AWARENESS ABOUT HEALTH INSURANCE SCHEME OF NEPAL GOVERNMENT AMONG SLUM DWELLERS

(A Case of Hanuman Basti of Pokhara City)

A Dissertation Submitted to the Faculty of Humanities and Social Sciences, Department of Sociology for the Partial Fulfillment of Master Degree in Sociology

By

Binita Shrestha

Class Roll No: 27/2071

Exam Roll Number: 480288/2074

T.U Registration No: 6-3-48-2480-2014

Tribhuvan University
Department of Sociology
Prithvi Narayan Campus
Pokhara
2022





भीमकाली पाटन, पोखरा, नेपाल Bhimkali Patan, Pokhara, Nepal

LETTER OF RECOMMENDATION

It is certified that Ms. Binita Shrestha has completed the dissertation entitled "AWARENESS ABOUT HEALTH INSURANCE SCHEME of NEPAL GOVERNMENT AMONG SLUM DWELLERS: A CASE of HANUMAN BASTI of POKHARA CITY" under my guidance and supervision. I therefore recommended this dissertation for final approval and acceptance.

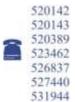
(Janardan Thapa)
Lecturer
Department of Anthropology
Prithvi Narayan Campus

Pokhara

Date: 2022/04/04



पृथ्वीनारायण क्याम्पस PRITHVI NARAYAN CAMPUS



भीमकाली पाटन, पोखरा, नेपाल Bhimkali Patan, Pokhara, Nepal

LETTER OF APPROVAL

This Thesis by Ms. Binita Shrestha entitled "Awareness About Health Insurance Scheme of Nepal Government Among Slum Dwellers: A Case of Hanuman Basti of Pokhara City" has been accepted as partial fulfillment of the requirement of master's Degree in sociology.

Members of Dissertation Evaluation Committee

(Janardan Thapa)

Research Supervisor

Department of Anthropology

(Amrit Kumar Bhandari)

External Examiner

Department of Anthropology

(Prf. Dr. Biswo Kalyan Parajuli)

Head of Department of Sociology

T.U., PNC, Pokhara

Date: 2022/04/04

ACKNOWLEDGEMENTS

I express my deep sense of gratitude to my respected supervisor Lecturer Mr.

Janardan Thapa for his excellent guidance, valuable suggestions and motivation

throughout the work.

I am in debtly grateful to head of Department Mr. Biswo Kalyan Parajuli sir and all

the lecturers of department of sociology for their guidance and support.

I am very indebt to the enrollment assistant and chairperson of Hunuman Basti who

helped to carry out the research in their place.

Last but not least, with the respect, I would humbly like to thank my parents and

family members for their constant encouragement, inspiration and moral support

throughout the work.

Late on, I would be ill-fated rather than purposeful if someone or anyone is not

acknowledged. I am thankful to all who have helped me directly or indirectly.

•••••

Date: 2022/04/04 Binita Shrestha

iii

TABLE OF CONTENTS

	Page No
Recommendation Letter	i
Later of Approval	ii
Acknowledgement	iii
Tables of Contents	iv
List of Tables	viii
List of Figures	x
Acronyms	xi
Abstract	xii
CHAPTER-I: INTRODUCTION	1-6
1.1 Background	1
1.2 Statement of the Problem	3
1.3 Objectives of the Study	4
1.4 Justification of the Study	4
1.5 Operational Definition of the Study	5
1.6 Limitation of the Study	5
1.7 Organization of the Study	5
CHAPTER-II: LITERATURE REVIEW	7-17
2.1 Theoretical Review	7
2.1.1 Sociology of Health	7
2.1.2 Political Economy	8
2.1.3 Policy Review	9
2.1.4 Health Care Access and Health Inequalities	11
2.2 Previous Related Review	12
2.3 Conceptual Framework	17
CHAPTER-III: RESEARCH METHODS	18-20
3.1 Study Design	18
3.2 Study Method	
3.3 Rational of Selection of Study Area	18
3.4 Study Population and Sample Size	19
3.5 Sample Technique	19

3.6 Data Collection Technique	19
3.7 Data Processing and Analysis	20
3.8 Ethical Consideration	20
CHAPTER-IV: SOCIO DEMOGRAPHIC PROFILE OF RESPONDENTS	21-26
4.1 Sociography	21
4.2 Age Group of Respondents	21
4.3 Gender of Respondents	22
4.4 Ethnicity of Respondents	23
4.5 Educational Status of Respondents	23
4.6 Types of Family	24
4.7 Size of Family	25
4.8 Major Source of Income	25
CHAPTER-V: KNOWLEDGE AND PERCEPTION ON HEALTH	
INSURANCE SCHEME	27-39
5.1 Last Time when Fall Sick	27
5.2 Treat when Fall Sick	28
5.3 Visit the Health Centre	28
5.4 Hospitalized	29
5.5 Health Expenses	30
5.5.1 Worry about Payment when Feel Sick	30
5.5.2 Payment of Treatment in Health Centers	31
5.6 Insurance in Nepal	31
5.6.1 Information Regarding the Insurance Scheme in Nepal	32
5.6.2 Types of Health Insurance Scheme in Nepal	32
5.7 National Health Insurance Scheme	33
5.7.1 Information regarding National Health Insurance Scheme	33
5.7.2 Information regarding the information gained/ heard about National	1
Health Insurance Scheme	34
5.7.3 Benefits of National Health Insurance Scheme	35
5.7.4 Improvement of quality of Health cares of Nepal through National	
Health Insurance Scheme	36
5.7.5 Cost of National Health Insurance Scheme	37
5.8 Difference between NHIS and Other Health Insurance Scheme	38

CHAPTER VI- FACTORS AFFECTING THE PURCHASING OF HEALT	Ή
INSURANCE SCHEME	40-51
6.1 Enrollment in National Health Insurance Scheme	40
6.1.1 Information regarding the Enrollment in National Health Insurance	
Scheme	40
6.1.2 Year of Enrollment in National Health Insurance Scheme	41
6.1.3 Reason of Enrollment in National Health Insurance Scheme	41
6.2 National Health Insurance Scheme Use	42
6.2.1 Ever use of NHIS for medical checkup	42
6.2.2 Whom used the NHIS for health checkup	43
6.2.3 Purpose of NHIS during health checkup	44
6.3 Satisfaction with the Service Utilization	45
6.3.1 Satisfied with the services received from health institutions by NHI	S 45
6.3.2 Problems faced while using the National Health Insurance Scheme	46
6.4 Reason of not using the Scheme	46
6.5 Renew of the Scheme	47
6.5.1 Information regarding the Renew of the Scheme	48
6.5.2 Continuation of Enrollment of the Scheme	48
6.5.3 Reasons for Not Renewing the Scheme	49
6.6 Never Enrolling in National Health Insurance Scheme	50
6.7 Health Insurance Enrolled	51
CHAPTER VII- SUMMARY, FINDINGS, CONCLUSION AND	
RECOMMENDATIONS	52-47
7.1 Summary	52
7.2 Findings	52
7.3 Conclusion	54
7.4 Recommendations	54
References	55-58
Annexes	59-66

LIST OF TABLE

Table	Title	Page
4.1	Distribution of respondents by Age Group	22
4.2	Distribution of respondents by gender	22
4.3	Distribution of respondents by ethnicity	23
4.4	Distribution of respondents by educational status	24
4.5	Distribution of respondents by family types	24
4.6	Distribution of respondents by family size	25
4.7	Distribution of respondents by source of family income	26
5.1	Distribution of respondents by Last time when the respondents fall sick	27
5.2	Distribution of respondents in terms of treatment when they fall sick	28
5.3	Distribution of respondents in terms of visit health centre	29
5.4	Distribution of respondents based on Hospitalization	30
5.5	Distribution of respondents in terms of payment	30
5.6	Distribution of respondents in terms of payment during the treatment	
	in the health centre	31
5.7	Heard about Insurance	32
5.8	Types of Health Insurance scheme in Nepal	33
5.9	Heard about National Health Insurance Scheme	34
5.10	From where heard about the National Health Insurance Scheme.	35
5.11	Description of respondents based on benefits of National Health	
	Insurance Scheme	36
5.12	Improvement of quality of health care of Nepal through National	
	Health Insurance Scheme	37
5.13	Cost of National Health Insurance Scheme	38
5.14	Difference between national and private health insurance	39
6.1	Enrolment in National Health Insurance Scheme	40
6.2	Year of enrolment in National Health Insurance Scheme	41
6.3	Reason of enrolment in National Health Insurance Scheme	42
6.4	Ever use of NHIS for medical checkup	43
6.5	Information regarding the uses of NHIS for medical checkup	43
6.6	Information regarding the purpose of NHIS during medical checkup	44

6.7	Satisfied with services by NHIS during medical checkup	45
6.8	Problems faced while using the health insurance	46
6.9	Reasons for not using the scheme	47
6.10	Renewal of the scheme	48
6.11	Continuation of enrollment of the scheme	48
6.12	Description of respondents based on reasons for not renewing the	
	scheme	49
6.13	Reasons for not-enrollment in the National Health Insurance Scheme	50
6.14	Enrollment in Other Health insurance	51

LIST OF FIGURES

Figu	ire Title	Page
2.3	Conceptual Framework	17
4.1	Map of Ward 17 with highlighted study area	21

LIST OF ACRONYMS

CHEs Catastrophic Health Expenditures

IEC Information Education and Communication

NGO Non- Governmental Organization

NHIS National Health Insurance Scheme

NHP National Health Policy

OPPS Out- Of Pocket Payment

WB World Bank

WHO World Health Organization

ABSTRACT

"Health insurance is a type of insurance coverage that pays for medical and surgical expenses incurred by the insured. Health insurance can reimburse the insured for expenses incurred from illness or injury, or pay the care provider directly. The cost of health insurance premiums is deductible to the payer, and benefits received are tax-free". National health insurance policy was first initiated in 2013 which aims to ensure universal coverage by increasing access of health services to the poor and the marginalized and people in hard to reach areas of the country and utilization of the quality health services.

The cross-sectional design that used both quantitative and qualitative methods of data collection was conducted on 157 respondents of Hanuman Basti of Pokhara Metropolitan city. It was selected by simple random sampling technique method. Quantitative data were collected using a semi-structured administration questionnaire and qualitative data were collected by Key Informant interview. Data was analyzed by using Statistical Package for social Sciences version 20.

Out of the 157 respondents one third (37.58%) were from age group 40-55 years. One third (37.58%) of the respondents source of income was Labor while very few (1.9%) have pension for their livelihood. Majority (94.9%) of the respondents worry about the health expenses when they feel sick and majority (95.54%) of the respondents pay through out of pocket for the payment of the health cost. Out of the total respondent (93.8%) of people know about the national health insurance scheme among them 69.42% of respondents have heard from the peers or friends followed by health worker (52.89%) and T.V (44.63%). Among the aware respondent only one third of them were enrolled in the scheme among them only 46.67 percent of the respondent used the scheme for the treatment and among them only 52.38 percent respondent were satisfied with the services. Only 33.37 percent renewed the scheme while 66.67 percent drop out from the scheme. The main reason for never enrollment in the scheme was they had not heard about the scheme which is followed by financial problem.

The study showed that those people who are aware about the national health insurance scheme are not enrolled in the scheme as compared their awareness level.

The people were more aware by the peer/friends than the health professionals. Those people who were enrolled in the scheme refused to activate the scheme because the facilities are not good and also they had to buy the drugs outside the facility with the out of pocket payment. The people had misconception about the national health insurance scheme which causes the people not to enroll in the scheme.