

Awareness and Perception about Health Insurance among People at a Sub-metropolitan City of Nepal

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ABSTRACT

INTRODUCTION: Health insurance is a type of insurance coverage that pays for medical, surgical and sometimes dental expenses incurred by the insured. It reimburses the insured for expenses incurred from illness or injury or pays the case provider directly. The objective of this study is to determine awareness and perception about health insurance among people of Janakpurdham. **MATERIALS AND METHODS:** A cross sectional study, using simple random sampling among 400 participants was done at Janakpurdham. A semi structured questionnaire was used. Data was tabulated, categorized and was analyzed using statistical methods JASP version. Chi-square test was used to find out the association between the dependent and independent variables. **RESULTS:** In this research awareness about health insurance among respondents slightly more than one third 137(34.25%) were heard about health insurance and 293(73.25%) heard about health insurance scheme. Maximum number of respondents received information from friends 154(38.5%) followed by public media 127(31.7%) and few from newspaper 96(24.0%), and few from employment were 23 (5.8%). Higher Socio-economic status of the respondents were found to be significantly associated with more awareness on health insurance. **CONCLUSIONS:** Awareness about health insurance was satisfactory, but it did not lead to increased enrolment. There is a need to reinforce information, education and communication campaign about health insurance among the general population.

Keywords: Awareness, health insurance, perception.

INTRODUCTION

Health insurance is a type of insurance coverage that pays for medical, surgical and sometimes dental expenses incurred by the insured. It reimburses the insured for expenses incurred from illness or injury or pays the case provider directly. Many middle and lower socioeconomic class families are crushed under debts at the time of hospitalization due to lack of health insurance [1]. Many countries considered social health insurance as financial mechanism to secure access to adequate healthcare for all at an affordable price. The US government doesn't provide health insurance to the majority of working citizens; as a result citizens are suffering and looking for alternative options of health. Forty four million people in the United States don't have health care and one third of uninsured adults reported, they have problems paying bills [2].

It has been unable to stem the growing population that has no health insurance coverage (at least 36 million people). There is nearly universal political agreement that government must provide health insurance to a far greater share of the population than even before. These studies include those by Katibi, Akande and Akande in 2003 on the awareness and attitude of medical practitioners on NHIS in Ilorin, which revealed that, even though all the respondents were aware of the Scheme, only few considered themselves as having adequate information on it [3].

In Nepal, National health insurance was passed by Government and was first launched as public health insurance plan in 2016/17 BS in Kailali, Baglung and Ilam districts. Government has already implemented the public health insurance plan, according to which a family of 5 members can

sign up for the programmers for upto Rs.50, 000 worth medical treatment and has decided to increase to Rs. 100,000. The program has aimed to increase the access of health services to the poor and the marginalized, and people in hard to reach areas of the country, though challenges remain with financing. The health insurance programme has covered 44 districts till now and will cover all 77 districts within this year.

Awareness regarding health insurance among the population will increase acceptance of health insurance policies, which will decrease out-of-pocket expenses for health care. India with a population of 1.2 billion possesses around 16.6% of the global population and 20% of the global disease burden. India spends about 4.9% of its GDP on health, out of which 0.9% was public and 4% private.

Of the private expenditure, 3.6% were Out Of Pocket (OOP) expenditure. Thus, more than 70% of health care expenditure in India today is met out of individuals' pocket [4]. Studies from other countries show the lack of awareness and perception about the health insurance programs and thereby lack of enrollment of people into the schemes by the eligible. Literature regarding awareness on health insurance in Janakpurdham is lacking. Thus, this study was conducted to determine the awareness and perception about health insurance among people of Janakpurdham.

MATERIALS AND METHODS

Study design and setting

A cross-sectional study design was conducted to assess, awareness and perception about health insurance among community people of Janakpurdham. The survey was carried out from July 2020 to September 2020 (3 months).

Participants, sample size and sampling technique

The sample size was 400 using the formula $n = Z^2 pq / L^2$ Then, $Z = 1.96$ SND $P = 50\%$ (Awareness and perception about health insurance in Janakpurdham) $P = 1 - 1 = 50$, $L = 5\%$ margin of error. Therefore, $n = (1.96)^2 \cdot 50 \times 50 / (5)^2 = 384$. Now, additional 10% was considered for potential non response. Thus, total sample was calculated as $n = 400$. The inclusion criteria included respondents above 18 years of age. Those family who refused to

give consent or those in which no eligible members were present at the time of visit were excluded from the study. A semi structured questionnaire was adapted from few previous studies and reviews related to health insurance. Enough concentration was given in translation of questionnaire from English to local language (Maithali) ensuring the meaning of the questions does not change. First part of the questionnaire contained demographic variables like age, gender, marital status, education and income. The second part contained questions related to awareness of people, and third part contained questions related to perception regarding health insurance. Simple random technique was used for data collection.

Statistical analysis and data management

Pilot study was conducted among 12 samples from the population in order to assess the reliability (0.712). The results indicated good consistency among the test items. The mistakes so found were corrected and altered accordingly. Data was tabulated, categorized and was analyzed using statistical methods JASP version and MS Excel version 10. Appropriate scoring and percentage scores of awareness and perception about health insurance among people were analyzed.

Descriptive analysis (mean, SD, frequency and percentage) was used for describing the collected data and inferential analysis (chi-square) was used to find out the association between the dependent and independent variables.

Ethical considerations

Informed consent was obtained from each respondent at the time of data collection process, and institution ethical committee approval was obtained.

RESULTS

Demographic characteristics

Most of them were in the age group of less than 30 years (54%), 53.8% were male, and 46.2% were female. 91% of the respondents were married and 9% were unmarried. 60.8% of them had family income of Nrs. 20,000- 40,000 and 35.5 % of the respondents had higher secondary level of education (Table 1).

Table 1 Demographic details of the respondents(n=400)

Demographic Variables	Number	Percentage
Age(years)		
Less than 30 years	216	54.0
30-40 years	126	31.5
>40 years	58	14.5
Gender		
Male	215	53.8
Female	185	46.2
Education level		
Primary level and less	112	28.2
Secondary level	146	31.6
Higher Secondary	142	35.5
Family income (per month)		
<20,000	94	23.5
20,000-40,000	243	60.8
40,000-60,000	63	15.8
Marital Status		
Married	363	90.8
Unmarried	37	9.2
Number of family member		
2 and less	173	43.3
More than 2	227	56.8

Table 2 and 3 shows that, among all the participants only 137 (34.25%) had heard about health insurance and majority 263 (65.75%) had heard about health insurance scheme. Maximum number of respondents received information from friends 154 (38.5%), followed by public media 127 (31.7%) and few from newspaper 96 (24%). Perception of health insurance among people who agree for health insurance policy as a worth investment was (73.25%), while 81% responded that health insurance could prevent financial hardship.

Table 2 Self-reported awareness and perception about health insurance among respondents (n=400)

Characteristics	Number	Percentage
Heard about health insurance		
Yes	137	34.25
No	263	65.75
Perception on health insurance as a worth investment		
Agree	293	73.25
Disagree	107	26.75

Table 3 Willingness to have health insurance and source of information (n=400)

Characteristics	Number	Percentage
Willingness to have health insurance		
Yes	326	81.5
No	74	18.5
Source of information about health insurance		
Employment	23	5.8
Newspaper	96	24.0
Public media	127	31.7
Friends	154	38.5

Table 4 Association of awareness with demographic variables of the respondents

Characteristics	Awareness on health insurance		p-value
	Yes n=137 (%)	No n=263 (%)	
Age group			0.999
Less than 30 years	74 (34.3)	142(65.7)	
30-40 years	43 (34.1)	83 (65.9)	
>40 years	20 (34.5)	38 (65.5)	
Gender			0.357
Female	78 (36.3)	137(63.7)	
Male	59 (31.9)	126 (68.1)	
Level of education			0.928
Primary and less	40 (35.7)	72 (64.3)	
Secondary	49 (33.6)	97 (66.4)	
Higher secondary	48 (33.8)	94 (66.2)	
Family income (per month)			0.049
<20,000	30 (31.9)	64 (68.1)	
20,000-40,000	77 (41.7)	166 (68.3)	
40,000-60,000	30 (47.6)	33 (52.4)	
Marital status			0.905
Married	124 (34.2)	293 (65.8)	
Unmarried	13 (35.1)	24 (64.9)	
Number of family members			0.366
2 and less	55 (31.8)	118 (68.2)	
More than 2	82 (36.1)	145 (63.9)	

Family incomes were found significantly associated with awareness about health insurance. 47.6% of the respondents whose family income was around 40,000-60,000 were aware of the health insurance program where as 68.3% of the respondents were unaware of the health insurance program. Those with higher socio-economic status had higher awareness on health insurance (47.6% and 41.7%) as compared to those with lower socio-economic status (income less than 20,000 per month). Level of education, number of family members and gender were not found significantly associated with awareness on health insurance.

There was no association found between demographic variables and perception as, health insurance is a worth investment. Among the age group of less than 30 years believed that health insurance was worth investment i.e 77.3 % of the respondents. 82.4 % of the respondents having higher secondary education thought that health insurance was worth investments than the primary students.

DISCUSSION

The present study was an attempt to determine the level of awareness, as well as the enrollment in health insurance program among residents of an urban community in Janakpurdham. In the present study, 46.2% were females and 53.8% were males. Similar study was done by Choudhary ML et.al in Jamnagar district, where female respondents were 38% and male respondents were 62% [5].

In our study, about 65.7% of the respondents were unaware about health insurance. This finding was different to the findings of Reshmi B et al. and Choudhary ML et al. where awareness about health insurance among the respondents was 64.0% and 57.25% respectively [5,6]. In another study by Priyadarsini SP and Ethirajan N. among selected rural and urban population of Chidambaram, Tamil Nadu, only 47.6% in urban and 28.6% in rural areas were aware about health insurance [7]. This variation in the awareness level may be attributed to the higher proportion of population in the higher socio-economic status and educational level in our study population as compared to the study by Priyadarsini SP. and Ethirajan [7].

In this research maximum number of respondents were educated up to higher secondary level 215 (45%) followed by secondary level 146 (31.6%) and few were primary/uneducated (5.25%). In a similar study conducted by Choudhary ML.et.al in Jamnagar district, maximum number of respondents were educated up to primary level (29.5%) followed by secondary level (23.75%) and few were higher secondary (13.5%) [5]. In this study the maximum number of dependent family member less than 5 followed by greater than 5. Similar, study conducted by Singh HD et al. in an Urban community in IMPHAL showed 84.6% were <5 and 15.4% were >5. In this study, 82.4 % of the respondents having higher secondary education thought that health insurance worth's investments

Table 5| Association between demographic variables and perception as health insurance is a worth investment of awareness with demographic variables of the respondents

Characteristics	Perception on health insurance		p-value
	Agree n=293 (%)	Disagree n=107 (%)	
Age group			0.137
< 30 years	167 (77.3)	49 (22.7)	
30-40 years	86 (68.3)	40 (31.7)	
>40 years	40 (69.0)	18 (31.0)	
Gender			0.018
Female	147 (68.4)	68 (31.6)	
Male	146 (78.9)	39 (21.1)	
Level of education			0.009
Primary & less	77 (68.8)	35 (31.3)	
Secondary	99 (67.8)	47 (32.2)	
Higher secondary	117 (82.4)	25 (17.6)	
Family income (per month)			0.319
<20,000	67 (71.3)	27 (28.7)	
20,000-40,000	175(72.0)	68 (28.0)	
40,000-60,000	51 (81.0)	12 (19.0)	
Marital status			0.049
Married	261 (71.9)	102 (28.1)	
Unmarried	32 (86.5)	5 (13.5)	
Number of family members			0.771
2 and less	128 (74.0)	45 (26.0)	
More than 2	165 (72.7)	145 (27.3)	

than the primary level students, which is similar to the study conducted in Jamnagar district where 81% of the respondents having higher education also thought that health insurance worth's investment and should be taken. In this research awareness about health insurance among respondents was slightly more than one third who had heard about health insurance and who had heard about health insurance scheme. Maximum number of respondents received information from friends followed by public media, from newspaper, and few from employment. Similar study conducted by D. Haobam et al. in IMPHAL showed that 57.25% had heard about health insurance. Study conducted by Reddy et al. in rural India showed that 62.7% of the respondents had heard about health insurance scheme. In a study conducted by Choudhary et al. in Jhamnagar district, maximum number of respondents received information from friends/family/relatives followed by insurance agent and few from television. Study conducted by Kumar BM. et al. in Tamil Nadu showed that 47.7% respondents were eligible for health insurance [8, 9]. In our study no significant

associations were found between age, gender, type of family and education level of the respondents with awareness about health insurance. This was in contrast to the findings by Choudhary ML et al. where significant associations were found between gender and occupation of the respondents with awareness on health insurance. In another study by Kumabam RS et al. conducted in Imphal city, awareness among males were found to be significantly higher as compared to females.

Family incomes were found significantly associated with awareness about health insurance. Those with higher socio-economic status had higher awareness on health insurance (47.6% and 41.7%) as compared to those with lower socio-economic status. This variation in the awareness level may be attributed to the higher proportion of population in the higher socioeconomic status and educational level in our study population as compared to the study by Priyadarsini SP and Ethirajan [6]. However, in another by Gowda S et al. in South India, the awareness about health insurance was high (81%). These findings emphasizes the need of the government to come up with a health insurance scheme that will address the financial needs of the people during illness, particularly the poor and the needy. This study is probably one of the few study to find out the level of awareness about health

insurance among an urban community in Janakpurdham. Our adequate sample size and the method of conducting the study by interviewing can be regarded as one of the strength of the study since the respondents can be probed further to assess their awareness and perception about health insurance. However, these small-scale studies were not for partial fulfillment of the academic requirements. Finding of the study cannot be generalized.

CONCLUSIONS

This study is an effort in the area of health insurance to assess the individuals awareness and perception about health insurance. The present study is an effort to examine what are the reasons behinds those who are in favors of taking health insurance. To conclude, awareness about health insurance in our study population was fairly good, but it did not lead to increased enrollment. These findings, calls for the need to reinforce information, education and communication campaign about health insurance among the general population. Moreover, government also needs to come up with a comprehensive health insurance scheme, which covers everyone irrespective of socio-economic status, so that more people subscribe to health insurance scheme. This will ultimately lessen their financial burden in times of major illness.

ADDITIONAL INFORMATION AND DECLARATIONS

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