

## Awareness on Social Health Insurance Scheme among Locals in Bhaktapur Municipality

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### ABSTRACT

**Background:** Illnesses impose a huge economic burden on individuals and families. Costly health care also discourages people from using health services thereby generating prolonged or worsened health problems. The recently endorsed National Health Insurance Policy forecasts the integration of all social health protection schemes thereby ultimately achieving universal coverage. The aim of this study was to find out the awareness of health insurance and evaluate source of information about health insurance.

**Methods:** A cross sectional study was conducted on 385 participants from 5 randomly selected wards of Bhaktapur Municipality on July 2019. Households with health insurance were selected. The interview was taken either from the head of the family or the family member who takes financial decisions in the house. Face to face interview was taken in local language (Newari). Good and poor categories on awareness were developed. Descriptive statistics was applied.

**Results:** Good awareness of social health Insurance scheme was found among 335(87.2%) participants. 99% of the participants showed the importance of social health insurance. The main source of information was insurance agents (47.3%) and female community health volunteers (28.6%). Regarding 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. About 91.9% of respondents wanted to renew their health insurance in future also.

**Conclusions:** Awareness regarding health insurance was found good, which shows the positive acceptance of social health Insurance scheme by community. Insurance agent and female community health volunteers (FCHV) seemed to have played an important role in dissemination of information.

**Keywords:** Awareness; Bhaktapur municipality; health insurance

### INTRODUCTION

Illnesses can inflict a huge economic burden on individuals and families.<sup>1</sup> Health services provided by health systems bring difference to peoples' health but direct payments bring economic burden for household in many developing countries.<sup>2</sup> Expensive health care discourages people to use health services, generating prolonged or worsened health problems.<sup>3</sup> Approximately 150 million people suffer from financial burden each year due to health care payments, and about 100 million are pushed into poverty.<sup>4</sup> This impact is more severe on the poor.<sup>5</sup> Nepal's health financing and expenditure indicators are slightly better than those of the average low-income country, but out-of-pocket expenditure for health care is still extremely high.<sup>6</sup>

Nepal subsequently retracted user fees on primary

health care services to reduce inequalities in access to health services, and its outcomes.<sup>7</sup> In January 2012 Ministry of Health and Population implemented "health insurance policy"<sup>8</sup> which aimed to increase the access of health services to the poor and marginalized people in different areas of the country.<sup>9</sup>

### METHODS

A cross sectional study was conducted at Bhaktapur Municipality on July-August 2019. Ethical approval was taken from IRC of Kathmandu Medical College. Written consent was taken from each participant and confidentiality of information of the participants was maintained. The information they provided were used only for research purpose.

The sample size calculated was 385. There is total 10

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wards in Bhaktapur Municipality. Out of which only 5 wards (ward 1, 2, 6, 9, and 10) were randomly selected. Number of households selected from each ward was 77. For the selection of households in each ward, list of the enrolled members was obtained from insurance agent of that ward. Households were randomly selected out of that list.

Participants (permanent resident of Bhaktapur) who were willing to participate and present during the study period were included in the study. Only one participant was taken from each household for the study. Pre-designed and structured questionnaire was used to collect the data. Face to face interview was taken in local language (Newari).

Data were analyzed by using SPSS version 22. Descriptive statistics like mean and percentage was used. Inferential statistics was not used. Results were presented in tabular form.

## RESULTS

The mean age of participants was 52.68 years with 14.4 years of standard deviation. Of the 385 study population, 209 (54.3%) were male and 176 (45.7%) were female. Most of the participants (98.4%) belonged to Newar ethnicity and 95.6% believed in Hinduism. The participants were engaged in different occupation like 36.6% were self-employed, 23.4% were housewife and 15.3% were engaged in agriculture. Majority of the participants 357 (92.7%) were married. About 21.1% of participants were found illiterate and 20.5% had no formal education. Most of the participants 254 (66%) had nuclear family (Table 1).

**Table 1. Sociodemographic characteristics.**

Characteristics of the respondents	N (385)	%
Mean Age of the respondents	52.68±14.4	
<b>Gender</b>		
Male	176	45.7
female	209	54.3
<b>Ethnicity</b>		
Newar	379	98.4
Others (Brahmin, Chettri, Dalit)	6	1.6
<b>Education</b>		
Illiterate	81	21.1
No formal education	79	20.5
Up to 10+2 class	198	51.4
others	27	7.0
<b>Religion</b>		
Hindu	368	95.6
Others (Buddhist, Christian)	17	4.4

## Occupation

Self employed	141	36.6
Housewife	90	23.4
Agriculture	59	15.3
Others	95	24.7

## Family size

Single	29	7.5
Nuclear	254	66
joint	102	26.5

Table 2 depicts awareness of health insurance and the source of information and 99% of the participants showed the importance of social health insurance. Good awareness of social health insurance scheme was found among 335 (87.2%) participants whereas 12.8% of them had poor awareness. 47.3% of the participants said that Insurance agent from wards were the source of information followed by from FCHV (28.6%), family/friends (17.4%), television (13.5%) and newspaper (4.9%).

**Table 2. Awareness and source of information of health insurance.**

Awareness	N	%
Good	336	87.3
Poor	49	12.7
<b>Source of information</b>		
Insurance agent	182	47.3
Health worker	110	28.6
Friends	67	17.4
Family	64	16.6
Television	52	13.5
Relatives	34	8.8
Newspaper	19	4.9

When asked about the reasons and benefits of opting social health insurance; 66.5% of the participants stated that it would reduce the out-of-pocket expenditure. Participants who opined that it would help in case of emergency medical situations were (65.5%). 80.3% participants felt that they got benefits in outpatient services like pathology lab test, physiotherapy. 71.2% felt that Health insurance covered medicine cost as well (Table 3).

**Table 3. Reasons and benefits of opting health insurance (multiple responses).**

Reasons	N	%
Reduce household expenditure	227	59
Reduce out of pocket expenditure	256	66.5
Insurance makes life easier	166	43.1
Refund the expense done during treatment	52	13.5
Helps in emergency medical treatment	252	65.5
Benefits		

Outpatient service (lab test, physiotherapy)	309	80.3
Admission fees	226	58.7
Doctor fees	237	61.6
Medicine cost	274	71.2
Dental care	190	49.4
Eye treatment	236	61.3

Table 4 shows the perception of participants towards health Insurance. Nearly equal proportion of participants perceived the coverage of HI (wide coverage 47.5% and low coverage 52.5%). Regarding the services provided, 238 (61.8%) participants perceived that the services had not changed in terms of betterment, it was same as before; only 123(32%) participants perceived service better than before. Despite of this, 91.9% still wanted to renew their health insurance in future.

Table 4. Perception on health insurance.

Perception	N	%
Importance of HI		
Yes	381	99
No	4	1
Coverage of HI		
Wide coverage	183	47.5
Just ok	202	52.5
Service		
Fast/good service	24	6.2
Better than before HI	123	32
Same as before(no change)	238	61.8
Renew HI in future		
Yes	354	91.9
No	31	8.1

## DISCUSSION

Nepal government is promoting social health Insurance scheme in remaining 38 districts. Only 5% population are enrolled in social health Insurance scheme.<sup>10</sup> The present study is an effort in the area of health insurance to assess the individual's awareness level among those who are enrolled.

The present study found that the participants of different wards of Bhaktapur Municipalities had good awareness (87.3%) of social Insurance scheme compared to other studies done in different parts of India.<sup>11-16</sup> Similar result was seen in the study done in 3 district of Nepal.<sup>17</sup> In the present study the main source of awareness was Insurance agent 182 (47.3%) and FCHV110 (28.6%) followed by friends, family and relative ,television and

newspaper, while in the study done in other districts of Nepal showed that 133 (74%) got awareness from radio.<sup>14</sup> In contrary, awareness in other studies in India was found mainly through family/friend/relative/newspaper. This showed that Bhaktapur Municipality is focusing to promote Social Health Insurance scheme through their insurance agents and Female community Health volunteers (FCHV). The reason for opting health insurance in this present study was to reduce out of pocket expenditure (66.5%). This result was consistent with studies conducted by Reshmi<sup>11</sup> and Khan.<sup>12</sup> In other studies done by Raja<sup>15</sup> financial coverage was the main reason (60%) while in the study of Chaudhary<sup>16</sup> refund of cost of drugs (100%) was major reasons for opting health insurance.

Few studies have been conducted similar to this in Nepal. The findings will be useful for Municipalities and concerning agencies. The study was carried out in 5 wards only. Participants who were not enrolled in social health Insurance scheme were not covered in this study

## CONCLUSIONS

Awareness regarding health insurance was found good, which shows the positive acceptance of social health Insurance scheme by the community. Insurance agent and female community health volunteers seemed to have played an important role in dissemination of information. For wide coverage of social health insurance in Nepal, it is necessary to develop the scheme accessible and acceptable to all citizens based on people's perception.

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