurance services from the accredited health facility. Regarding the reason for enrollment, 83.8 percent said financial protection against illness, 50.8 percent gave the reason that they had to buy drugs outside facility as the main reason for not renewing the program in future. Price of program related response was top perceived factor with mean  $3.97 \pm 0.70$  whereas provider attitude was low perceived factor with mean  $1.95 \pm 0.58$ . The study concluded that the price of program related factors were the top perceived factors whereas provider attitude related factors were low perceived factors that may influence for the perception of community people towards social health insurance program.*

**Keywords:** Community, health insurance, influencing factors, insured people, perception

## Introduction

Health insurance is considered as a mechanism for promoting progress to universal health coverage. Perceptions have an influence on the peoples' demand for health insurance services (Kibambila, 2017). Universal coverage secure access to adequate healthcare for all at an affordable price is the ultimate objective of Social Health Insurance (Carrin & James, 2005).

In Asia and the Pacific, Japan and the Republic of Korea have universal coverage of Social Health Insurance, while lower middle income countries like Thailand and Philippines have a high proportion of Social Health Insurance coverage. Developing countries with stronger economies like China, Indonesia, and India have lower population coverage through social health insurance schemes (WHO, 2003).

The socio-demographic characteristics of clients and their perception of quality of care play a major part in people's decision making process especially in service utilization. A high proportion (80.9%) of the respondents were satisfied with Community Health Insurance services provided at the hospital and a sharp increase of healthcare utilization with the introduction of Community Health Insurance was found in Nigeria (Ogbonna et al., 2012).

Study conducted on Ghana concluded that perceptions related to schemes (price of National Health Insurance System, benefits and convenience of administration of program) are most important factors for enrolment and retention decisions. Policy makers need to recognize community perceptions as potential enablers and barriers to enrolment, and to invest in understanding and addressing them in the design of interventions to stimulate enrolment (Appiah et al., 2012).

Study on Kenya show that perceived poor quality of care in public health system can be a major hindrance of Universal Health Coverage. Good quality services, particularly related to drug availability and interpersonal relationship between clients and health provider can boost trust in the public system and in so doing encourage people to belong to health insurance (Mulupi et al., 2013).

Social health insurance program was initiated with the objective of ensuring health services to everyone so as to improve access to and utilization of quality health care services to all the people of Nepal. This program is expected to play an important role in achieving sustainable development goals by 2030 by propelling the country towards universal health coverage (Department of Health Services, Nepal. 2015/16).

Health care financing in resource-poor country like Nepal relies mostly on household out of pocket payments (60%) which often results in financial catastrophe or poverty if services

are paid for, or welfare loss if the client is refused access to healthcare due to financial barriers. To address these challenges, the Government of Nepal implemented social health insurance scheme since 2016. The program has aimed to increase the access of health services to the poor and the marginalized, and people in hard to reach areas of the country, though challenges remain with financing (Mishra et. al, 2015). Demand for health insurance membership cannot be delinked from the quality of health services which the scheme gives access too. Membership will be less attractive if services are of poor quality (WHO, 2010).

In India it was observed that the main barriers for the subscription of health insurance were low income or uncertainty of income, not adequate knowledge regarding its benefits and do not feel the need (Madhukumar & Gaikwad, 2012). Literature has shown that insured-persons have complained of poor attitude and behavior of service providers operating in the health insurance scheme. Study conducted in Kenya show that perceived poor quality of care in public health system can be a major hindrance of Universal Health Coverage. Good quality services, particularly related to drug availability and interpersonal relationship between clients and health provider can boost trust in the public system and in so doing encourage people to belong to health insurance (Mulupi et al., 2013). Understanding the problems associated with health service provision would help in future implementation strategies of the scheme by identifying what has happened, and how to progress to make it better for all. Thus there is a great need to assess the perception about the health insurance service in community in the context of Nepal.

## **Data and Methods**

Descriptive cross- sectional study design was used to assess perception of social health insurance program among community people residing in Pokhara Metropolitan city ward no.26, Buddhibazar. The nature of the data was quantitative that consist number. The data was collected from primary source through face-to-face interview with the respondents.

Purposive sampling method was used in this study. Information about insured people in the Budhibazar was obtained from the ward office authority of ward no. 26 Pokhara Metropolitan city. With the help of key informant; member of mothers group, researcher was reached to the insured people. Information was collected from the total of 105 household registered in insurance programs (insured). Before collecting data approval was obtained from Pokhara Nursing Campus Tribhuvan University, Institute of Medicine and authority of ward no. 26 Pokhara Metropolitan city. Respondents were informed about the purpose of study and

methods that would be used. They were clearly explained about their voluntary participation in the study and they were free to refuse to participate in the study at any time. Informed consent was taken from all the respondents to ensure the right to dignity and explain them about the study purpose and interviewed in a separate place. The time taken for the interview was 25 to 30 minutes. Researcher assured that information would be kept confidential; name of respondents was not attached with the information and was used for study purpose only. The duration of the data collection was May to June, 2018.

The data was reviewed for accuracy and completeness on the same day of collection and organized, coded and entered into Statistical Package for Social Science (SPSS) version 16.0 computer software. Then data was analyzed by using descriptive statistics such as frequency, percentage, mean, and standard deviation. The findings of the study were presented in different tables.

### Results and Discussion

In this study analysis and interpretation of data obtained from 100 respondents on perception of social health insurance. Results of the study organized as background information, reason for enrolling the insurance program, reason for not renewing the program in future and influencing factor of health insurance program. Table 1 mainly deals with some important demographic characteristics such as age, gender, education, occupation, income level, home ownership and family size of the respondents.

**Table 1**

*Background Information of Respondents (105)*

Variables	Number	Percent
Age in years		
20-39	40	38.1
40-59	54	51.4
60 and above	11	10.5
Mean (SD)43.54±12.73		
Gender		
Male	48	45.7
Female	57	54.3
Marital Status		
Unmarried	15	14.3

Married	79	75.2
Divorce/ Widow/ Widower	11	10.5
Educational Status		
Informal Education	17	16.2
Primary	9	8.6
Secondary	47	44.8
Higher Education	32	30.5
Economic Activities		
Agriculture	25	23.8
Salary/ Wages	19	18.1
Own Economic Enterprise	22	21.0
Unemployed	32	30.5
Retired	7	6.7
Annual Income Sufficient For Daily Expenditures		
Yes	73	69.5
No	32	30.5
If not Sufficient , Duration of Coverage		
Sufficient for Less than 6 months	22	21.0
Sufficient for 6-11 months	10	9.5
Home Ownership		
Inherited/ Rent Free	13	12.4
Rented	9	8.6
Owned	83	79.0
Size of Family		
5 or Below	76	72.4
6 and Above	29	27.6
Source of information		
Mass Media TV/Radio	65	33.7
Community People/ peer group	62	32.1
Health Institution/care provider	66	34.2
Utilization of Insurance Services	78	74.3

Table 1 shows, age group range from 20 to 77 years. Majority (75.2 %) of them were married, 44.8 percent had secondary level education, 30.5 percent were unemployed which includes; seeking work, household work, students, no work, 23.8 percent were involved in agriculture,

69.5 percent annual income was sufficient for daily expenditure, 72.4 percent family size was 5 or below. Mass media TV/Radio was the source of information for 33.7 percent. Among all 74.3 percent had utilized the insurance services from the accredited health facility.

**Table 2**

*Reason for Enrolling the Insurance Program (n=105)*

Reason for Enrolling	Number	Percent
Financial Protection Against Illness	88	83.8
Better than out of pocket	6	5.7
Community opinion leader ask me to join	5	4.8
A relative asked me to join	6	5.7

Table 2 shows the reasons for enrolling the insurance program. Majority (83.8%) answered that financial protection against illness as the main reason they enrolled whereas only 4.8 percent include the reason for enrolling as community opinion leader ask me to join.

**Table 3**

*Reason for not Renewing the Insurance Program in Future (n=37)*

Reasons	Number	Percent
Not satisfied with provider	8	12.7
Difficulty in accessing services	1	1.6
Had to buy drugs outside facility	32	50.8
Was given poor quality care	14	22.2
Covered elsewhere	1	1.6
Nobody was sick last year	7	11.1

Table 3 shows 50.8 percent gave the reason that they had to buy drugs outside facility as the main reason for not renewing the program in future.

**Table 4**

*Influencing Factors of Social Health Insurance Program (n=105)*

Response	Mean± SD
Peer influence	
Leaders opinion in community affect my decision to enroll	3.65±0.920
Experience of others with health insurance affects my decision to enroll	3.90±0.741
Group Mean ± SD	3.78±0.700
Community health beliefs & attitudes	

Health is a matter of fate (in the hands of God) and insurance cannot help me deal with its consequences*	3.74±1.169
Price of program	
The premium for the package is too high.*	3.97± 0.700
Convenience of program and accredited facility	
Procedure for enrollment is easy.	4.10±0.338
The collection of insurance cards is convenient.	3.91±0.667
Accredited facility is easy to visit.	3.77±0.775
Easy to get service within the facility.	2.24±1.070
Group Mean ± SD	3.60±1.109
Benefits of program	
Will save money from paying hospital bills.	3.22±1.092
Will not need to manage money for health care needs	2.25±0.896
Group Mean ± SD	2.73±0.794
Service delivery and Quality of Care	
Availability of sufficient health care providers	3.22±1.038
Rooms for out-patient and in-patient services are adequate	3.36±0.972
Receive immediate care if needed	2.50±1.093
Provision of adequate time for examination	2.98±1.065
Adequacy of Medical equipments	3.17±1.014
Program covers the necessary drugs	2.98±0.961
Availability of drugs are not enough/ adequate*	1.57±0.758
Program covers adequate laboratory services	3.13±0.961
Group Mean± SD	2.87±0.644
Provider attitude	
Attitude of health staff should be improved*	1.95±0.578
Influencing Factors of on social health insurance (Overall)	3.16±0.466

\*=Reversed items

Table 4 shows group mean of influencing factors on Social Health Insurance Program is 3.16± 0.466 on total score. Based on the mean of subscale it can be observed that price of program related response was top perceived factor mean ±SD 3.97±0.700 whereas it can be observed on individual item that procedure for enrollment is easy was the top perceived factor with mean ± SD 4.10 ±0.338). Based on the mean of subscale it can be observed that provider attitude was low perceived factor with mean ± SD 1.95± 0.578 whereas in individual item

availability of drugs was the low perceived factor with mean  $\pm$  SD 1.57 $\pm$ 0.758.

## Discussion

Social Health Insurance Program was initiated to improve access and utilization of quality health care services to all the people of Nepal. This program is expected to play an important role in achieving Sustainable Development Goals towards Universal Health Coverage. Perception of Social Health Insurance Program is the way in which it is interpreted in terms of different factors; quality of care, benefits of program, convenience, price, providers attitude, peer pressure, Community beliefs and attitudes. In the present study, 20 to 77 years community people were included. Majority (75.2 %) of them were married, 44.8 percent had secondary level education, 30.5 percent were unemployed, 69.5 percent annual income was sufficient for daily expenditure, 72.4 percent family size was 5 or below. Mass media (TV/Radio) was the main source of information for 33.7 percent. Among all 74.3 percent had utilized the insurance services from the accredited health facility.

In this study, financial protection against illness was seen the main reason they enrolled in health insurance program i.e. 83.8 percent. The reason for enrollment was nearly similar to the findings of a previous study carried out in Ghana by Appiah et al., (2012). Likewise, similar findings were noted in the study conducted in Saudi Arabia by Mulupi, Kirigia & Chuma (2013). Present study shows that the main reason for not renewing the program is to buy drugs outside facility (50.8%). But the findings of a previous study carried out in Ghana by Appiah et al.,(2012) shows the main reason for not renewing membership was being unable to afford renewal payments.

Findings of this study illustrated that price of program related factor and peer influence related factors were the major two perceived factor. The price of program subscale had highest mean 3.97 $\pm$ 0.700 and this findings is inconsistency with the study conducted in Ghana by Appiah et al. (2012) which shows that the top perceived factor was community 'health beliefs and attitudes', followed by the benefits of the National Health Insurance Scheme, technical quality of care, service delivery adequacy and convenience of National Health Insurance Scheme administration whereas price of program was low perceived factor in the same study.

This study presents the mean and standard deviation of service delivery and quality of care was 2.87 and 0.644 respectively which was found to be low perceived factor as compare to group mean and standard deviation. The finding is similar to that of the study conducted in Tanzania by Kibambila (2017). In this study price of program was found to be high perceived

factor. The findings is similar to that of the study conducted in South Africa by Shisana et al. (2006) which shows the majority of respondents indicated no difficulty in affording the cost of program.

For the social health insurance program, accredited facility is easy to visit was the one of the high perceived factor with mean and standard deviation as 3.77 and 0.775 respectively in this study with reference to group mean and standard deviation. The finding is similar to that of the study conducted in Saudi Arabia by Alnaif (2006).

### Conclusion

The Social Health Insurance Program is a social protection program of the Government of Nepal that aims to enable its citizens to access quality health care services without placing a financial burden on them. The study concluded that the price of program related factors were the top perceived factors whereas provider attitude related factors were low perceived factors that may influence for the perception of community people towards social health insurance program. Thus the advocacy of the program towards quality health services and attempts to address barriers in health service utilization, ensure equity and access of poor and disadvantaged groups as a means to achieve Universal Health Coverage.

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