Vol. 10 Issue 2, 77-89 Jul. 2025
ISSN 2382-5103

JOURNAL OF DEVELOPMENT REVIEW

A Qualitative Investigation into the Awareness and Effectiveness of Social Health Insurance in Ward No. 8, Chandragiri Municipality, Kathmandu District, Nepal

Bishnu Raj Kafle
Associate Professor Tribhuvan University (Saraswati M. Campus)
bishnukafle100@gmail.com
ORCID: 0009-0008-0665-2559

ARTICLE INFO

Received date: April 22, 2025
Reviewed: May 10, 2025
Revised: July 15, 2025
Accepted: July 30, 2025

Keywords

Social Health Insurance, Effectiveness, Understanding, Chandragiri Municipality, Kathmandu District, Nepal

ABSTRACT

This study aims to investigate the level of understanding, accessibility, and use of the Social Health Insurance (SHI) program in Chandragiri Municipality, Kathmandu District, specifically in Ward No. 8. Focus group discussions with community members were held in addition to interviews with fifteen people, five local leaders, five healthcare providers, and qualitative case study research method was applied. The SHI program is still not widely known, and there were significant gaps in understanding regarding what it offers, how to apply, and how to make use of it. Furthermore, people's opinions on the SHI program's awareness and effectiveness were mixed or, neutral. These findings align with international research suggesting comparable issues impacting the SHI effectiveness in rural and low-income communities. The study presents various interventions that could potentially address the challenges mentioned. However, it ultimately concludes that the issue can only be resolved by establishing extensive networks of participating clinics, providing more funding, streamlining paperwork, and developing effective advertising campaigns that target the specific obstacles faced by the patient population. To improve SHI utilization, planned communication activities that take into account the targeted population's demographic and socioeconomic characteristics are recommended. By using awareness efforts that will improve the SHI program, stakeholders can alter perspectives and close the knowledge gap. The Chandragiri Municipality's SHI program may serve as a model for improving financial risk protection and healthcare access in other low-income environments across the world by tackling these problems.

Introduction

Social Health Insurance (SHI) is a cornerstone of Nepal's push toward Universal Health Coverage (UHC), designed to improve access to healthcare and shield families from crippling medical costs (Acharya et al., 2019). Managed by the Health Insurance Board, the SHI program provides coverage for outpatient visits, hospital stays, and prescribed medications (Gurung et al., 2017). Though rolled out across the country, its success varies widely across different municipalities

and districts (Poudel & Subedi, 2020).

Starting with a few pilot districts, SHI has expanded quickly but faces inconsistent adoption and mixed results. Challenges like bureaucratic hurdles, limited healthcare services, and low public awareness have hindered its impact. A major issue is the lack of understanding about who qualifies for SHI, how to enroll, and what benefits are offered, which discourages participation (Barber, 2019; Marmot, 2005).

Evaluating SHI's success involves looking at its ability to provide coverage, ensure quality care, and protect against financial hardship (Kutzin, 2013). It also requires assessing whether the program reduces healthcare access gaps across different social and demographic groups. Studies in Nepal show varied outcomes—some highlight better access to care, while others point to frustrations over delays, poor service, and shortages of medicines.

There's a clear need for more localized, qualitative research at the municipal or ward level. While many studies focus on national patterns or pilot districts, few dig into how local factors shape SHI's performance (Paudel et al., 2018). Understanding how communities perceive and experience SHI is key to refining the program's design and outreach.

Ward No. 8 of Chandragiri Municipality offers a unique lens for this research. Located near Kathmandu city, this semi-urban ward is home to a diverse population with varying income, education, and healthcare access levels. Its blend of urban and rural characteristics makes it a microcosm of Nepal's evolving healthcare system. Despite its proximity to the capital, which could mean better resources, the ward still grapples with the same implementation challenges seen in Nepal's decentralized health programs. This makes it an ideal setting to explore how SHI is understood and experienced locally.

The study draws on health behavior theories, particularly the Health Belief Model (HBM), which highlights how perceived benefits, barriers, and awareness influence health-related choices. This framework helps unpack why people in Ward No. 8 choose to engage—or not—with SHI services.

Statement of the Problem

Nepal's Social Health Insurance (SHI) program was launched to make healthcare more accessible and affordable, aiming to reduce the financial burden of medical costs. A major hurdle is the lack of community awareness about SHI—many residents don't fully understand its benefits, how to enroll, or what services it covers. This knowledge gap significantly limits participation and leads to under-use of the program. As Smith and Jones (2021) point out, awareness is a key factor in driving health insurance uptake.

Even among those who know about SHI, many feel it fails to meet the standard. Residents often cite poor service quality, limited options for healthcare providers, and slow claim processing as major issues (Khanal & Shrestha, 2022). These frustrations fuel distrust, making people question the

program's value. On top of that, bureaucratic roadblocks—like confusing enrollment processes and inadequate follow-up—further discourage participation.

Another problem is the lack of effective communication arrangement to meet local needs. National campaigns haven't reached semi-urban areas like Ward No. 8 effectively, where diverse populations with different education levels and economic statuses need clear, targeted information (Kumar & Rai, 2023). Even when local media is used, SHI details often remain vague or hard to access for many residents (Maharjan, 2021)

These challenges go beyond logistics—they have serious implications for policy. Low enrollment and skepticism about SHI could deepen health inequities, especially for low-income families who can't afford private care. Without action, the program risks falling short of its goal to achieve universal health coverage, particularly in local communities.

To tackle these issues, a detailed, localized study of SHI in Ward No. 8 is needed. By exploring residents' awareness, perceptions, and barriers to participation, this research aims to provide practical recommendations to boost the program's reach and impact. Ultimately, addressing these challenges will help strengthen SHI, promoting fairer access to healthcare and better financial protection for communities in Nepal.

Objectives

- To gauge how well residents of Ward No. 8, Chandragiri Municipality, know and understand the Social Health Insurance (SHI) program.
- To detect the main obstacles & enablers for residents trying to access healthcare services using SHI programme in ward No. 8.
- To pinpoint the main factors affecting people in the ward sign up for and use the SHI program, based on their personal and community experiences.
- To investigate the roles played by local figures—such as health workers, municipal officials, and community leaders—in raising awareness and encouraging participation in SHI.
- To offer practical, tailored suggestions for improving the SHI program's outreach and impact in the ward.

Research Questions

- What is the level of knowledge and understanding of the residents of ward No.8 about the SHI program?
- What are the main obstacles and enablers for residents trying to access healthcare through the SHI program in Ward No. 8?
- What influences residents' choices to enroll in or use the SHI program, drawing from their own or their community's experiences?
- What difficulties do residents encounter when trying to benefit from the SHI program, such as problems with service quality, communication, or administrative processes?

- How do local stakeholders, like health workers and community leaders, shape residents' awareness, trust, and participation in the SHI program?
- What ideas do residents and stakeholders have for making the SHI program more effective, accessible, and widely used in Ward No. 8?

Literature Review

Access to health information significantly influences enrollment in Social Health Insurance (SHI). Oral communication and informal sources, such as local health workers and community leaders, are primary information channels but are often unreliable and inadequate, leading to uneven knowledge distribution (Marmot, 2005). For instance, while some communities receive timely updates, remote areas often lack critical information.

Previous research by Goyal and Joshi (2012) explored communication barriers but focused on banking ethics rather than healthcare, underscoring the importance of using health-specific sources for SHI studies. Relying on relevant literature strengthens the evidence base.

Geographic and cultural barriers further hinder SHI awareness. In Ward No. 8 of Chandragiri Municipality, remote locations have limited exposure to outreach efforts (Kutzin, 2013). Language and cultural norms can also exclude marginalized groups, particularly women and older adults, from participating. These findings align with the Social Determinants of Health framework, which highlights how social and environmental factors shape healthcare access.

Trust in the SHI system is a key issue. Skepticism arises from lack of transparency, bureaucratic obstacles, and negative prior experiences (Acharya et al., 2019). The Health Belief Model suggests that perceived barriers and mistrust reduce health-seeking behavior.

Administrative challenges, such as slow claims processing and unclear enrollment procedures, deter participation (Poudel & Subedi, 2020). Simplifying processes and tailoring community outreach could boost uptake, especially among disadvantaged groups.

Community-based approaches, including multilingual campaigns, localized workshops, and partnerships with trusted figures like teachers or religious leaders, have improved SHI enrollment elsewhere (Gurung et al., 2017). These strategies are particularly effective in gender-sensitive settings where women may have limited decision-making power.

Ghimire et al. (2024) studied urban perceptions of Nepal's National Health Insurance Program (NHIP) through interviews with 45 stakeholders. Many were unaware of enrollment processes and believed key services were excluded. Administrative delays and poor service quality further discouraged participation. However, the study's urban focus limits its relevance to semi-urban or rural areas like Ward No. 8.

Carrin and James (2005) identified socioeconomic status and education as key drivers of SHI awareness across regions. Higher-income and better-educated individuals were more likely to engage with SHI, though the study overlooked gender and age-specific factors that influence awareness in patriarchal or multi-generational households.

In India, Ranson and John (2001) found that only 25% of rural households knew about SHI programs. Enrollment was higher among families with greater health needs and stable incomes, with poor understanding being a major barrier. Culturally tailored education could address this gap.

Dixon et al. (2013) analyzed SHI uptake in Ghana, noting that customized communication and subsidies increased enrollment among the urban poor. However, the study did not address gender-specific challenges, such as limited mobility or decision-making power, which may be relevant in places like Ward No. 8.

In Kenya, Mbugua and Kinyanjui (2017) focused on SHI among the elderly, finding that geographic isolation and low literacy reduced awareness. Targeted campaigns, financial aid, and local engagement were recommended, though the age-specific focus limits broader applicability.

In Nepal, a recent study found moderate SHI awareness but noted that cultural preferences for traditional healing and distrust in government programs hindered uptake. Health literacy was a key predictor of participation (Singh & Gurung, 2023), emphasizing the need for targeted education, particularly for women and older adults.

Nguyen and Wang (2013) cautioned against inferring causality from cross-sectional studies, advocating for longitudinal or experimental research. They also noted that poverty often forces individuals to forgo insurance despite awareness, highlighting affordability and trust as critical for future SHI strategies.

Methodology

Thematic analysis guided the data analysis, allowing the identification of patterns and key themes from interview and focus group data. The Social Determinants of Health framework and the Health Belief Model shaped the interpretation of findings, particularly regarding barriers to access and individual decision-making processes.

Study Area

The research took place in Ward No. 8 of Chandragiri Municipality, located in the southwestern region of Kathmandu District. This ward was chosen for its socioeconomic diversity, including low-, middle-, and high-income households, as well as a blend of rural and urban characteristics. This mix makes it an ideal setting to explore varied perspectives and challenges related to SHI participation.

Ward No. 8 has an estimated population of about 5,200 residents, with occupations ranging from farming and daily wage labor to small businesses and government jobs. Healthcare facilities include one public

health post, several private clinics, and access to secondary and tertiary hospitals in the Kathmandu Valley. Despite these resources, SHI enrollment remains uneven, making the ward a suitable focus for this study.

Data Collection Methods

1. Semi-Structured Interviews

A total of 25 semi-structured interviews were conducted with:

15 residents (aged 18–65, including both SHI-enrolled and non-enrolled individuals)

5 local leaders (ward representatives and community figures)

5 health professionals (from public and private sectors)

Interviews explored personal experiences with SHI, perceived advantages and limitations, enrollment challenges, and recommendations for improvement. Sample questions included:

"What do you know about the SHI program?"

"What difficulties, if any, did you encounter during enrollment?"

"How do you view the quality of healthcare services provided through SHI?"

2. Focus Group Discussions (FGDs)

Two FGDs, each with 7–8 residents, were conducted, divided by gender and age to foster open dialogue and minimize power dynamics. The discussions focused on community perspectives, collective barriers, and culturally influenced concerns about SHI access and utilization. Topics covered included:

Trust in the SHI system within the community

Cultural preferences (e.g., traditional healing versus biomedical care)

Ideas for improving SHI awareness

3. Participant Selection and Sampling

Participants were chosen through purposive sampling to include individuals with relevant SHI experiences and perspectives. Inclusion criteria were:

Age 18 or older

Residency in Ward No. 8 for at least one year

Awareness of or enrollment in SHI (for residents)

Involvement in health services or community leadership (for professionals and leaders)

Sampling continued until thematic saturation was reached, meaning no new insights emerged from additional data collection.

Ethical Considerations

All participants were:

i. Provided with informed consent forms outlining the study's purpose, procedures, and confidentiality measures.

ii. Assured of voluntary participation and the right to withdraw at any time.

iii. Guaranteed anonymity and confidentiality, with pseudonyms used in reporting results

iv. Interviews and FGDs were conducted in Nepali, with audio recordings transcribed and translated for analysis.

Data was stored securely and accessible only to the research team.

Information Analysis

All interviews and focus group discussions were audio-recorded, transcribed word-for-word, and translated into English. The data was analyzed using a manual thematic analysis approach. Transcripts were read multiple times to gain familiarity, and initial codes were created based on recurring ideas and phrases. These codes were then organized into broader themes, such as awareness, perceived effectiveness, and barriers to utilization.

Two independent researchers conducted the coding, ensuring inter-coder reliability through discussions to resolve any differences. Triangulation was achieved by cross-referencing data from residents, health workers, and local leaders to ensure a well-rounded interpretation. Additionally, member checking was performed with five participants to confirm the accuracy of the identified themes.

Study Findings

Findings are presented under subheadings aligned with the research objectives for clarity and coherence.

Awareness of SHI

A key finding was the low awareness of the Social Health Insurance (SHI) program among residents. Approximately 90% of participants, based on 22 of 25 interviews and both focus group discussions, reported limited or no knowledge of SHI benefits, eligibility, or enrollment processes.

"I didn't even know about this insurance until now. Maybe some people know, but no one told us." — Female resident, age 40

Many participants learned about SHI through informal sources, such as neighbors, rather than formal campaigns. Local leaders and health workers were often not proactive in sharing information, leading to widespread unawareness and misconceptions.

"We hear bits and pieces from others—some say it's helpful, others say it's useless. It's hard to understand." — Male focus group participant

Perceived Effectiveness of SHI

Participants expressed varied views on the SHI program's effectiveness. Some recognized benefits like reduced healthcare costs and better access to services, but others were frustrated by limited coverage, delayed reimbursements, and shortages or unavailability of prescribed medications.

"We paid for the insurance, but when we needed medicine, they said it's not included or unavailable. What's the use?" — Mother of two, SHI member

Despite these challenges, some participants saw SHI as a "promising opportunity" if better implemented. They valued its potential but questioned its reliability and sustainability.

"If the government can make it work well, it's a great help. Poor people like us need support for medical costs." — Local farmer, age 55

Barriers to Utilization

Several barriers to SHI participation and use were identified:

Lack of Awareness Campaigns: Participants frequently noted the absence of organized efforts to promote SHI, such as through mass media (radio, TV, newspapers) or community outreach.

"We have local radios, but they never mention insurance. Why not use them?" — Local leader

Mistrust and Miscommunication: Skepticism about the government's intentions and confusion from inconsistent information discouraged enrollment.

Accessibility Challenges: Distance to healthcare facilities and transportation costs hindered regular use of SHI services.

Limited Stakeholder Engagement: Although health workers and community leaders were seen as trusted figures, their inconsistent involvement limited enrollment efforts.

Suggestions for Improvement: Participants offered several recommendations to boost SHI awareness and participation:

Community Meetings and Workshops: Regular sessions led by health professionals and local leaders to educate residents.

Localized Media Campaigns: Use of community radio, social media, and posters in public areas.

Simplified Procedures: Clearer guidance on enrollment, benefits, and claims processes.

"The government should explain it directly to us—maybe hold a ward meeting or training." — Health worker

Summary of Key Findings

Theme Key Insights

Awareness: 90% of participants had limited SHI knowledge; relied on informal sources

Effectiveness: Mixed perceptions; benefits include cost reduction, but issues like unavailability, of prescribed mediations and delays presist.

Barriers: Lack of campaigns, mistrust, accessibility challenges

Role of Stakeholders: Health workers and leaders are key but underutilized

Suggestions for Outreach Community events, targeted media, and clearer communication

Discussion

The research conducted in Ward No. 8 of Chandragiri Municipality reveals significant obstacles to the utilization of the Social Health Insurance (SHI) program, particularly in terms of awareness, perceived effectiveness, and administrative accessibility. Approximately 90% of participants reported limited or no understanding of SHI's benefits, eligibility, or enrollment processes, a finding consistent with studies by Wagstaff et al. (2007) and Acharya et al. (2018). This underscores the urgent need for targeted efforts to improve information dissemination.

A key issue identified was the lack of formal communication channels for SHI. Participants often learned about the program through informal sources, such as neighbors, which frequently led to misunderstandings about its features. Similar patterns were observed in Vietnam rural India (Ranson & John, 2001), where weak outreach and low trust in government programs hindered enrollment. In Ward No. 8, this knowledge gap was especially evident among older adults, low-income individuals, and those with limited literacy, aligning with findings from rural Kenya (Mbugua & Kinyanjui, 2017) and Ghana (Dixon et al., 2013).

Cultural mistrust and negative perceptions of government-led health initiatives further impeded SHI uptake. Participants expressed doubts about the program's value, citing unclear information, lack of transparency, and unreliable service delivery. These concerns echo findings by Carrin and James (2005) and Okpani and Abimbola (2015), who noted that mistrust and perceived corruption can deter participation, even when systems are in place. Unlike some regions where community-based interventions have boosted enrollment despite low initial awareness (Nguyen & Wang, 2013), Ward No. 8 lacked such efforts, missing opportunities to build trust through local engagement.

The study also highlights gender- and age-specific challenges. Older residents were notably unaware of SHI, while women, particularly homemakers or those with less education, struggled to understand enrollment processes or eligibility. These findings suggest the need for tailored outreach strategies, such as women's groups, elderly-focused health forums, or community mobilization efforts designed for these groups.

Perceptions of SHI's effectiveness varied. Some participants appreciated the financial relief and improved access to care, but many were frustrated by limited treatment coverage, a restricted network of participating hospitals, and delays in reimbursements. These issues are not unique to Ward No. 8; similar challenges were reported in Bangladesh, Vietnam (Nguyen & Wang, 2013), and Ghana (Dixon et al., 2013). Administrative hurdles, such as unclear claims processes and frequent denials, eroded trust and discouraged sustained participation. Simplifying these processes, as suggested by Carrin and James (2005), could enhance SHI's effectiveness, a recommendation supported by this study's findings.

The literature also shows that SHI can succeed despite low awareness when paired with effective outreach. For example, Nguyen and Wang (2013) found high enrollment among low-income households in Vietnam after sustained awareness campaigns. This indicates that awareness alone is insufficient without trust in the system's value and reliability. In Ward No. 8, the lack of local champions, media campaigns, and coordinated stakeholder efforts likely explains the limited progress in SHI uptake.

This study has some limitations. First, its small, qualitative sample size limits the generalizability of the findings. While focus

groups and interviews provided detailed insights, quantitative estimates (e.g., "90% unaware") are based on qualitative consensus rather than statistical analysis. Second, the study underrepresented the perspectives of healthcare providers. Future research should include a broader range of stakeholders to explore whether providers' knowledge or attitudes toward SHI contribute to low outreach and enrollment. Finally, the peri-urban setting of Ward No. 8 may not fully align with strictly rural or urban contexts, where access to infrastructure and information may differ significantly.

Conclusion

This research explored the awareness and perceived effectiveness of the Social Health Insurance (SHI) program among residents of Ward No. 8 in Chandragiri Municipality. The results highlight significant gaps in public knowledge, with many participants unaware of the program's benefits, eligibility criteria, or enrollment processes. While some residents valued SHI's potential to lower medical costs and encourage timely healthcare use, others pointed out major issues, including limited service coverage, delayed reimbursements, and subpar treatment quality, which raised doubts about the program's overall effectiveness.

The study identified several barriers to SHI participation and use, such as inadequate communication, limited outreach efforts by local health authorities, and practical challenges like the distance to clinics and transportation costs. Community leaders and health workers were recognized as valuable but underutilized resources for spreading information and building trust in the program.

Despite these challenges, the SHI program shows promise. Some participants reported financial relief for routine healthcare costs, suggesting that addressing implementation issues could amplify its impact. However, as this study is qualitative, claims about the extent of its success should be approached cautiously. Future research with larger, representative samples and quantitative data is needed to confirm these patterns.

To improve SHI's effectiveness, the study suggests the following steps:

- Develop targeted communication campaigns using local languages and accessible platforms, such as radio, street plays, and school programs.
- Provide training for health workers and engage local leaders to boost community trust and clarify SHI processes.
- Collaborate with NGOs or civil society groups to expand outreach and improve service delivery in underserved areas.
- Implement administrative reforms to simplify enrollment and reimbursement processes, enhancing user satisfaction and sustained participation.

The findings are drawn from a small, qualitative sample in a single ward, which limits their applicability to other settings. The study lacks robust quantitative data on enrollment or utilization rates. Additionally, the views of healthcare providers and program

administrators were underrepresented, potentially missing key insights into operational challenges.

In summary, while the SHI program in Ward No. 8 shows potential, it is constrained by communication shortcomings, administrative inefficiencies, and limited stakeholder involvement. Addressing these issues with tailored, inclusive strategies could make SHI a more equitable and sustainable system. These findings contribute to efforts to strengthen health insurance programs in similar low-resource contexts and provide practical guidance for local policymakers and public health planners.

Recommendation for Further Research

- In this study's small research area was used, and the analysis's recommendations cover and include the Chandragiri Municipality, of Ward No.8. The only way to proceed with validating the claims of dominant factors influencing the regional differences in social health insurance (SHI) program awareness, enrolment, and efficacy will be adopted for its broad perspective in coming investigation
- Understanding the unexplained components of the SHI program's operation would be greatly aided by the addition of quantitative approaches in new research.
- Research-based to determine the statistically significant predictors of awareness and use, larger surveys might be used.
- Research to determine the pattern of changes in knowledge, attitudes, and behavior regarding the SHI program will be conducted by applying longitudinal studies.
- Additional research will be conducted to address the vulnerable populations in particular, which are often disregarded and include low-income families, the elderly, women, and those with chronic illnesses. Understanding the particular issues that these groups face could help create plans that expand the SHI program.
- How community outreach initiatives and health education campaigns affect SHI program awareness and enrolment will be investigated.

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