ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Awareness Regarding Health Insurance Scheme in Selected Community of Banke District

Rekha Shah*

DOI: *https://doi.org/10.3126/academia.v4i2.82948*

*Lectrurer, Nepalgunj Medical College Kohalpur, Email: hemantrekhashah@gmail.com
Article History: Received: Feb. 2, 2025 Revised: Jun. 11, 2025 Received: July. 17, 2025

Abstract

This study assessed awareness regarding health insurance schemes among residents of Banke District, Nepal. A descriptive cross-sectional design was employed, with data collected from 60 participants aged 40–59 years in Khajura Rural Municipality using non-probability purposive sampling. A semi-structured interview questionnaire was administered to evaluate awareness levels, with data analyzed using descriptive statistics in SPSS version 16. Findings revealed that 36.7% of respondents learned about health insurance through media (TV, radio, newspapers), while only 23.3% received information from insurance agents. Regarding perceptions, 36.7% associated health insurance with coverage for illness, injury, and death, while 16.7% linked it to post-death financial support. Most respondents (63.3%) believed health insurance provides free medical care, and 56.7% identified government hospitals as the primary service providers. Awareness levels were distributed as follows: 58.3% had average awareness, 26.7% demonstrated poor awareness, and only 15% exhibited good awareness. The study highlights significant gaps in understanding, particularly among older, less educated, and rural populations. These findings align with prior research in similar settings, underscoring the need for targeted community education programs to improve health insurance literacy. Despite limitations in generalizability due to the localized sample, the study contributes to the growing body of evidence on health insurance awareness in low-resource settings and suggests policy interventions should focus on improving outreach and simplifying communication about insurance benefits.

Keywords: health insurance awareness, social health security, Nepal, financial protection, community health

Introduction

Health insurance schemes are government-initiated programs designed to collect and pool financial resources to subsidize healthcare services for the population. Essentially, health insurance covers part or all of an individual's medical expenses (Webster, 2020). The development of private health insurance in the United States began in the 1920s, with Justin Kimball introducing a hospital insurance plan for teachers in 1929, followed by the advent of disability insurance in California in 1964 (Urban Institute & Kaiser Commission on Medicaid and the Uninsured, 2012-2013). By 2018, approximately 91.5% of people in the U.S. benefitted from health insurance coverage (Edward, 2019).

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

In Nepal, the majority of healthcare expenses are paid out-of-pocket, often consuming a significant portion of household income and sometimes leading to catastrophic expenditures. Research indicates that nearly 13.8% of households surveyed had experienced catastrophic health spending within the 30 days preceding the study (Saito et al., 2014). Protecting households from such financial shocks remains a critical policy issue in Nepal. To address this, the government introduced the Social Health Security Scheme in February 2015, aiming to enhance financial protection by encouraging pre-payment and risk pooling within the health sector (National Health Security Strategy [NHSS], 2015).

The National Health Insurance Policy recently ratified by the Nepalese government seeks to consolidate various social health protection schemes to achieve universal health coverage. For healthcare services outside the basic package, the government plans to provide affordable, equitable access through additional social health protection mechanisms and intends to implement the insurance scheme nationwide in a phased approach (National Health Insurance Policy [NHIP], 2013).

A survey conducted in South Africa revealed that 80.3% of respondents were aware of the national health insurance system. However, nearly half lacked understanding of its operational mechanisms, and 71.8% were unaware of the scheme's origins (Setswe et al., 2017). Similarly, Ethiopia is addressing the gap between community healthcare needs and financial constraints by implementing community-based health insurance (CBHI) programs in rural regions to reduce the burden of out-of-pocket expenses (K.K. & S.M., 2019).

In Bangalore, insurance penetration in rural communities remains low due to high healthcare costs and limited awareness about insurance products among residents. There is a recognized necessity to extend financial protection to rural populations, enabling even low-income individuals to make small, regular contributions toward coverage. Studies in this domain focus on assessing awareness and willingness to participate in health insurance schemes (Madhukumar& Gaikwad, 2012).

Nepal’s engagement with health insurance began in 1976 through United Mission Nepal’s Lalitpur Medical Insurance Scheme. The CBHI pilot was initiated in 2003 in two districts, with the national health insurance policy enacted in 2014. Enrollment under the Social Health Security Program started in Kailali district in April 2016 to improve healthcare accessibility among marginalized and hard-to-reach populations (Mishra et al., 2015).

Utilization of social health insurance within Nepal was reported at 33.6% across 38 districts. The primary objectives of the scheme include ensuring equitable access to quality healthcare services and providing financial risk protection by reducing out-of-pocket payments (Social Health Security Program, 2017). Since rural and informal sectors constitute a large portion of Nepal’s population, healthcare services have become increasingly costly due to technological advancements, rising demand for quality care, lifestyle changes, and limited access in rural areas (Acharya et al., 2006).

In recent years, health insurance has gained significant political attention and is increasingly utilized as a key strategy for healthcare reform. While the concept of health insurance is not unfamiliar in Nepal, achieving universal coverage through social health insurance poses distinct challenges. These challenges are influenced by prevailing poverty levels, limited public awareness about the importance and functioning of health insurance, and inconsistencies in the availability and accessibility of quality healthcare services. Additionally, the government’s plan to subsidize insurance premiums for economically disadvantaged populations, while socially beneficial, represents a substantial financial

commitment for Nepal, in addition to the administrative costs associated with implementing such schemes. Given these factors, it is vital to continuously evaluate Nepal's health insurance initiatives, focusing on their coverage, inclusiveness of vulnerable groups, financial sustainability, and the overall efficiency and effectiveness of the programs.

A cross-sectional descriptive study conducted in both urban and rural areas of Haryana, India, examined awareness and utilization of national and state-level social insurance schemes among 234 elderly individuals (aged 60 and above). Findings indicated that while a majority (85.5%) were informed about old age pension programs, only around one-third (34.2%) were aware of social health insurance schemes (Goswami et al., 2020).

According to Jha (2018), although health insurance is not a new concept in Nepal, implementation of social health insurance with the aim of universal coverage remains difficult due to economic, informational, and systemic barriers. These enduring challenges underscore the importance of investigating public awareness and attitudes regarding health insurance programs, particularly in areas like Banke District. Accordingly, this study seeks to explore community awareness about social health insurance in this locality.

Objectives of the Study

- To assess community awareness regarding health insurance schemes.
- To determine the level of awareness about health insurance schemes within the community.

Review of Literature

A descriptive, cross-sectional study conducted in South Africa among 748 adults found that 80.3% of participants were aware of health insurance, but 49.8% had limited knowledge regarding its operation, and 71.8% lacked understanding of the origin of health insurance in the country (Setswe et al., 2015).

In India, a descriptive cross-sectional community-based study sampled 290 households using national insurance coverage statistics. The research, focusing on both rural and urban populations, highlighted that awareness of health insurance was satisfactory among rural residents; however, the study emphasized that effective implementation of health insurance programs should be prioritized alongside awareness campaigns (Gowda &Manjunath, 2015). A similar assessment in Nepal's Kaski District included 354 respondents and revealed that 65.5% were informed about the government's health insurance program. Notably, awareness and opinions about health insurance were most strongly associated with ethnicity and less influenced by gender or marital status (Ghimire, 2018).

Another study in Sunsari district, Nepal, utilized systematic random sampling among 316 participants. Findings indicated that 28.3% of non-members cited a limited benefits package as their main reason for not enrolling, while 26.4% suggested that the option of partial payment would motivate them to participate (Subedi et al., 2018). In a cross-sectional survey undertaken between October and December 2015, researchers visited 1,084 households and interviewed 399 individuals. Of those interviewed, 75.7% were aware of health insurance, and among the aware, 66.9% had enrolled. Most had government-provided insurance, with a small minority holding private plans. The study

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

identified a strong association between health insurance awareness and factors such as socioeconomic status and education (Indumathi et al., 2016).

Healthcare financing in countries with limited resources like Nepal primarily depends on out-of-pocket spending, which often places families at risk of financial hardship. Responding to this, the Government of Nepal introduced a social health insurance program in 2016, targeting expanded access for disadvantaged and remote groups, although financing the program continues to present difficulties (Mishra et al., 2015).

Studies from Kenya highlight that beneficiaries of health insurance schemes have sometimes expressed dissatisfaction with the attitudes and behaviors of healthcare providers. Perceptions of inadequate service quality, particularly around drug availability and provider-client interactions, are major barriers to enrollment and satisfaction. Conversely, trust in public health systems through reliable service can encourage greater participation (Mulupi et al., 2013).

Research from a rural region in Uttar Pradesh, India, involving 422 adult participants, found that less than half (44.5%) were aware of health insurance, underscoring the prevalence of unawareness in rural settings (Bhansal et al., 2013). Observational studies in Dehradun, India, focused on elderly populations and found that 74.6% were aware of the Indira Gandhi National Old Age Pension Scheme, but actual utilization was significantly lower, at 45.4% (Srivastava &Kandpal, 2014).

In Nepal, a cross-sectional study conducted in Bhaktapur Municipality with 385 participants showed that 87.2% were aware of the social health insurance scheme. The majority recognized the importance of such insurance, with insurance agents and female community health volunteers serving as key sources of information. Most participants identified benefits such as reduced out-of-pocket costs and financial assistance during medical emergencies, and 91.9% expressed intent to renew their policy in the future (Shrestha et al., 2020).

These studies collectively demonstrate that while health insurance policies have been implemented in several regions, their utilization remains suboptimal due to limited awareness, educational barriers, geographic inequalities, and low socioeconomic status. Education and socioeconomic status are consistently identified as primary determinants of awareness. Although the general level of health insurance awareness is increasing, significant gaps remain, particularly regarding the understanding of medical expense coverage in rural communities.

Research Methodology

Research Design

A descriptive cross-sectional study design was employed to evaluate the level of awareness regarding the health insurance scheme among the target population.

Research Setting

The investigation was conducted in B-gaun village, situated in Khajura Rural Municipality, Ward No. 3, Banke district, within Lumbini Province, approximately 10 kilometers from Nepalgunj.

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Study Population

The study focused on individuals aged 40 to 59 years residing in the selected community within Banke district.

Sampling Method

Non-probability purposive sampling was adopted to recruit participants for the study.

Sample Size

A total of 60 respondents participated in the research.

Inclusion Criteria

Participants were eligible for inclusion if they were between 40 and 59 years of age, available during the data collection period, and willing to provide informed consent. Both literate and illiterate individuals were included.

Research Instruments

Data collection was facilitated through a semi-structured interview questionnaire, prepared in Nepali language for clarity and ease of understanding. The instrument was organized into two sections:

- *Section I:* Socio-demographic characteristics of the respondents.
- *Section II:* Structured questions designed to assess awareness related to the health insurance scheme.

Validity

Content validity was ensured through a comprehensive review of existing literature and consultation with subject matter experts and research advisors. The original English questionnaire was translated into Nepali to maintain linguistic appropriateness.

Pretesting

A pretest of the instrument was conducted on 10% of the intended sample (n=6) to assess the clarity and reliability of the data collection tool. Data from the pretest group were excluded from the final analysis.

Ethical Considerations

Prior to data collection, ethical clearance and administrative approval were obtained from the research committee of Bheri Nursing College, Nepalgunj.

- Written informed consent was secured from all participants following a thorough explanation of the study's objectives.
- The confidentiality and privacy of all respondents were strictly maintained.
- Collected data were used solely for research purposes.

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Data Collection Procedure

Following ethical approval and formal permission from Khajura Rural Municipality, Ward-3, the researcher explained the aim of the study to each participant. Both verbal and written informed consent were obtained. Data were collected via face-to-face interviews using the semi-structured questionnaire at the participants' residences.

Data Analysis Procedure

Data were routinely reviewed for completeness and consistency throughout the collection phase. The information was coded, categorized, and entered for analysis using Statistical Package for the Social Sciences (SPSS) version 16. Descriptive statistics, including frequencies, percentages, mean, and median, were used to analyze and interpret the findings. Results were presented in tabular format to facilitate interpretation and discussion.

Limitations

- The study was conducted in Khajura Rural Municipality-5 Banke, so the findings are not generalizing to other settings
- Sample size was limited.

Data Analysis and Interpretation

This data was collected from 60 middle age people (40-59 year) in a Khajura municipality of Banke district. This chapter presents data that correlate the awareness regarding health insurance among the people.

Section I: Deals with the distribution of respondents' according to their demographic variables.

Table 1

Distribution of respondent's socio-demographic characteristics

n=60

Variables	Frequency(n)	Percentage (%)
Age in years		
40-45	17	28.3
45-50	20	33.3
50-55	14	23.4
55-60	9	15.0
Gender		
Male	25	41.7
Female	35	58.3

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Educational Status		
Illiterate	23	38.3
Up to Eight	22	36.7
Secondary and higher level	15	25.0
Religion		
Hindu	42	70.0
Muslim	8	13.3
Christian	10	16.7

Table 1 presents demographic information of respondent which shows that the 17(28.3%) of respondents were in the age group 40-45 years while 20(33.3%) in 45-45 years, 14(23.4%) in the age group 50-55years and only 9(15.0%) were in age group of 55-60 years. Likewise, most of 35(58.3%) respondents were female and 25 (41.7%) were male. Similarly, 23(38.3%) respondents were illiterate, among all 22(36.7%) of total respondents attended education up to basic level and 15(25.0%) attended secondary or higher level. Likewise, majority of 42 (70.0%) respondents were Hindu followed by 10(16.7%) Christian and only 8(13.3%) respondent was Muslim.

Table 2

Distribution of respondent's socio-demographic characteristics

n=60

Variables	Frequency(n)	Percentage (%)
Occupation		
Agriculture	41	68.3
Government Job	9	15.0
Private Job	8	13.3
Business	2	3.4
Income		
Up to 10000	16	26.7
10000 to 20000	26	43.3
20000 to 30000	14	23.3
Above 30000	4	6.7
Marital Status		
Married	50	83.3
Divorced	4	6.7
Widow	6	10
Types of family		
Nuclear	33	55.0

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Joint	18	30
Extended	9	15.0
Number of children		
One	8	13.3
Two	22	36.7
Three and More than three	30	50.0

Table 2 shows distribution of respondent's socio-demographic characteristics that most of 41(68.3%) of total respondents' occupation was agriculture, 9(15.0%) were government employee, 8(13.3%) were private job holder and 2(3.3 %) respondents had their own small business. Similarly, 16(26.7%) of the respondents said that their monthly income is up to Rs. 10000, 26(43.3%) said that their monthly income is Rs. 10000 to Rs. 20000, Similarly 14(23.3%) of respondent said that their monthly income is Rs 20000 to Rs. 30000 and 4(6.7%) said that their monthly income is above Rs. 30000. likewise, most of the respondents 33(55%) lived in Nuclear family and 18(30%) lived in Joint family followed by 9(15%) lived in extended family. Result shows that half of respondent 30(50%) had 3 or above child, 22(36.7%) had 2 children and few 8(13.3%) had only one child.

Table 3

Distribution of respondent's socio-demographic characteristics

n=60

Variables	**Frequency(n)**	**Percentage (%)**
Source of information		
Television/radio/newspaper	22	36.7
Peer groups/health workers	14	23.3
Social media	10	16.7
Insurance agents	14	23.3
Seek medical treatment from		
Traditional healers	4	6.7
Nearby medical	38	63.3
Hospital	18	30.0

Table 3 shows that majority of the respondents 38(63.3%) seek treatment from nearby medical store, 18(30.0%) from hospitals andvery few only 4(6.7%) seek treatment from traditional healers. Majority 22(36.7%) identified that they received information from television/radio/ newspaper, 14(23.3) received information from relatives'/peer groups/health workers as well as insurance agent, 10(16.7%) respondents received information from social media.

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Table 4

Distribution of the respondents Awareness regarding health insurance

n=60

Variables	Frequency(n)	Percentage (%)
Meaning of health insurance		
Expenses for surgery	14	23.3
Medical expenses for illness, injury and death	22	36.7
Collection of money for business	14	23.3
Payment after birth	10	16.7
objective of health insurance scheme		
To reduce the unemployment	8	13.3
To reduce the accidents and injuries	17	28.3
To treat the disease	29	48.4
To reduce out of pocket payment	6	10.0
Eligible age for subscription of health insurance		
After 20 Years	12	20.0
At 40 year	10	16.7
At any age	38	63.3
Reason to do health insurance		
For free delivery services	9	15.0
To collect money	14	23.3
For surgery	11	18.3
For free care and free health services	26	43.4

Table 4 shows distribution of the respondents Awareness regarding health insurance, that the majority of the respondents 22 (36.7%) said that the health insurance was for illness, injury and death, 14(23.3%) said it was for surgery. Also 14(23.3%) said for collection on for money and only 10(16.7%) said for payment after death. Likewise, 8(13.3%) respondent said that the objective of health insurance is to reduced unemployment, 17(28.3%) said to reduce accidents and injuries, nearly half 29(48.3%) said to treat diseases and only 6(10%) said to reduced out pocket money.

Similarly, majority of respondents 38(63.3%) answered eligible age for health insurance was at any age, 12(20%) answered after 20 years and 10(16.7%) answered at the age of 40years. When question was asked about reason to do health insurance to the respondents, 9(15%) answered for free delivery

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

service, 14(23.3%) answered to collect money, 11(18.3%) answered for surgery and most 26(43.3%) answered for free medical care and free health services.

Table 5

Distribution of the respondents Awareness regarding health insurance

n=60

Variables	Frequency(n)	Percentage (%)
Type of hospital health insurance service is provided		
In private hospitals	4	6.7
In government hospital	34	56.7
Both	22	36.6
Type of people should get insured		
Literate	6	10.0
Illiterate	14	23.3
Ill people	10	16.7
Healthy people	30	50.0
Risk is covered by health insurance scheme		
Disaster risk	8	13.3
Disability	16	26.7
Death	13	21.7
Medical risk	23	38.3
Types of health insurance scheme		
Individual health insurance plans	14	23.3
Senior citizens insurance plans	15	25.0
Family health insurance plan	23	28.3
Critical illness insurance plans	8	13.3

Table 5 shows that more than half 34(56.7%) of the respondents said that the health insurance services was provided in government hospitals, 4(6.7%) of the respondents said health insurance service was provided in private hospital and 22(336.6%) said the services were provided form both, similarly, 6(10%) respondent answered that literate people should get insured, 14(23.3%) said for illiterate, 10(16.7%) said for ill people and exactly half 30(50%) said that healthy people should get insured.

Similarly,8(13.3%) respondent answered health insurance covered disaster risk, 16(26.7%) said it covered disability risk, 13(21.7%) said for deaths and most 23(23.8%) said health insurance covered Medical risk.

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Table 6

Distribution of the respondents Awareness regarding health insurance

n=60

Variables	Frequency(n)	Percentage (%)
Barriers for subscription		
It is confusing	18	30.0
It is too expensive	17	28.3
Lack of trust	10	16.7
Poverty	7	11.7
Lack of awareness	8	13.3
Method to Increase coverage		
Launch awareness camp	24	40.0
Reduce premium amount	17	28.3
Comprehensive package	19	31.7

Table 6 shows distribution of the respondents Awareness regarding health insurance. That the majority of the respondents 48 (94%) said that the health insurance was for free medical services and 2(6%) said it was for surgery. Likewise, most of 39(65%) of the respondents said that the health insurance services were provided in government hospitals and 11(35%) said the services were provided form both, similarly, 35(52%) respondent answered that all should get insured nearly half 15(48%) said only ill people should get insured. Similarly, most of 39(65%) answered that health insurance covers medical risk, 8(26%) answered that covers death risk and few 3(9%) answered it covers disability risk.

Table 7

Respondent's awareness level regarding health insurance

n=60

Awareness Level	Frequency	Percentage (%)
Good(>75% of score)	9	15.0
Average(50-75% of score)	35	58.3
Poor((<50% of score)	16	26.7

Table 6shows respondent's awareness level regarding health insurancepresents the most 35(58.3%) of the respondents had average awareness while 16(36.7%) of the respondents had poor awareness and only 9(15.0 %.) of the respondents had good level regarding health insurance.

ISSN: 2961-1989
Academia Research Journal (ARJ)
A Multidisciplinary Peer-Reviewed Research Journal, Indexed in NepJOL
Volume: 4 Issue: 2, Year 2025

Discussion, Conclusion, Recommendations

Discussion

The finding of the result regarding demographic variables of respondent revels that most of the respondents 28.3% were in age group 40-45, and only 15% were in age group 55 – 60. Similarly, most them 58.3% were female and only 417% were male. Majority of the respondents 38.3% were illiterate where only 8.3% respondents had studied above intermediate. Nearly all 81.7% were married only 1.7% was unmarried. Most of the respondent 70% were following Hinduism and only 1.7% followed Muslim, and 68.3% respondents were involved in agriculture as an occupation where only 3.3% respondents had government job. Similarly, nearly half 43.3% earned Rs. 10000 to 20000 monthly only 6.7% earned income above Rs 30000 per month. More than half 55.0% respondents were belonging to nuclear family whereas only 15% respondents belonging to extended family. And most of the respondents 36.7% had 2 children and only 1.7% had no children.

This study is an effort in the area of health insurance to assess the individual's awareness level, study shows that 36.7% of total respondents have heard about health insurance scheme from television, radio and newspaper and only 23.3% had heard health insurance from insurance agent. Regarding the medical treatment 63.3% visits to nearby medicals and 6.7% still visits to traditional healers before visiting hospitals which is supported by the study (Thapa R; et al, 2021) showing majority (70.7%) of the families were aware of the health insurance policy scheme. The most frequent source of knowledge was their friends/ family members (43.7%) followed by insurance service providers (32.4%).

The present study shows thatmajority of the respondents 22 (36.7%) said that the health insurance for illness, injury and death, and only 10(16.7%) said for payment after death. Likewise, 8(13.3%) respondent said that the objective of health insurance is to reduced unemployment, and only 6(10%) said to reduced out pocket money. Similarly, majority of respondents 38(63.3%) answered eligible age for health insurance was at any age, 12(20%) answered after 20 years and 10(16.7%) answered at the age of 40years.

The present study also reveals that majority of respondents 26(43.3%) answered health insurance is for free medical care and free health services, and only 9(15%) said for free delivery service. similarly, more than half 34(56.7%) of the respondents said that the health insurance services were provided in government hospitals, 4(6.7%) of the respondents said health insurance service was provided in private hospital. Finding of the study shows 6(10%) respondent said literate people should get insured, and exactly half 30(50%) said that healthy people should get insured. Similarly, 8(13.3%) respondent answered health insurance covered disaster risk and most 23(38.3%) said health insurance covered Medical risk which is supported by the study conducted by (Shrestha MV; et al, 2020) showing benefits of opting health insurance, 66.5 % of the participants stated that it would reduce out-of-pocket expenditure. 65.5% opined that it would help in case of emergency medical situations.

The present study shows that most of the respondents 58.3% had average level of awareness on health insurance and 26.7% had poor level of awareness on health insurance and only 15.0% had good level of awareness regarding health insurance which is supported by the study conducted in by (Indumathi K ,et al 2016) which shows 75.7% have good awareness and 24.3% had poor awareness level on health insurance.

Conclusion

Based on the findings of the present study, this study shows there is average level of awareness of health insurance in this community.

Recommendations

- The similar study can be conducted in large group of respondents.
- The similar study can be done in order to assess the awareness on health insurance scheme.
- There is a need to launch effective IEC(information, education, communication) activities to make them aware of the need of health insurance to meet the ever rising medical expenses in view of unpredictable injuries and illness

References

Appiah, C. J., Aryeetey, G., Agyepong, I., Spaan, E., &Baltussen, R. (2012). Households' perception and their implications for enrolment in the national health insurance scheme in Ghana. *Health Policy and Planning, 27*(3), 222–233. https://doi.org/10.1093/heapol/czr032

Bhansal, A., Singh, A., &Goel, K. A. (2013). A community-based study to assess the awareness of health insurance among rural Northern Indian population. *International Journal of Health System and Disaster Management, 3*(2), 41–42. https://doi.org/10.4103/2347-9019.147203

Department of Health Services. (2015/2016). *Annual report*. Ministry of Health, Government of Nepal.

Dr. Jhaa, A. (2018). *Assessment of social health insurance scheme in selected districts of Kathmandu*. Nepal Health Research Council. https://www.pubmed.ncbi.nlm.nih.gov

Goswami, S., Singh, M., Ranjan, P., & Dhaka, R. (2020). Awareness and utilization of social security schemes by the elderly population of district Faridabad, Haryana, India. *Journal of Comprehensive Health, 8*(1), 27–33.

Gowda, S., Manjunath, C., & Krishna, D. (2015). Awareness about health insurance in rural population. *International Journal of Community Medicine and Public Health, 2*(4). https://doi.org/10.18203/2394-6040.ijcmph20151064

Indumathi, K., Hajira, S. I., Gopi, A., & Subramanian, M. (2016). Awareness of health insurance in a rural population of Bangalore, India. *International Journal of Medical Science and Public Health, 5*(1).

Mishra, S. R., &Khanal, P. (2015). National health insurance policy in Nepal. *Global Health Action, 8*, 28763. https://doi.org/10.3402/gha.v8.28763

Mishra, S. R., Khanal, P., Karki, D. K., Kallestrup, P., &Enemark, U. (2015). National health insurance policy in Nepal: Challenges for implementation. *Global Health Action, 8*, 28763. https://doi.org/10.3402/gha.v8.28763

Mulupi, S., Kirigia, D., &Chuma, J. (2013). Community perception of health insurance and their preferred design features: Implications for the design of universal health coverage reforms in Kenya. *BMC Health Services Research, 13*, 474. https://doi.org/10.1186/1472-6963-13-474

National Health Insurance Policy. (2013). *Government of Nepal*.

Saito, E., Gilmour, S., Rahman, M. M., Gautam, G. S., Shrestha, P. K., & Shibuya, K. (2014). Catastrophic household expenditure on health in Nepal: A cross-sectional survey. *Bulletin of the World Health Organization, 92*(10), 760–767.

Setswe, G., Muyanga, S., &Witthuhn, J. (2015). Public awareness and knowledge of the National Health Insurance in South Africa. *The Pan African Medical Journal, 22*(19). https://doi.org/10.11604/pamj.2015.22.19.6131

Shrestha, M., Manandhar, N., Dhimal, M., & Joshi, S. (2020). Awareness on social health insurance scheme among locals in Bhaktapur Municipality. *Journal of Nepal Health Research Council, 18*(48), 422–425. https://doi.org/10.33314/jnhrc.v18i3.2471

Social Health Security Program. (2017). https://www.shs.gov.np/dashboard

Srivastava, A., &Kandpal, S. D. (2014). Awareness and utilization of social security scheme and other government benefits by the elderly. *Indian Journal of Community Health, 4*(4), 379–384.

Stoermer, M., Fuerst, F., Rijal, K., Bhandari, R., Nogier, C., Gautam, G. S., et al. (2012). *Review of community-based health insurance initiatives in Nepal*. Deutsche GesellschaftfürInternationaleZusammenarbeit (GIZ) GmbH.

Suwar, M., K., D., S., & Gaikwad, V. (2012). Awareness and perception regarding health insurance. *International Journal of Medicine and Public Health, 2*(2), 18–22. https://doi.org/10.5530/ijmedph.2.2.5

Subedi, L., Regmi, M. C., &Giri, Y. (2018). Assessment of community-based health insurance in Sunsari District. *Kathmandu University Medical Journal, 16*(1), 53–59. http://www.kumj.com.np

Thapa, R., Lamsal, S., Badhu, A., & Shrestha, S. (2021). Awareness regarding health insurance policy scheme of government of Nepal among local residents of Dharan sub-metropolitan city. *Journal of BP Koirala Institute of Health Sciences, 4*(1), 32–36.

Yuan, F., Qian, D., Huang, C., et al. (2015). Analysis of awareness of health knowledge among rural residents in Western China. *BMC Public Health, 15*, 55. https://doi.org/10.1186/s12889-015-1393-2