

## People's Perceptions and Experiences Regarding Nepal Health Insurance Program: Evidence of Bharatpur.

Dr. Bijay Lal Pradhan\*

Associate Professor  
Tribhuvan University  
Kathmandu

Shradhda Bista

Research Assistant  
Boston International College  
Pokhara University  
Bharatpur

### Abstract

The Nepal Health Insurance Program (NHIP) was established in 2016 to achieve universal health coverage in Bharatpur and address public healthcare issues. Despite its unique features, such as contracts with healthcare providers and additional support for open populations, dissatisfaction among users has arisen due to unfulfilled promises. This study investigates Bharatpur residents' NHIP awareness, participation trends, enrollment factors, and overall satisfaction. The research, utilizing a survey with 39 participants, emphasizes user-friendliness and positive correlations between perceived program convenience and healthcare quality belief. Main findings stress the need for improved communication and information accessibility. Concerns include medication availability, fraudulent billing, and care standards. Recommendations include increased awareness, prompt claims resolution, expanding healthcare facilities, and addressing fraud. The study contributes to healthcare improvement discussions by advocating customized approaches, addressing service quality issues, and involving the community in decision-making. In summary, NHIP, launched for universal health coverage in Bharatpur, faces challenges of user dissatisfaction and unmet promises, emphasizing the importance of communication and addressing key issues.

**Keywords:** Insurance, Well-being, NHIP, HIA

### Introduction

In the rapidly changing global healthcare landscape, the importance for establishing comprehensive health insurance programs has become more and more obvious. Where, Nepal trying to walk on the path of developing nations has set out bold step of putting health care as a priority to serve the nation. The implementation of this initiative seeks to give all citizens equitable access to high-quality healthcare, represents an innovative shift in the healthcare industry. Where economic growth and flexibility are the main reason behind every initiative and development. Likewise, Nepal trying to maintain Health economic tends to be improving the health of the population through the efficient use of resources. "Economic evaluation provides a formal comparison of the benefits and harms as well as the costs of alterna-

**\*Correspondence:**

Email: [bijaya.pradhan@ac.tu.edu.np](mailto:bijaya.pradhan@ac.tu.edu.np)

tive health programs. It helps to identify, measure, value and compare costs and consequences of alternative treatment options RCGP (2009). For these kinds of initiatives to be successful and sustainable, it is essential to understand public attitudes, expectations, and concerns. According to Mugo (2023), "Healthcare financing through health insurance is gaining popularity in developing countries". Lagomarsino et al. (2012) state that "Numerous lower-middle-class and low-income nations in Asia and Africa have enacted national health insurance reforms aimed at achieving universal health coverage (UHC)". As a result, governments all over the world are working to meet these demands, and a crucial component of this effort is health insurance. From the 21st century, there has been a global increase in scholarly research that shed light on various facets of national health insurance programs exploring its pros and cons to both nation and citizens. Likewise, this research examines the situation of Bharatpur regarding the scheme of government.

Service users express dissatisfaction with the NHIP due to unmet promises and commitments, despite high expectations for the program. The program's effectiveness is further complicated by instances of fraudulent activity and recent terminations. The burden on associated hospitals increases as private hospitals are not part of the initiative. Concerns arise from allegations of inadequate medication supply and fraudulent billing. This study aims to address these concerns by examining Bharatpur residents' awareness of the NHIP, participation trends, enrollment influencers, and overall satisfaction with program services.

This study's main goal is to thoroughly investigate the effects of the NHIP in Bharatpur which considers a variety of demographic variables, including gender, age, marital status, level of education, income, and family structure. Assessing awareness levels, investigating participant demographics, examining enrollment-influencing factors, and analyzing enrolled indi-

viduals' general satisfaction with service quality are some of the specific goals.

## Literature Review

With an emphasis on the Nepal Health Insurance Program (NHIP), this literature review explores deeply into the world of health insurance programs on a worldwide basis. The literature review begins by investigating how citizens of Bharatpur perceive the national health insurance program in accordance with appropriate guidelines of Pokharel, P. R. (2023). As well following Dalinjong and Laar (2012). It seeks to provide an in-depth understanding of historical developments, difficulties, and achievements in international health insurance by exploring earlier research. The review provides a strong framework to direct the investigation of the Nepali context, drawing from both domestic and foreign literature.

Wagstaff and Neelsen (2020) stated "A country's ability to allocate a significant portion of its health budget through the National Health Insurance Program and government financing schemes is indicative of a strong performance in universal health coverage". The NHI program was started in 2016 in Nepal's informal sector, unlike in other countries, Similarly, according to Gurung and Panza (2021), and the Act later integrated the formal sector. A central pooling mechanism financed by government taxes and premium collection through required enrollment are among the program's salient features. Additionally, a benefit package worth NRS 100,000 (USD \$854: PPP\$2942.9) is included. Savedoff et al. (2012) report improvements in health outcomes, a decrease in financial barriers, and an increase in service utilization. Analyzing these global models not only provides best practices but also potential impact pathways for the NHIP. As per the findings of Ranabhat et al. (2020b), it is essential to tackle the logistical obstacles, offer a range of plans, and optimize the registration procedure. Views from Rahman et al. (2017), the coverage of essential health services and financial risk protection against catastrophic health expenditure and im-

poverishment was found to be low across all 5 South Asian countries. Inequality in coverage of health services and financial risk protection was common in the South Asian region. As per the findings of Ranabhat et al. (2020), it is essential to tackle the logistical obstacles, offer a range of plans, and optimize the registration procedure. The insurance should focus on diverse facets of management, their implications could be crucial in informing and improving the governance and operational efficiency of health insurance programs, contributing to the broader discourse on healthcare management and policy implementation (Pradhan, 2017, Pradhan, 2018, Pradhan & Dhungel, 2023), Pradhan et al, 2023).

Additional, various viewpoints on health insurance are provided by additional studies by, Priya and Srinivasan (2015), Sini and Karpagam (2016), Chung (2020), Myint et al. (2018), Alesane and Anang (2018), Thapa et al. (2019b), Sharma and Banjara (2020), Harmon, C., & Nolan, B. (2001), and Card et al. (2008). These studies cover a wide range of subjects, including public opinion, tax advantages, preferences for life insurance, wealth distribution, issues related to public health, and variables influencing the use of insurance.

## Methodology

The study adopted descriptive research design with open-ended questions for exploring experiences and feedback, Likert scales measure for degrees of agreement in the stated statements Khatiwada et al. (2014), and binary questions for knowing the facts. The use of open-ended questions and diverse survey elements allows for a comprehensive understanding of participants' experiences and viewpoints, enhancing the overall validity and reliability of the study. In the study area 347,000 people reside and among them 50 people were chosen with the aim to capture a diverse range of perspectives within the community. The questionnaire was validated through peer review. MS Excel was employed to meticulously record, edit, and clean the collected data. Similarly, bar graphs and

pivot table were used for visually representing frequency distribution. Data analysis tools of MS Excel were used to compute descriptive statistics such as mean, standard deviation, and max- min. Hypothesis for this study is the significance of satisfaction level in different gender, marital status and employment status. Independent t-test was used to test these hypothesis.

## Results

The survey garnered responses from 39 participants, providing valuable insights. Within them, 48.71% were female, 46.15% were male, and 5.12% declined to disclose their gender. The majority (76.92%) were under 30, and 23.07% were between the ages of 31 and 60. There was variation in marital status: 30.71% married and 69.23% single. Educational attainment varied with 51.2% of people holding a college degree and 94.87% had completed high school. There were 41.02% unemployed people and 58.97% employed people. Regarding the monthly income, 38.46% earned less than Rs 25,000, while 30.76% made more than Rs 75,000. There were two to more than three persons in each household. In terms of health, 97.43% reported being in normal range, and 2.56% mentioned having physical limitations. 25 individuals had a moderate understanding of the Nepal Government Health Insurance Program, 7 individuals had no idea, and 7 people were unsure. Of the 39 participants, 22 made active use of health insurance, while the remaining 17 expressed dissatisfaction or only limited involvement.

There are differences in the knowledge and familiarity of the public health insurance program among the 39 Nepalis surveyed. 25 people acknowledged the program, but 7 didn't know about it and 7 weren't sure. 17 people who were informed expressed disappointment, while 22 people praised it. Improved information was a major request that was accepted by thirty, exposing communication gaps. Regarding the program's service quality, opinions were split: 25 people disagreed, 11 were unsure, and 3 thought it

Table 1. Distribution of respondent’s profile based on Awareness of Nepal Government Health Insurance.

Statements	Response		
	Yes	No	Don't Know
I am aware of the scheme of Nepal Government Health Insurance Program.	25	7	7
Me/My family members are enjoying the Health Insurance program.	22	17	0
There is a need for comprehensive & accessible information about the program.	30	4	5
The quality and service provided by the Government program covers all the areas.	3	25	11
Subsidies from government programs will decrease the death rate.	18	10	11

Statements	Response				
	SD	D	N	A	SA
I don't find any difficulties while entertaining the scheme.	10	10	14	4	1
The service and quality of healthcare/medication provided under the Health Insurance Program in comparison to private healthcare is the same.	15	12	9	3	0
I am okay with the availability and accessibility of prescribed medications under the program.	10	11	12	5	1
The quality of care I received was compromised due to the program's limitations or overcrowding.	4	5	9	14	7
I have encountered difficulties in obtaining prescribed tests and medications through the program.	5	6	10	11	7
Overall, I am satisfied with the coverage of Health Insurance program.	4	8	16	7	4

was comprehensive. On support for decreasing death rates, opinions varied as well: 18 agreed, 10 disagreed, and 11 were unsure. This indicates different perspectives and experiences about the effectiveness and scope of the program. Table 1 represents the responses to statements related to a Health Insurance Program. Each statement is followed by a set of responses, where respondents have indicated their level of agreement or disagreement using a Likert scale ranges from strongly disagree (SD) to strongly agree (SA), with intermediate options like disagree (D), neutral (N), and agree (A). The first three statement is regarded as positiveness of the program where as last three were the indication of negative perception. The data reflects a mixture of opinions and concerns related to different aspects of the Health Insurance Program, including difficulties in engagement, perceived disparities in service quality compared to private

healthcare, and varying levels of satisfaction with medication availability and overall program coverage. Most of the respondents were neutral where as a notable number stated their dissatisfaction on first three positive statements is the indication of negative perception. In the same way the on last three statements a notable responses agreed with the statements is the indication of dissatisfaction with the health insurance program. Table 2 represents the responses to statements related to a Health Insurance Program. Each statement is followed by a set of responses, where respondents have indicated their level of agreement or disagreement using a Likert scale ranges from strongly disagree (SD) to strongly agree (SA), with intermediate options like disagree (D), neutral (N), and agree (A). The first three statement is regarded as positiveness of the program where as last three were the indication of negative perception. The data reflects a mix-

ture of opinions and concerns related to different aspects of the Health Insurance Program, including difficulties in engagement, perceived disparities in service quality compared to private healthcare, and varying levels of satisfaction with medication availability and overall program coverage. Most of the respondents were neutral where as a notable number stated their dissatisfaction on first three positive statements is the indication of negative perception. In the same way the on last three statements a notable responses agreed with the statements is the indication of dissatisfaction with the health insurance program. The majority of Bharatpur residents found the health insurance program to be very simple to enroll in and use, but they have differing opinions about the treatment and coverage it offers. Although the majority of drugs and services appear to be on comparable with private healthcare, some are concerned that program limits or overcrowding may cause quality to decline. Given that many people have experienced problems with both, the coverage amount and the ease of obtaining prescription medication are the main areas of concern. The program is viewed as beneficial overall, but it could be much better if it covered additional areas, simplified the process of obtaining medication, and enhanced quality control. The average value of summated scale is found to be normally distributed (Kolmogorov-Smirnov  $p$ -value=0.2) with mean of 2.52 with standard deviation of 0.519. The mean value is less than 3 indicate the dissatisfaction towards the Health Insurance program. Further analysis has been done to test the hypothesis stated. The satisfaction score for male is 2.53 and for female it is 2.45 and the difference is not significant ( $p$ -value=0.64) whereas the satisfaction score for single is 2.64 and for married person it is 2.23 and the difference is significant with  $p$ -value 0.21. The mean satisfaction score for unemployed people is 2.56 and for employed is 2.49 and the difference is not significantly different with  $p$ -value 0.68 indicating the difference is not significant.

## **Respondents' opinion and suggestion towards Health Insurance Program**

The majority of Bharatpur residents found the health insurance program to be very simple to enroll in and use, but they have differing opinions about the treatment and coverage it offers. Although the majority of drugs and services appear to be on comparable with private healthcare, some are concerned that program limits or overcrowding may cause quality to decline. Given that many people have experienced problems with both, the coverage amount and the ease of obtaining prescription medication are the main areas of concern. The program is viewed as beneficial overall, but it could be much better if it covered additional areas, simplified the process of obtaining medication, and enhanced quality control. People in Bharatpur are updated about the government of Nepal's health insurance program, having learned about it from newspapers, social media, and friends. Since it offers coverage for chronic illnesses, improved access to healthcare, and financial security, the program is viewed favorably. Financial status, previous interactions, and program details all serve a role in an enrollee's decision. Enhancement recommendations include increasing patient awareness, speeding up claim settlements, increasing coverage, and upgrading patient interaction. The program is thought to be helpful overall, although it could be better.

## **Conclusion**

The Nepal Health Insurance Program (NHIP) has become a vital component in offering Bharatpur's residents high-quality, reasonably priced healthcare without placing excessive financial strain on them. The survey findings reveal a diverse range of opinions and experiences among Nepalis regarding the public health insurance program. While some express dissatisfaction with aspects such as service quality and coverage limitations, others appreciate the program's simplicity and benefits. The insights underscore the importance of addressing communication gaps, enhancing information dissemination, and refining specific aspects of the program to better meet the varied needs and expectations of the public.

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