CHAPTER I

INTRODUCTION

1.1 Background of the Study

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 (Investopedia, 2017).

The World Health Organization and the World Bank have continuously suggested reducing out-of-pocket payments (OPPs) and promoting universal health coverage (UHC) (WHO, 2010). The different health financing approaches have been developed to counter the detrimental effects of user fees introduced in the 1980s, but those efforts have not yet increased healthcare utilization, particularly among marginalized populations and, moreover, sometimes lead to catastrophic health expenditures (CHEs) (cited by: Ranabhat, Kim and others, 2017).

The interim constitution of Nepal 2007 provides free basic health care as fundamental rights of citizens. Accordingly government of Nepal has made certain health services free for all but access to health services was limited and universal coverage has yet to be achieved and OPPs expenditure by private household is high. Moreover the current health financing system in Nepal limits the government's capacity to motivate health care providers to improve productivity, quality and efficiency (National Health Insurance Policy 2013).

The concept of health insurance has been highlighted in the first and second Long-Term Health Plans, Nepal Health Sector Strategy Program etc. Both the First (1976-1996) and the Second Plans (1997-2017), and ninth plan has underlined the importance of health insurance scheme in the country (NHP, 1991) and emphasis has been given to develop health insurance schemes in the country.

Community based health insurance in Nepal had began by international NGO more than 30 years back (1976) initiated by United Mission to Nepal as "Lalitpur Medical Insurance Scheme" and later in 2000 BPKIHS stared these schemes as they are

regarded as non- profit health insurance schemes in Nepal. Community-based initiatives are providing a gateway to health care for the poor and excluded (Ghimire, 2014).

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 (Mishra, Khanal and others, 2015).

In 9th Feb. 2015, the ordinance for formation of Social Health Security Development Committee was passed by Government of Nepal and published in the Nepal Gazette. As a result, Social Health Security Development Committee was established to implement Social Health Security Program. In FY 2071/72, the Government of Nepal had announced to roll out SHSP to three districts (Kailai, Baglung and Illam) but the enrollment process at Kailali was started only from 25 Chaitra 2072 and at Baglung and Ilam from 15 Asar 2073. In FY 2073/74, the program was proposed for expansion to 25 districts. Accordingly program was expanded gradually to 15 districts. The program has been proposed for expansion to 39 districts by the end of FY 2074/75 (Annual Report of Social Security Program 2073/74).

National health insurance scheme of Nepal includes a premium of NPR 2500 for five members of family per year and NPR 425 for each additional member of family per year where all age's people are eligible. The subsidy for poor by government are 100 percent for ultra poor, 75 percent for poor, 50 percent for vulnerable group and 50% discount for FCHV (Adhikari, 2017).

National Health insurance scheme of Nepal covers 41 districts which includes a premium of NRs. 3500 for five family members and NRs 700 per each additional member of family per year which includes medicines worth NRs. 100000. 268 health facilities provide the services. Total enrolled was 1,599,933 and service used by 4256 (open IMIS).

"A slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions and they are access to improved water, access to improved sanitation, sufficient living area and durability of housing". Population living in slums (% of urban population) has highest value over past 24

years was 70.60 in 1990 but recently its value has been decreased to 54.30 in 2014 (UN HABITAT, 2015).

1.2 Problem Statement

In Nepal, more than 80 percent people in villages and the livelihood of 75 percent people is subsistence agriculture so that they cannot purchase life insurance. Government has not sufficient fund to finance the 100 percent health expenditure to 100 percent population (Ghimire, 2014).

The slum population is living in a congested area where they are deprived from safe drinking water facilities, sanitation problem and also prone to communicable diseases while children are prone to malnutrition problem due to lack of awareness about the health problems and also they have less information about how to cope up with the problem.

The poor people are particularly vulnerable to the lack of health security. The high incidence of sickness breakdown their budget into different way as they need to spend large amount of money for treatment and are unable to earn money during the treatment which leads to the indebtedness and poverty.

The privileged ethnic group, having a higher socio-economic status, experiencing an acute illness and presence of chronically ill member in the family are the factors associated with enrolment of households in NHIP. This study revealed gaps in enrolment between rich-poor households and privileged-underprivileged ethnic groups. Extension of health insurance coverage to poor and marginalized households is therefore needed to increase equity and accelerate the pace towards achieving universal health coverage. (Ghimire, Sapkota and Poudyal, 2019).

There have been number of valuable studies on awareness about health insurance scheme among slum population in abroad [Kotoh et.al in Ghana (2018), Atinga and others in Ghana (2014) and Chaudhari and others in slums of India (2014)] but very few researches [Ranabhat, Subedi and Karn in Nepal (2020)] have been done on it in Nepal. This research is essential because it provides valuable information for the awareness about health insurance scheme. Also it provided an overview of the awareness and utilization about the health insurance with different groups with their

needs. This research sociologically raises awareness about the issues/ problem related to use of health insurance that people had to face it. There is very limited sociological research being done on the awareness related to health insurance. This is the first sociological research topic in Pokhara.

The below are the research questions;

a) What is the prevailing level of knowledge and perception on health insurance scheme of Nepal government?

b) What were the different factors that foster and hinder the purchasing of health insurance scheme of Nepal government?

1.3 Objectives

The general objective of the study is to examine the awareness about health insurance scheme of Nepal government. The specific objectives are:

- To find out the knowledge and perception on health insurance scheme of Nepal government.
- To identify the factors that foster or hinder the purchasing of national health insurance scheme of Nepal government.

1.4 Justification of Study

National health insurance scheme is a new policy developed by government of Nepal after community based health insurance program which help to increase the utilization of health services but still people suffer from different health related problems as well as difficulty in receiving the health services. People are more directed towards private health insurance in the urban areas but poor people of urban areas are unaware about health insurance. Most of people are unaware about the government health insurance scheme and their effectiveness. For effective enrollment of the people in government health insurance scheme awareness of people is necessary. There is less study on awareness about health insurance scheme so this study would be relevant.

1.5 Operational Definition

1.5.1 Awareness

Awareness may be defined as knowledge or understanding of a subject, issue or situation that exists presently and based on information or experience.

1.5.2 Health Insurance

Health insurance is a mechanism of periodic prepayments against episodes of illness to enable the user to obtain health care services when needed without paying out-of – pocket at the point of need through the government owned.

1.5.3 Slum Household

Slum household refers to those people who reside in the certain area of urban where they are deprived from clean and safe drinking water, proper sanitation facility as well as deprived from health services.

1.6 Limitation of Study

Every research works has its own limitation due to lack of time, researches and knowledge. So, without any expectation, my study was done as a case study of awareness about health insurance scheme of Nepal Government among slum dwellers with the objectives of the partial fulfillment of Masters Degree requirements of Humanities and Social Science. With many situations to be faced in the study was basically relaying on primary information gather from study area. This study used limited tools and techniques. The data was from only one urban slum of Pokhara city.

1.7 Organization of the Study

This study divided into nine chapters. The *first chapter* deals with the background of the study, problem statement, objectives of the study, justification of the study, limitation of the study and organization of the study. The chapter especially presents about the introduction of the research subjects matters which can easy to know the basic information of the research.

The *second chapter* presents the review of literature related to awareness about the national health insurance scheme in different country and Nepal with the knowledge,

enrollment and not enrollment in the national health insurance scheme. This chapter gives the theoretical review on Sociology of Health, Political Economy and Policy review of Nepal and conceptual framework.

The *third chapter* deals with the methodological part. Methodological part includes the study design, population and sampling tools and techniques, data collection procedure and method of analysis.

The *fourth, fifth, sixth, seventh and eight chapters* presents the Socio-demographic profile of respondents along with the knowledge about the national health insurance scheme. The main focus of the study is to analyze the enrollment and not enrollment of the respondents in the health insurance scheme.

The final chapter presents summary, findings and conclusions. The summary includes the brief description about the objectives, methodology, data processing, etc.

The last part of the thesis ends with the references list and annexes.

CHAPTER II

LITERATURE REVIEW

Literature review is a search and evaluation of the available literature on the topics which provides an overview of current knowledge, methods and gaps in the existing research.

2.1 Theoretical Review

2.1.1 Sociology of Health

Medical Sociology is sub-discipline of sociology that deals with the social causes and consequences of health and illness. Social factors play in determining the health of individuals, groups and larger society. Social conditions and situations not only cause illness but they also help in prevention of disease and health maintenance.

According to Redlich and Hollingshead (1958), social factors are correlated with different types of mental disorders and the manner in which people received psychiatric care.

According to White (2017), Medical sociology or sociology of health was recognized as a distinct study in 1960 when the journal of Health and Human Behavior was founded. In early years, Medical sociology seemed to be medical and psychological discipline and focused on influence of social structure particularly of social class in diseases. But the new medical sociology pointed to a direct which explained both illness and diseases are so social constructs reflection of social organizations, professional interest, and power relation and so on. Further it provides that scientific medical knowledge involves social relationship i.e. power, economy and norms and also it is affected or influenced by the social institutions and its processes.

Theoretical perspective of sociology of health:

- **Functional perspective**

The government or sate provides health services to the people which in turn pay taxes on which the state depends to keep itself running. If all goes well, the parts of society produce order, stability and productivity. If all does not go well, the problem will be

created. According to Parson (1951), medicine acts as an institution of social structure determining the individual health and diseases. A medical profession is guided by norms and ethics and doesn't reflect economic self-interest (cited by White).

The government of Nepal endorsed the health insurance scheme to provide the quality of health services to the people in order to improve the health of the people in the country, where the people pay the money on the yearly basis to the health insurance board for the treatment of their health and their family. When the both system (pay and quality of health centers) goes properly/ functionally well then the health of the people of the community will also improved. Also the proper dissemination of the enrollment assistant helps to enroll the more people in the scheme to make the community free from disease.

2.1.2 Political Economy

According to Mckee (1988), Capitalist economic system has promoted a view of health care as a commodity, in which seeking of profit is a major influencing factor and therefore the relationship between doctor and patient is characterized by conflict and the clash of differing interests and priorities.

According to Manderson (1998), ill, ageing or physically disabled people, women, and working class have restricted access to health-care services and suffer poorer health as a result because they do not contribute to the production and consumption of commodity.

According to White (2017), the medical profession act as an agent of social control of the working class, individualizing and depoliticizing disease and control access to the sick certificate. High costs, technical fixes are pursued, which do not heal people but do produce enormous profits. Medicines in the capitalist society reflects the characteristics of capitalism which is profit oriented, blames the victim and reproduces the class structure in terms of the people who become doctors(generally male, privately educated upper-middle- class student's) and nurses (generally lower-middle- class women). And also access to health services reflects the class inequality.

Political Economy deals with the health care as commodity seeking the profit while treating the patient. The health centers/ hospitals seek the profit during the treatment from the patient while low income patient had to face problem while treatment.

Enrollment in NHIS helps to prevent the conflict that arouses from the cost of the treatment during the treatment with all level of the class people.

2.1.3 Policy Review

National Health Policy 1991

The primary objectives of national health are to upgrade the health standards of the majority of the rural population by extending the basic primary health services up to the village level and to provide the opportunity to the rural people to enable them to obtain the benefits of modern medical facilities by making such facilities available to them.

Weakness:

Political instability and political commitment.

Lack of decision making and implementation by the government with regard to training skilled health care workers.

Second Long Term Health Plan (1997-2017)

The second long term health plan main aim was to guide the health sector development for the overall improvement of the health of the population; particularly those whose health needs are often not met- women and children, the rural population, the poor, the underprivileged and marginalized population.

The second long term health plan had the priority to health promotion and preventive activities based on primary health care principles. It identified essential health care services that address the most essential health needs of the population and that are highly cost effective.

Strength:

- Maternal mortality rate and under 5 mortality target were achieved.
- Public and private sector are working in the local level in order to achieve the target and also there is effective coordination between the organizations.

Weakness:

- Free drugs available for the people are insufficient in the health sector.

National Health Policy 2014

To protect the achievements made so far in the control of communicable disease and reduction of infant and maternal mortality rate and ensuring quality health services to all people including old, physically and mental disabled, single women, poor, marginalized and risk communities and to adequately address prevent and new challenges face within health sector by developing people-centered and efficient management by optimal utilization of available means and resources to provide promotive, preventive, curative and rehabilitative health services and updated national health policy was developed in 2014.

National Health Insurance Policy (2013)

The National Health Insurance Policy will support the objective of the Nepal Health Sector Programme II (2010–2015), which is to increase access to effective health care services, particularly for members of disadvantaged population groups. This policy is an important reform agenda and is intended to improve the health status of the population through strengthening health systems. Importantly, the policy is in line with National Social Protection Framework. The forthcoming Health Financing Strategy will provide guidance on the inter-linkages between the different financing mechanisms in Nepal. Other forthcoming policy and legal documents on state and non-state partnerships in the health sector, including the urban health policy (draft available) and health institutions operation (draft available) will complement the National Health Insurance Policy and contribute to the effective implementation of a national health insurance programme in Nepal.

- **Long-term Goal**

The long-term goal of this policy is to improve the overall health situation of the people of Nepal.

- **Main Objective**

The main objective of this policy is to ensure universal health coverage by increasing

access to, and utilisation of, necessary quality health services.

- **Specific Objectives**

The specific objectives of this policy are to:

1) Increase the financial protection of the public by promoting pre-payment and risk pooling in the health sector;

2) Mobilise financial resources in an equitable manner; and

3) Improve the effectiveness, efficiency, accountability and quality of care in the delivery of health care services.

- **Strength and Weakness:**

Strength:

- Increase in awareness about the proper health.
- All people will get better treatment.

Weakness:

- Time consuming to receive the health services.
- All health care facilities are not included.

2.1.4 Health Care Access and Health Inequalities

Access of health care impacts one's overall physical, social and mental health status and quality of life. But health services are more in access to urban areas and available of services are also more in private hospitals (ODPHP).

The extent to which a population 'gains access' also depends on financial, organizational and social or cultural barriers that limit the utilization of services. Thus access measured in terms of utilization is dependent on the affordability, physical accessibility and acceptability of services and not merely adequacy of supply. Services available must be relevant and effective if the population is to 'gain access to satisfactory health outcomes'. The availability of services, and barriers to access, have to be considered in the context of the differing perspectives, health needs and material

and cultural settings of diverse groups in society. Equity of access may be measured in terms of the availability, utilization or outcomes of services. (Gulliford and others, 2002)

Access to care often varies based on race, ethnicity, socio-economic status, age, sex, gender identity, disability status and residential location.

2.2 Previous Study Review

Awareness and enrollment in health insurance scheme

A study conducted by Setswe, G, Muyanga, Nyasulu and others in South Africa (2015), 748 respondents were used for survey using two-stage systematic sampling design. 80.3 percent of respondents were aware about national health insurance and 49.8 percent of respondents did not have knowledge of how health insurance works in South Africa. Only 44.8 percent understood how health insurance will pay for health care services.

A study conducted by Adewole, Dairo and others in South West Nigeria (2015), multi-stage sampling technique and semi-structured technique was used for selecting the households i.e. 345 households. Only 6.4 percent of the respondents were aware about national health insurance among them 45.5 percent cited TV as the main source of information. Almost 89.9 percent agreed that it is a better method of paying for health services than the OOP method and that they (95.7%) would be willing to encourage other people to enroll. More males compared with females were aware of the scheme **(**χ^2= 9.258, p= 0.002).

A research done by Edna in EDO STATE, Nigeria (2015), out of 400 respondents, 387 (90%) was aware about national health insurance scheme. The challenge faced while utilization was poor infrastructure which accounts for 31.0 percent followed closely by high transportation costs which is 21.5 percent.

A research done by Kusi, Hansen and others in Ghana (2015), total 11,089 household members were recorded in 2,418 household surveyed used cross-sectional surveys. About 28 percent of the households were categorized as fully insured and accounted for 23 percent of the household population, about 26 percent of the households were partially insured households and the remaining 46 percent of the households were

uninsured and had 47 percent of the household members. 22.6 percent (223) of the uninsured and 37 percent (101) of the partially insured households who attributed their lack of insurance to the fact that their members did not fall sick to require a health insurance and among the uninsured and partially insured households who found the NHIS contributions to be expensive. Household members whose health status was perceived to be fair (59.6%) or poor (73.9%) were likely to be insured ($p<0.01$).

A research done by Kotoh et.al in Ghana (2018), 6790 individuals covered by survey among them 40.3 percent were currently insured and 22.4 percent were previously enrolled. While 100 percent of poor never enrolled. Barriers to enrollment and retention included poverty, traditional risk-sharing arrangements influence people to enroll or renew their membership only when they need health care, dissatisfaction about health provider's behavior and service delivery challenges.

A study conducted by Muluip, Kirigia and Cluma in Kenya (2013), cross-sectional design was done for household survey (n= 594) and focus group discussion (n= 16). About half of the households (52.9%) had at least one member in health insurance scheme were 41.1 percent were enrolled in national health insurance. Those household who enrolled in scheme was to ease access to health care by reducing costs(77.9%) while for not enrolling in schemes was unaffordable to many(43.5) followed by unawareness of scheme existence.

A research done by Chaudhari and others in slums of India (2014), random sampling method was used to select 165 households. 84.2 percent of respondents were unsure while only 15.2 percent were insured. Only 4.2 percent spend out of their income for treatment and out of 4.2 percent, only 1.2 percent was insured. 17.6 percent of household were willing to get insurance for an annual coverage and found that willingness to pay insurance depends upon the percentage of income that is 51 percent of people does not have health insurance due to lack of finance and 25 percent of people were unaware about the health insurance scheme. 64 percent of household with higher educational level have tendency to invest more in health insurance scheme.

A study conducted by Chauhan in East Delhi, India (2017), 400 families of unorganized workers was surveyed. 86.3 percent of respondents were not aware while

13.8 percent are aware about the schemes. Only 1.3 percent have insured while 98.8 percent were insured. 44 percent did not heard about the health insurance scheme and other remaining due to the financial problem. It has found that there is significant association between awareness level and selected demographic variables.

A study conducted by Thakur in Maharashtra, India (2015), 6000 household were selected by mixed method approach i.e. multistage sampling, focus group discussion and in-depth interview. Only 29.7 percent were aware about the scheme and 21.6 percent were enrolled. Among enroll people 22.3 percent had adequate information while remaining had incomplete information about the scheme benefits.

A study conducted by Rosyara and others in Nepal (2006), 105 household of Kritipur Municipality. It has found that some kinds of information on Health Insurance among them 61.9 percent were informed by neighbor or peer. Only 14.28 percent were informed by insurance people. 62.9 percent had moderate level of awareness and only 1.9 percent respondents had inadequate level of awareness. 11.4 percent respondents expressed that they could not afford the current premium.

A report on Community based Health Insurance Initiatives in Nepal (2012), six public schemes presently cover 4,176 households while private scheme covered 2,152 households. While in comparison between public and private scheme, public schemes enrol an average of 3,781 people or 696 households (with an average of 5.4 members per family), while private schemes enrol an average of 1,684 people or 359 households (with an average of 4.7 members per household).

A report on Social Health Security Program by Nepal government (2073/74), total enrollment of people on health insurance scheme of government in 15 districts was 228,113 among them 107,804 was male while 120,277 were female. In addition, 41,598 were enrolled in Kaski district in year 2073/74. Furthermore, the service utilization by the insured members was 90% OPD, 1% IPD, 4 percent emergency and remaining 4 percent Referral.

A report on Assessment of Social Health Insurance Scheme in Selected Districts of Nepal (2018), nearly 9 out of every 10 research participants had heard of the social health insurance scheme while 11 percent had not heard about social health insurance among them insured and non insured were equal in numbers 169 each from three

selected districts Kailali, Baglung and Ilam. Also about 36 percent faced difficulties in accessing health care facilities and not satisfied with health workers, and about 40 percent utilized health service out of scheme. The cost of membership is appropriate 69.80 percent and cheap was 10.10 percent.

A report on Nepal Human Rights Year Book (2019), 9,51,339 people were insured from 36 districts and among these population 1,26,831 people were from back warded family.

A study conducted by Adhikari and Gahatraj in Pokhara-Lekhnath (2020), 60.2 percent of the respondents were from Nuclear family while 36 from Joint family. Further 51 percent had more than 4 members in their family while 49 percent were had less than 4 members in the family. 51 percent of the people were willing to pay for social health insurance and 77 percent were willing to continue among 339 participants. And about quarter enrolled participants were thinking to discontinuation due to lack of quality services.

A report on Health Insurance Board (2020), enrollment trend of the respondents on NHIS were 3026750 while only 2207199 were active and 819551were inactive in the NHIS. Among the 504215 targeted population who were enrolled was from ultra-poor members 434318 while 29415 from null disability members. Among the total enrolled population only 33.4 percent used the services through the scheme.

Not renewal of health insurance scheme

A study conducted by Mebratie and others in Ethiopia (2015), longitudinal household survey data gathered in 2012 and 2013 about the dropout rate in Ethiopia's community based health insurance scheme where main reason was inability to pay the premium. On the other hand second consumption quintile who is particularly vulnerable as they are 12-14 percent points to drop-out of the scheme as compared to the poorest quintile. However, households with higher consumption levels are less likely to dropout but the effects are not statistically significant.

A research done by Atinga and others in Ghana (2014), cluster and systematic random sampling techniques were used to select 600 individuals who dropped out from the schemes six months earlier from the residents of 22 slums in Accra Metropolitan Assembly. The proportion of dropout increased from the range of 6.8 percent in 2008

to 34.8 percent in 2012 where non-affordability was the predominant reasons followed by rare illness episodes, limited benefits of the scheme and poor service quality. Low income earners and those with the little education were significantly more likely to report premium non-affordability.

A research done by Ranabhat, Subedi and Karn in Nepal (2020), 13,545 (1%), 249,104 (5%), 1,159,477 (9%) and 1,676,505 (11%) from 2016 to 2019 were enrolled in scheme among total population and dropout rates were 9121(67%), 110,885 (44%) and 444,967 (38%) among total enrollment from 2016 to 2018 respectively. The major determinants of poor enrollment and dropout were mainly due to unavailability of enough drugs, unfriendly behavior of health workers, and indifferent behavior of the care personnel to the insured patients in health care facilities and prefer to take health service in private clinic for their own benefits.

A study conducted by Paudel, Subedi and Baral (2019), among 401 participants, 44.4 percent were continuously involved in the program and 55.6 percent were drop outs. The dropout in health insurance program was due to less use of service in previous years (43.9) followed by other reasons like unavailability of medicines (33.2), change in service point (30.0%), crowd in service point (24.7%)and so on.

Research Gap

The previous study was done on knowledge and perception of National Health Insurance Scheme where they had studied about the satisfaction of the use of scheme and it was based on health perspective while my study is purely based on the awareness level of national health insurance scheme where sociological perspective has been used for the study and the study only covers the population from the slum area.

2.3 Conceptual Framework

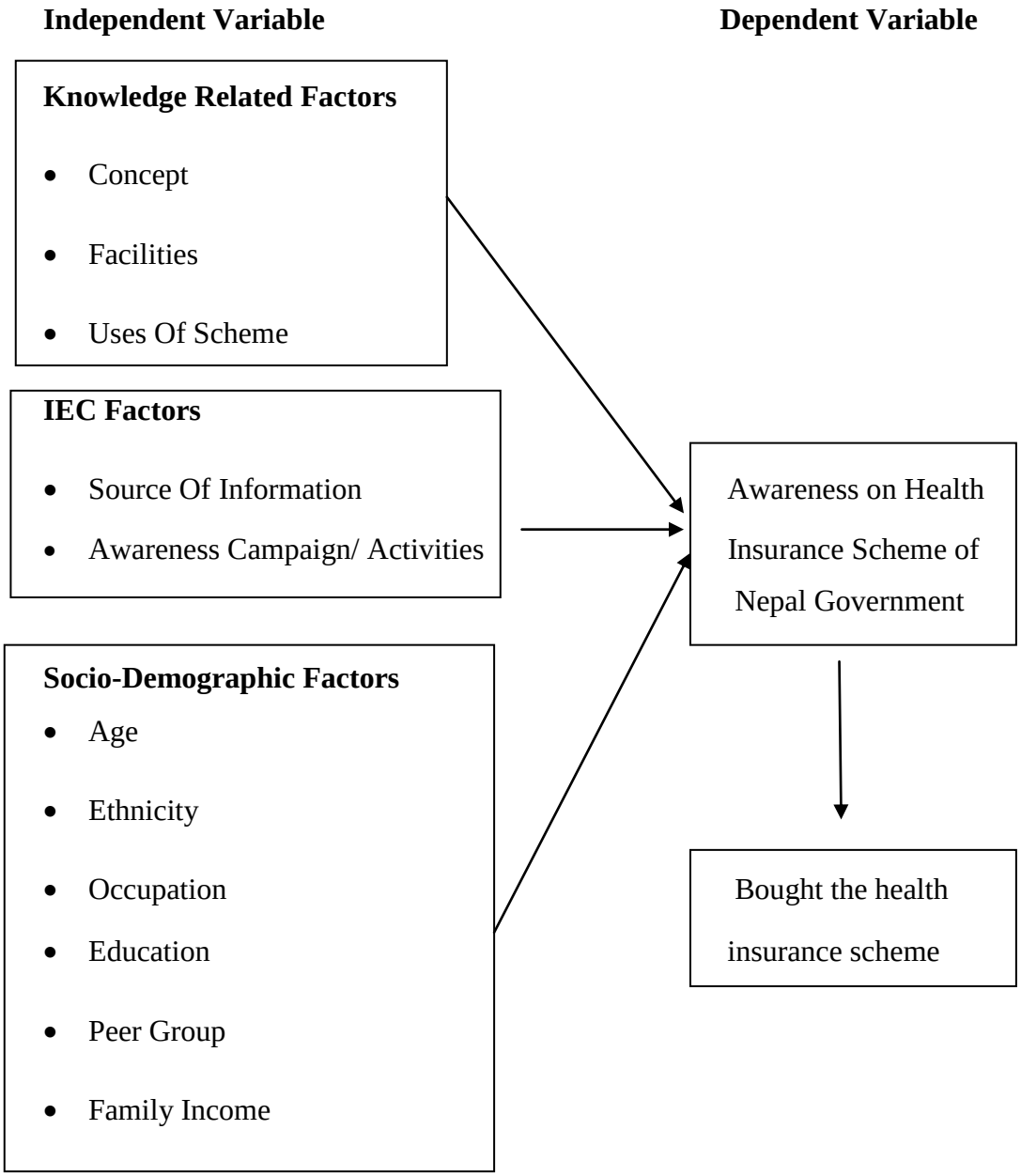

Figure: 2.3 Conceptual framework of awareness on national health insurance

The diagram above shows a conceptual framework of the expected outcome of the results on awareness about health insurance scheme of Nepal government among slum household of Hanuman Basti of Pokhara. There seemed to be a correlation between accessibility of information and some demographic variables such as education, family types. The people who have information about insurance are more enrolled in the national health insurance scheme. Further, the families who are more educated are more enrolled in the scheme.

CHAPTER III

RESEARCH METHODS

The chapter deals with the research methods employed in the study which play a vital role in research study as it discuss the method and process that will be applied in the entire subject of the study. So, in order to fulfill the goal the following research methodology will be applied.

3.1 Study Design

Cross-sectional study design was used for achieving the desired objectives. This type of study uses different groups of people who differ in the variable of interest but who share other characteristics such as socioeconomic status, educational background, and ethnicity.The study takes place at a single point in time. It does not involve manipulating variables.

3.2 Study Method

Qualitative and quantitative method was used to conduct the study. Qualitative method is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. Qualitative Research is also used to uncover trends in thought and opinions, and dive deeper into the problem.

Quantitative Research is used to quantify the problem by way of generating numerical data or data that can be transformed into usable statistics. It is used to quantify attitudes, opinions, behaviors, and other defined variables – and generalize results from a larger sample population. Quantitative Research uses measurable data to formulate facts and uncover patterns in research.

3.3 Rational of Selection of the Study Area

According to the member of Sukumbasi Committee of Gandaki Pradesh, there are altogether 95 slums/ sukumbasi area in 33 wards of Pokhara Metropolitan city. Among them one slum area has been chosen and that is Hanuman Basti which is located behind the K.C. housing to Raato pahiro of ward no. 17 of Pokhara

Metropolitan city. The increase in cost of health facilities in the urban cities has increased the problem for the slum people to pay for the treatment purpose as they had limited capacity to earn for their family members. Not enough study is carried out in Pokhara about the slums. The populations of Hanuman Basti are less educated, low wage worker and also it represents the different ethnic groups from different places, so it was selected as study area.

3.4 Study Population and Sample Size

Sampling is key to survey research. No matter how well a study is done in other ways, if the sample has not been properly found, the results cannot be regarded as correct. According to the chairperson of hanuman basti committee, there are altogether 265 households in the community. Among them 157 household was selected as the sample size through simple random sampling method. The study population was the member of household who was above 25 years of age. Two key persons (enrollment assistant for health insurance) were taken as the representatives for the KII.

3.5 Sampling Technique

The simple random sampling method was used as the sampling technique for the study. A simple random sample is a fair sampling technique. The main attribute of simple random sampling method is that every sample has the same probability of being chosen. In this sampling method, the universe is more so the sample was collected randomly whoever they encounter during the time of visit but of different household members.

3.6 Data Collection Technique

Interview schedule was used in this study. The questions developed in both forms that are open-ended and close-ended to gather all the expected and unexpected information related to the topic. A semi structured interview schedule was adopted because it makes it easy to answer from a respondent point of view in that enumerator would be available to clarify if the question is not clear and would help the researcher to analyses data in a systematic way. Face to face interview method enables to acquire factual information, consumer evaluations, attitudes, preferences and other information coming out during the conversation with the respondent.

Key Informant Interview was used to gather more information through key informant which is an important tool to collect a qualitative data. Key informant interviews provide the depth understanding of the topic being investigated because the interview provides room for flexibility of questioning to explore more issues as they came out from the respondents. In key informant interview pre-designed questionnaire was used. The main key informant of this study was enrollment assistant.

3.7 Data Processing and Analysis

Data processing was done by editing, coding, tabulation, analysis and presentation of data. Raw Data was analyzed with the means of SPSS Version 20 where the descriptive statistics like frequency, distribution and percentage calculation was worked out for most of the variables.

3.8 Ethical Considerations

Approval and permission was taken from dissertation committee of college.

The informed consent was taken prior to conduct face to face interview from respondent.

Confidentiality of the respondents was maintained.

With draw from study was expectable in any time of study.

CHAPTER IV

SOCIO-DEMOGRAHIC PROFILE OF RESPONDENTS

This chapter presents the demographic profile of the respondents and the socio-economic background of the slum people of Hanuman basti of Pokhara city.

4.1 Sociography

Pokhara Metropolitan city has altogether 33 wards where there are 95 slums in these wards (according to member of Sukumbasi Committee of Gandaki Pradesh). Among them Hanuman Basti is selected as the study area which is located behind the K.C housing which extends up to Raato pahiro (behind the Mountain Museum). It has altogether 265 households with different ethnic groups migrated from different places.

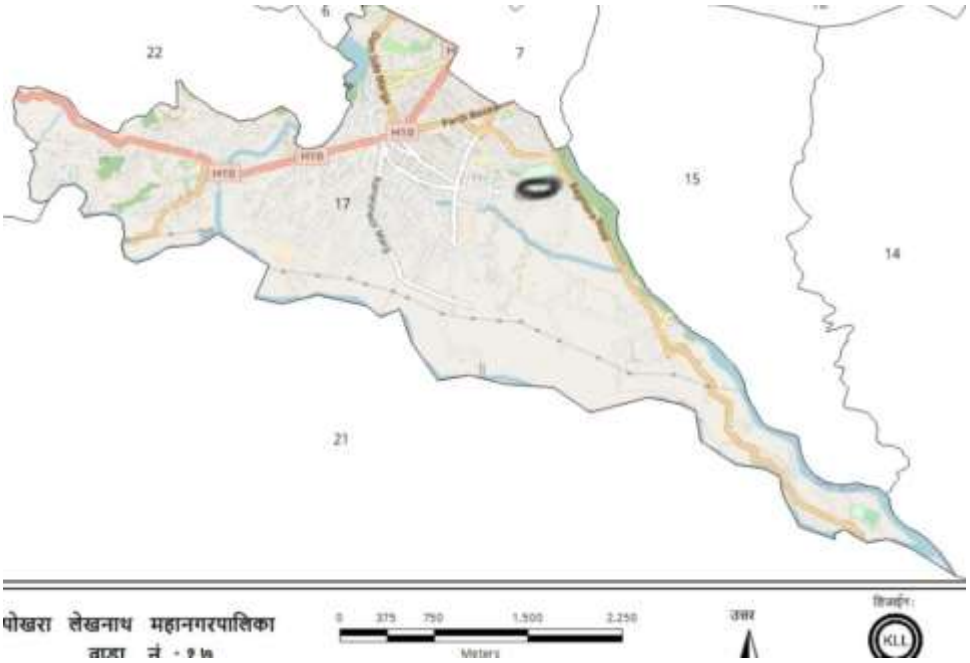

Figure 4.1 Map of Ward 17 with highlighted study area

4.2 Age Group of the Respondents

Age group represents the number of people classed together as being of similar age. Here, the age group of the respondents is classified between 15 years i.e from 25 years to 39 years in one category while 40-54 years in another categories.

Table 4.1 Distribution of respondents by Age Group

Age group of respondents (Years)	Frequency	Percentage (%)
25-40	52	33.12
40-55	59	37.58
55-70	38	24.20
Above 70 years	8	5.10
Total	157	100.00

Source: Field Survey, 2021

The above table shows that out of total sample one third (37.58%) were from age group 40-55 years while very less (5.10%) were from 70-85 years age group. The respondent does vary a lot in their age group.

4.3 Gender of the Respondents

The response of the male and female are both important to understand the concept about anything as both of them have different opinions.

Table 4.2 Distribution of respondents by gender

Gender of respondents	Frequency	Percentage (%)
Female	97	61.783
Male	60	38.216
Total	157	100.00

Source: Field Survey, 2021

Table 4.2 shows that among the total respondents more than half (61.78%) were female and male were 38.216 percent. The female of the slums are mainly household women so the respondents are mainly female.

4.4 Ethnicity of the Respondents

Those who share a common and distinctive culture, religion, and language that distinguishes from another group. The ethnicity of the respondents has been categorized as Janjati which includes Gurung, Magar, Newar while Dalit includes Damai, Sunar, Maji in the study.

Table 4.3 Distribution of respondents by ethnicity

Ethnicity	Frequency	Percentage (%)
Brahmin/ Chettri	50	31.85
Janjati (Gurung, Magar, Newar)	70	44.59
Dalit (Damai, Sunar, Maji)	37	23.57
Total	157	100.00

Source: Field Survey, 2021

Table 4.3, out of the total respondents more than one- third (44.59%) of respondents were from Janjati and followed by Brahmin/ Chettri 31.87 percent and Dalit by 23.57 percent. Pokhara being headquarter of Gandaki pradesh where Gurung are mostly inhibited in these pardesh so Gurung are more in this study area.

4.5 Educational Status of Respondents

Education plays a significant role in determine the concept about the health insurance scheme. Educational status of respondents includes the education level of the respondents where no formal education refers to those who had not attend school throughout their life while primary education refers to 1 to 5 class, Secondary from 6 to 8 class, Higher from 9 to 12 class .

Table 4.4 Distribution of respondents by educational status

Highest Educational Attainment	Frequency	Percentage (%)
Bachelor	11	7.006
Higher Secondary	19	12.102
Secondary Level	39	24.840
Primary Education	52	33.121
No formal education	36	22.93
Total	157	100.00

Source: Field Survey, 2021

Table 4.4 shows that education plays a significant role in enrollment of health insurance. Out of total respondents one third (33.12%) have primary education which is followed by secondary education (24.84 %). While very few (7%) of them have attained Bachelor level education.

4.6 Types of Family

Family is the integral part of which makes the community. Here the types of family have been categorized as Nuclear and Joint family. The Nuclear family means the family who has mother, father and their children's while Joint family means grandparents, parents and their children's.

Table4.5 Distribution of respondents by family types

Types of Family	Frequency	Percentage (%)
Joint family	63	40.123
Nuclear family	94	59.873
Total	157	100.00

Source: Field Survey, 2021

Family types also play the role in enrollment of government health insurance scheme. Most (59.87%) of the respondents were from Nuclear family while 40.12 percent from Joint family. Those families who have less family member are more enrolled in the scheme for the betterment of health of family.

4.7 Size of Family

The total numbers of family members were identified and classified where the categories are classified as less than 4, 4 to 8 members and more than 8 members in the family.

Table 4.6 Distribution of respondents by family size

Number of Family Members	Frequency	Percentage (%)
Less than 4	33	21.02
4 to 8	122	77.71
more than 8	2	1.27
Total	157	100.0

Source: Field Survey, 2021

Table 4.6 shows that among the total respondents about four fifth (77.71%) have four to eight members in the family while very few (1.27%) have more than eight members in the family.

4.8 Major Source of Income

Source of income means something that provides a regular supply of money, such as employment, investments, a pension, etc. The major sources of the respondents are classified according to their works they do in this study. Business means they have their own shops, governmental / private job includes the army, service providers in a governmental/ private organizations, etc. While outside the country means those who work in foreign counties to support their family expenses.

Table 4.7 Distribution of respondents by source of family income

Major Source of Income of Family	Frequency	Percentage (%)
Business	21	13.38
Teacher	5	3.18
Labour	59	37.58
Governmental / Private Job	26	16.56
Driver/ conductor	11	7.01
Security Guard	11	7.01
Pension	3	1.91
Outside of the country	21	13.38
Total	157	100.00

Source: Field Survey, 2021

Table 4.7 shows that out of total respondents one third (37.58%) of the respondents source of income was Labour while business and outside the country is 13.38 percent and very few (1.9%) have pension for their livelihood. With the less education most of the respondents in slum earn their earning from informal jobs which are less paid which mainly affects in enrollment in the NHIS.

CHAPTER V

KNOWLEDGE AND PERCEPTION ON HEALTH INSURANCE SCHEME

Generally this part deals with the knowledge and perception of the respondents on Health Insurance Scheme where it provides the detail information about the concept of the visit to the health centres, health insurance and their importance for the betterment of their health and of their family members.

5.1 Last Time when Fall Sick

In families one member may fall sick due to some reasons so in this topic the respondents were asked if any member of the family is sick within last week or up to three months.

Table 5.1 Distribution of respondents by Last time when the respondents fall sick

Last time when you fall sick	Respondent	Percentage (%)
Less than a week ago	2	1.274
Within past 2 weeks	6	3.82
Within past one months	19	12.10
Within past three months	21	13.38
Three months and above	109	69.43
Total	157	100.00

Source: Field Survey, 2021

Table 5.1 shows that most of the respondents were sick three months and above (69.43%), following the within past three months 13.38 percent while 12.10 percent fall sick within past one months and very few (3.82%) were sick within past two weeks.

5.2 Treat when Fall Sick

Generally most of the people in our community visit the health centre/medical store only at the time of sick for the treatment and less people visit to hospital for treatment as they had to pay more amount of money. It is a multiple response question asked to the respondents.

Table 5.2 Distribution of respondents in terms of treatment when they fall sick*

Treat yourself when you fall sick	Frequency	Percentage (%)
See the doctor	103	65.61
See the chemist	128	81.53
Traditional medicine/ Herbs	93	59.24
Self-medication	49	31.21
Religious place	50	31.85
Total	423*	

Note:(Multiple Response type question)*

Source: Field Survey, 2021

Table 5.2 shows that whenever people feel sick they seek the chemist which is about four in five (81.53%), 65.61 percent of the respondents visit the doctors for treatment following traditional medicines by 59.24 percent whereas one third (31.21%) visit religious place for treatment. Respondents feel that chemist is the easiest form of health facility during the time of treatment.

5.3 Visit the Health Centre

Mostly the people visit the chemist/ health centre during the time of sick/ unwell for the treatment. So this topic describes the times of visit to the health centre of the respondents for regular check up / only for treatment of the disease.

Table 5.3 Distribution of respondents in terms of visit health centre

Often do you see medical assistance	Frequency	Percentage (%)
At least once in a week	1	0.64
At least once fortnightly	0	0
At least once in a month	3	1.91
At least once in a three month	8	5.1
At least six months	11	7.01
At least once in a year	22	14.01
Others (Only in case of sick)	112	71.34
Total	157	100.00

Source: Field Survey, 2021

Table 5.3 shows that among the total respondents about four fifth (71.34%) visit the hospitals only when they feel sick while no one visit the hospital once fortnightly. 14.01% visit the health centre at least once in a year while very few (0.64%) visit at least one in a week. Most of the respondents in slum area visit the health centers when they feel ill while some visit the health centers for the follow up treatment.

5.4 Hospitalized

The people who had spent their night in the health centre for the treatment proposes refer to the hospitalization. The respondents were asked whether they had hospitalized for the further treatment or not and if they are hospitalized then they are referred as “Yes” and those who didn’t hospitalized was categories as “No”.

Table5.4 Distribution of respondents based on Hospitalization

Hospitalized	Frequency	Percentage (%)
Yes	32	20.38
No	125	79.62
Total	157	100.00

Source: Field Survey, 2021

Table 5.4 shows that out of the total respondents about four fifth (79.62%) were not hospitalized while only 20.38 percent were hospitalized for the treatment. The respondents who were hospitalized were mainly due to the facture while doing their regular works as well as for the treatment of respiratory disease.

5.5 Health Expenses

The money where the people use for the treatment of their disease refers to the health expenses. Health expenses include the cost of doctors, medicines, etc.

5.5.1 Worry about Payment when Feel Sick

Health expense/ payment are always the worrisome for the people as all people cannot afford the cost of the health services.

Table 5.5 Worry about payment

Worry about payment when feel sick	Frequency	Percentage (%)
Yes	149	94.9
N0	8	5.1
Don’t know	0	0
Total	157	100.00

Source: Field Survey, 2021

Table 5.5 shows that majority (94.9%) of the respondents worry about the health expenses when they feel sick while very few (5.1%) don't worry. The visit of health centers of the respondents is clearly linked with the payment of the services when they feel sick so most of the respondents worry about the payment for their treatment in the health centers.

5.5.2 Payment of Treatment in the Health Centers

Payment of treatments in health centers refers to the paying forms of the respondents through which they pay for their treatment proposes in the health centers. Here, the out of pocket payment refers to the payment done by the respondents through their own pocket/ by themselves without any help. While other forms of payment means treatment through the private or government health insurance scheme as well as pension to be used in army camp.

Table 5.6 Payment during the treatment in the health centre

Pay for health cost	Frequency	Percentage (%)
Out of pocket	150	95.54
Other forms of payment	34	21.66
Declined response	0	0
Total	157	100.00

Source: Field Survey, 2021

Table 5.6 Majority (95.54%) of the respondents pay through out of pocket for the payment of the health cost while about one fourth (21.66%) pay through other forms of payment (insurance, army camp). The respondents mainly visit to the near chemist for the treatment so they had to pay through their own pocket which mainly affects in the enrollment process of NHIS.

5.6 Insurance in Nepal

Insurance is a contract, represented by a policy, in which individual or entity receives the financial protection or reimbursement against the losses from the organizations. In

Nepal, private and governmental insurance based on health of the people/ animals, organization, vehicles are prevalent.

5.6.1 Information regarding the Insurance scheme in Nepal

Insurance is a means of protection from financial loss. It is a form of risk management. The respondents were asked if they heard about the insurance prevalent in Nepal and those who heard are categorized as "Yes" and those who don't know fall in "No" categories.

Table 5.7 Heard about Insurance

Heard about Insurance	Frequency	Percentage (%)
Yes	129	82.17
No	28	17.83
Total	157	100.00

Source: Field Survey, 2021

Table 5.7 shows that out of total respondents about four in five (82.17%) of the respondents aware about the insurance while about one fifth (17.83%) do not know about the insurance. Education also plays the important role for the knowing of insurance.

5.6.2 Types of Health Insurance scheme in Nepal

The health insurance is a type of insurance that covers the whole or a part of the risk of person incurring medical expenses. In Nepal, private, national, community based health insurance are identified. Those people who were aware about the insurance prevalent in Nepal (129 respondents among the total respondents 157) were only asked about the categories of health insurance that are prevalent in Nepal.

Table 5.8 Types of Health Insurance scheme in Nepal*

Different types of Health Insurance in Nepal (N= 129)	Frequency	Percentage (%)
Private Health Insurance	55	42.64
National Health Insurance	121	93.8
Community Based Health Insurance	4	3.1
Others(specify)	0	0
Total	180*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 5.8 shows that most (93.8%) of the respondents knows about the National health scheme while very few (3.1%) only know about the Community based health insurance scheme that is prevalent in Nepal.

5.7 National Health Insurance Scheme

National Health Insurance Scheme is the program to provide the access quality of health care services without the financial burden on the people. It also advocates the quality of health care services.

5.7.1 Information regarding National Health Insurance Scheme

Those respondents who know about the insurance prevalent in Nepal (129 respondents among the total respondents 157) were asked whether they were aware about the national health insurance scheme and those who were aware was classified as “Yes” and those who are not classified as “No”.

Table 5.9 Heard about National Health Insurance Scheme

Heard about National Health Insurance	Frequency	Percentage (%)
Yes	121	93.8
No	8	6.2
Total	129	100.00

Source: Field Survey, 2021

Table 5.9 shows that out of the total respondent's who know the insurance prevalent in Nepal among them majority (93.8%) of people know about the national health insurance scheme while 6.2 percent of them were unaware about the national health insurance scheme.

KII participants shared that national health insurance scheme has been messaged to the people about the importance to them but however people don't want to enroll in the scheme.

5.7.2 Information regarding the information gained/ heard about the National Health Insurance Scheme

A mode of communication is necessary to know the knowledge on something. So in order to find out the information through which the respondents heard about the NHIS this topic is important.

Table 5.10 From where heard about the National Health Insurance Scheme (N=121)*

Heard from	Frequency	Percentage (%)
Radio	15	12.4
T.V	54	44.63
Print media	15	12.4
Health Worker	64	52.89
Peer group/ Friends	84	69.42
Total	232*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 5.10 shows that 69.42 percent of respondents have heard from the peers or friends followed by health worker (52.89%) and from T.V (44.63%) while only 12.4 percent have heard from radio and print media. The above study shows that per groups/ friends is the important method for awakening one another about the National Health Insurance Scheme.

5.7.3 Benefits of National Health Insurance Scheme

National Health Insurance Scheme has been developed in order to provide the better health care facilities to all people of the country without any discrimination. Here, benefits of NHIS were asked to only those respondents who know about the NHIS.

Table 5.11 Description of respondents based on benefits of National Health Insurance Scheme (N=121)*

Benefits of National Health Insurance	Frequency	Percentage (%)
Emergency health care	36	29.75
Reduce kit expenditure	14	11.57
Better utilization of medical services	78	64.46
Better coverage of entire family	57	47.11
Others- Cost effective/ Free of cost for above 70 years	2	1.65
Total	187*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 5.11 shows that most (64.46%) of respondents said that national health insurance have the benefits of better utilization of medical services followed by 47.11 percent of respondents said that it will help to cover the cost of entire family whereas very few (1.65%) said that it is free of cost for people who are above 70 years.

5.7.4 Improvement of Quality of Health cares of Nepal through National Health Insurance Scheme

National Health Insurance Scheme is one of the programs that help to improve the quality of health care facilities to the people. Those people who know about the NHIS were asked about the improvement of quality of health care of Nepal through the NHIS and those who know were classified as “Yes” and those who don’t think it will improve the quality not know were classified as “No” while who don’t know anything were classified as “Don’t know”.

Table 5.12 Improvement of quality of health care of Nepal through National Health Insurance Scheme

National Health Insurance Scheme improve the quality of health care of Nepal	Frequency	Percentage (%)
Yes	20	16.53
No	19	15.7
Don't know	82	67.77
Total	121	100.00

Source: Field Survey, 2021

The above table shows that most (67.77%) of the respondents don't know that the National health Insurance scheme will improve the quality of health care of Nepal whereas one fifth (16.53%) know that it improve the quality of health care of Nepal. This shows that awareness of respondents on health insurance scheme is low as they don't know about the benefits and how the scheme helps to improve the quality of health care and the facilities in the community.

5.7.5 Cost of National Health Insurance Scheme

NHIS has a premium of NRs. 3500 for five family members and had to pay NRs. 700 for additional member of the family. The respondents were asked that the cost of NHIS is high, low or normal for their enrollment in the scheme.

Table 5.13 Cost of National Health Insurance Scheme

Cost of National health Insurance Scheme	Frequency	Percentage (%)
Normal	78	64.46
Low	3	2.48
High	40	33.06
Total	121	100.00

Source: Field Survey, 2021

The above table shows that most (64.46%) said that the cost of National health Insurance scheme is normal for the people to enroll in the scheme while one third (33.0%) said that it is high for them to enroll in scheme and only 2.48 percent said that the cost of the premium is low. Cost plays an important factor for the enrolment in the scheme where they had to depend upon their income/ daily wages for the treatment in the health centers.

KII shared that the low income people want to enroll in the scheme however they can't enroll in the scheme due to the lack of money has they had little amount of money to their daily expenses. They further shared that some of them had to take some loan with their relatives to treat their family members.

5.8 Difference between the National Health Insurance and Other Health Insurance Scheme

As the both the private and national health insurance schemes have their own policy to provide the health care services for the people. Here in this topic, the respondents who know the types of insurance in Nepal were asked the difference between the national and private health insurance scheme.

Table 5.14 Difference between national and private health insurance (N=121)*

Difference between National and Private Health Insurance	Frequency	Percentage (%)
Cost difference	1	0.83
Private Health Insurance is good	5	4.13
Almost Same	3	2.48
Private Health Insurance cost is high	4	3.31
Don't know	110	90.91
Total	123*	

Note: (Multiple Response Question)*

Source: Field Survey, 2021

Above table shows that out of the total respondents majority (90.91%) don't know about the difference between private and national health insurance scheme where as very few (0.83%) said that the cost is different between them. While 4.13 percent of the respondents said that private health insurance scheme is good and 2.48 percent said that both are almost same.

CHAPTER VI

FACTORS AFFECTING THE PURCHASING OF HEALTH INSURANCE SCHEME

Enrollment and not enrollment in Health Insurance Scheme depends upon the different factors. The different factors like cost effectiveness, betterment of the health services, satisfaction / dissatisfaction of the scheme during the health checkup depends upon the enrollment or not enrollment as well as not renewing the scheme.

6.1 Enrollment in National Health Insurance Scheme

Enrollment in national Health Insurance Scheme refers to those people who pay the premium for their health care and the quality health services within the hospitals.

6.1.1 Information regarding the Enrolment in National Health Insurance Scheme

Here in this topic, those respondents who know about the NHIS (121 out of 157) were only asked whether they have enrolled in the NHIS or not. Those who have enrolled in NHIS were classified as "Yes" and those who were not enrolled were classified as "No".

Table 6.1 Enrolment in National Health Insurance Scheme

Enrolled in NHIS	Frequency	Percentage (%)
Yes	45	37.19
No	76	62.8
Total	121	100.00

Source: Field Survey, 2021

Table 6.1 shows that one third (37.19%) of respondents who know about the NHIS were enrolled in the scheme while 62.8 percent were not enrolled in the scheme. Awareness about the NHIS should be increased to the people so that more people will enroll in the scheme.

KII shared that the people had heard the negative message that has been shared in the community which hamper them to enroll the people in the scheme. They also further said that people are afraid that the money they had invest in the scheme will not be refund if they don't use that scheme in that year.

6.1.2 Year of Enrollment in National Health Insurance Scheme

Those respondents who were enrolled (45 out of 121 respondents) in NHIS were asked about their years of enrollment in the scheme after the launched of NHIS in the Kaski district.

Table 6.2Year of enrolment in National Health Insurance Scheme

Year of enrollment	Frequency	Percentage (%)
0- 1 Year	19	42.22
1- 2 Years	22	48.89
2- 3 Years	4	8.89
Total	45	100.00

Source: Field Survey, 2021

Table 6.2 shows that among them almost half (48.89%) of respondents were enrolled in between one to two years while very few (8.89%) were enrolled for two to three years. With the increase in awareness about the health insurance scheme in the community, enrollment of the people is also increasing.

6.1.3 Reason of Enrollment in National Health Insurance Scheme

Here in this topic, the respondents who were enrolled in the scheme were asked for what reasons they were enrolled in the scheme.

Table 6.3 Reason of enrolment in National Health Insurance Scheme (N= 45)*

Reasons of enrollment	Frequency	Percentage (%)
Better than OOP	10	22.22
Financial protection against illness	27	60
A relative asked to join	33	73.33
Other (specify)	0	0
Total	70*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 6.3 shows that about four fifth (73.33%) of the respondents were enrolled due to a relative or friends asked them to enroll in the scheme while 60 percent of respondents enroll for financial support for health care cost. Family/ relatives play important factors for the enrolment in the scheme as it is the best mode of communication for informing the people.

6.2 National Health Insurance Scheme Use

National Health Insurance scheme use refers to use of the scheme for the treatment of their health or any kind of health related problems. The scheme may be used for anyone in the family members for the better treatment of the disease or quality of health services.

6.2.1 Ever use of NHIS for medical checkup

Here in this topic, those respondents who were enrolled in the scheme were asked about the use of any services with the help of using the NHIS.

Table 6.4 Ever use of NHIS for medical checkup

Ever use of NHIS for medical checkup	Frequency	Percentage (%)
Yes	21	46.67
No	24	53.33
Total	45	100.00

Source: Field Survey, 2021

Table 6.4 shows that only few of the respondents who have enrolled in national health insurance scheme have used the scheme by about two in one (46.7%) while more than half (53.33%) of the respondents said they had not used the scheme.

6.2.2 Whom used the NHIS for health check up

Here in this topic, the respondents were asked whether they had use the NHIS for anyone for the health check up.

Table 6.5 Information regarding the uses of NHIS for medical checkup

Whom used the NHIS for health check up	Frequency	Percentage (%)
Daughter	3	14.29
Son/ Grandson	5	23.81
Wife/ herself	7	33.33
Husband/ himself	3	14.29
Grandfather	2	9.52
Grand mother	1	4.76
Total	21	100.00

Source: Field Survey, 2021

Above table shows that about one third (33.33%) have used the scheme for their wife as well as themselves for the health check up/ treatment while only few (4.76%) have used their scheme for their mother-in-law (above 75 years). 14.29 percent respondents used the card for the treatment of daughter and husband/ himself.

6.2.3 Purpose of NHIS during health checkup

Purpose of NHIS for health check up is an open questionnaire where the respondents (21) were asked about the use of scheme for the health check up for their family.

Table 6.6 Information regarding the purpose of NHIS during medical checkup (N=21)*

Purpose of scheme used	Frequency	Percentage (%)
Asthma/ Respiratory Problem	3	14.29
Eyes	5	23.81
Pneumonia/ Headache	6	28.57
Gastritis	3	14.29
Neuron/ Facture/ Back pain/ Joint pain	6	28.57
Heart problems	4	19.05
Kidney	1	4.76
Diabetes	1	4.76
Tonsillitis	1	4.76
Skin Problem	1	4.76
Paralysis	1	4.76
Total	32*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 6.6 shows that one fourth (28.57%) of the respondents used the scheme for the treatment of headache, pneumonia, back pain, joint while very few (4.76%) used the scheme for Tonsillitis, skin problems, Kidney and Paralysis. 23.81 percent of the respondents uses the scheme for eye checkup followed by heart problems.

6.3 Satisfaction with the Service Utilization

Satisfaction is a one of the important factors to determine the success of the scheme in the community. The satisfaction of the service utilization is the important factors for the improvement of the services and health care providers within the enrolled people in the scheme.

6.3.1 Satisfied with the services received from health institutions by NHIS

Here in this topic, the enrolled respondents who used the scheme for their health check up were asked about the satisfaction of the services that they received from health institutions using the NHIS.

Table 6.7 Satisfied with services by NHIS during medical checkup

Satisfied with services received from health institution by NHIS	Frequency	Percentage (%)
Little bit satisfied	1	4.76
Satisfied	11	52.38
Not Satisfied	9	42.86
Total	21	100.00

Source: Field Survey, 2021

Table 6.7 shows that out of total respondents more than half (52.38%) of the respondents were satisfied with the service they used through their insurance card while 42.86 percent of the respondents were not satisfied with the service. 4.76 percent of the respondents were little bit satisfied with the service utilization.

Utilization and the satisfaction of NHIS are directly linked with the enrollment in the scheme and the cost of the treatment with the help of the scheme.

6.3.2 Problems faced while using the National Health Insurance

The people who were not satisfied with the use of schemes had to face many problems while using the scheme and the respondents (not satisfied=25) were asked the main problems they had to face.

Table 6.8 Problems faced while using the health insurance (N=21)*

Problems faced during using health insurance card	**Frequency**	**Percentage (%)**
Had to wait long for check up as well as for entry	7	77.78
Service was not good	4	44.44
Had to buy medicine outside	5	55.56
Health care provider don't treat properly	5	55.56
Total	21*	

Source: Field Survey, 2021

*Note: *(Multiple Response Question)*

Above table shows that about four fifth (77.78%) of the respondents said that they had to wait long while receiving the services, more than Half (55.56%) of the respondents had to buy the medicine outside the hospital and also they feel that health care provider don't treat them properly.

6.4 Reason of not using the Scheme

The respondents were asked why they didn't use the scheme after enrolling in the scheme. It is an open ended questionnaire.

Table 6.9 Reasons for not using the scheme

Reason of not using the Scheme(N=24)	Respondent	Percentage (%)
Did not get the ticket for 3 days and had to treated in private hospital	1	4.17
Not required for the use of scheme	17	70.83
Don't know process of using the scheme	2	8.33
Scheme is not activated	4	16.67
Not have big problem for check up	1	4.17
Total	25*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 6.9 shows that out of the total respondents about one fourth (70.83%) of the respondents said that they don't required to use the scheme while very few (4.17%) of the respondent said that they do not get the ticket and had to treat in private hospital. 16.67% of the respondents said that their scheme is not activated as they are recently enrolled in the scheme.

Key Informant Interview participants shared that people who are insured in the scheme complain about the service not good as they had to wait long in the line to get the ticket for the treatment also they had to buy the expensive medicine outside with their own money.

6.5 Renew of Scheme

The action of extending the period of validity of a contract for the further use of the scheme is termed as renew of the scheme. Renew of the scheme is important for the people in order to improve the quality of health services and treatment of the health of their family members.

6.5.1 Information regarding the Renew of the Scheme

Here in this topic, the respondents were asked about whether they had renewed the NHIS after the end of the year.

Table 6.10 Renewal of the scheme

Renewed the NHIS	Frequency	Percentage (%)
Yes	15	33.33
No	30	66.67
Total	45	100.00

Source: Field Survey, 2021

Table 6.10 shows that among the total enrolled respondents most (66.67%) of the respondents did not renew the scheme while one third (33.33%) renewed the scheme.

6.5.2 Continuation of Enrollment of the Scheme

With the good health services those people who are enrolled in the scheme continued the scheme. The respondents said that they continued the scheme as it is cost effective, liked the services.

Table 6.11 Continuation of enrollment of the scheme (N=15)*

Continuation of enrollment (N=15)	Frequency	Percentage (%)
Cost effective/ Financially supportive	10	66.67
Liked the services	4	26.67
Future health service utilization	3	20
Total	17*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 6.11 shows that most (66.67%) of the respondents said that it is financially support for the health cost of their family members while one in five (20%) said that it will be helped in the future for treating the health and 26.67 percent of the respondents said that they liked the services that covers with the scheme.

6.5.3 Reasons for Not Renewing the NHIS

Here in this topic, the respondents who didn't renew the scheme were asked for the reasons for not renewing the NHIS. In others category includes the respondents view and they are persons has not come to renew, not renewed time, heard the service is not good, don't know the process of renew.

Table 6.12 Description of respondents based on reasons for not renewing the scheme (N=30)*

Reasons for not renewing the NHIS	Frequency	Percentage (%)
Could not afford renewal payment	0	0
Not satisfied with the scheme	8	26.67
Difficulty in accessing services	0	0.00
Did not use service last year	9	30.00
Had to buy drugs outside facility	5	16.67
Others (Person has not come to renew, not renewed time, heard the service is not good, don't know the process of renew)	12	40.00
Total	34*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

Table 6.12 shows that One third (30%) of the respondents did not use the service last year using the scheme card while one fifth (16.67%) of respondents had to buy the drugs outside of the facility without using the scheme as the scheme does not include

all the medicines. 30% of the respondents did not use the service last year. There is limited hospital that uses the scheme so people had to wait long for the checkup while they had to buy the medicines outside the hospital where they buy the medicines without using the insurance card which is the main cause for not renewing the scheme.

6.6 Never Enrolling in the National Health Insurance Scheme

Here in this topic the respondents who were never enrolled in the NHIS were asked about the reasons for not enrolling in the scheme.

Table 6.13 Reasons for not-enrollment in the National Health Insurance Scheme (N=76)*

Reasons for not enrollment in NHIS	Respondent	Percentage (%)
Not heard about it	34	44.74
Financial problems/ Low income	33	43.42
Don't feel the need of it	13	17.11
Have Private Health Insurance	14	18.42
Others (don't have citizenship, heard the service not good, don't process of enrollment)	34	44.74
Total	128*	

*Note: *(Multiple Response Question)*

Source: Field Survey, 2021

The above table shows that almost two in one (44.74%) of the respondents did not hear about the national health insurance scheme while about one fifth (17.11%) of the respondents don't feel the need of the scheme. People mostly listen / follow the things that are shattered in the community about the wrong information like the services is not good which mainly affects in the enrollment process. That's why awareness to the

community/ slum should be more focused for the betterment of the health of the slum people in limited cost of the daily wage worker.

KII participants shared that they had problem while enrolling the people in the scheme as some people don't want to listen to them while some said that they had little amount of money for their daily basic needs to run their family. Further they also shared that some people had already enrolled in private health insurance where they treat their family members with that scheme and they are happy with the private health insurance as they cover the treatment of their disability children.

6.7 Health Insurance Enrolled

Health insurance enrolled here means to those people who have not enrolled in NHIS are enrolled in any forms of insurance scheme that is private health insurance. It is an open ended questionnaire where the majority of answers were classified and showed in the table.

Table 6.14 Enrollment in Other Health insurance

Which Health Insurance enrolled	Frequency	Percentage (%)
Army camp for health check up	8	10.53
Private Health Insurance	9	11.84
Not insured	59	77.63
Total	76	100.00

Source: Field Survey, 2021

About one fifth (77.63%) of the respondents were not insured or not enrolled in any types of Insurance prevalent in Nepal while almost one fifth (10.53%) goes to army camp for health check (Indian army camp). 11.84 percent of the respondents were enrolled in the Private Health Insurance as they said that it is more relevant than NHIS.

CHAPTER VII

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS

This section presents the overall findings and conclusions of the study based on the objectives set. Government has enrolled the health insurance scheme in all districts but it doesn't cover the equal distribution of enrolled of the population mostly the slum people. This study aimed to determine the awareness on health insurance scheme among the slum people of Pokhara. The results are discussed rationally with the respect to other similar studies on government health insurance scheme.

7.1 Summary of the study:

This study is an attempt to trace out the awareness about health insurance scheme of Nepal government among slum dwellers of Hanuman Basti Pokhara. The overall objectives of this study were to find out the knowledge and perception on health insurance scheme as well as factors that foster or hinder the purchasing of Nepal Health Insurance scheme of Nepal government.

This study is an output of 157 respondents for quantitative information and other 2 participants for qualitative information desire information using the simple random sampling. This study used the identified respondents, the carefully prepared interview schedule and refined question in the interview schedule.

The collected data have been arranged manually and analyzed descriptively for which frequency distribution in tables and figures has been used.

7.2 Major Findings

This section presents the overall findings and conclusions of the study based on the objectives set.

- Firstly, this study shows that almost two in one (44.74%) of the respondents did not know about the health insurance while 43.42 percent did not enroll due lack of financial problems. This study was similar to the study done in Kenya, where 43.5 percent cannot afford the scheme which was followed by unawareness of the scheme.

The slight difference may be due to the dissemination of the information regarding the scheme was less in my area [Muluip, Kirigia and Cluma in Kenya (2013).]

- Secondly, this study shows that most (69.42%) of the respondents were aware by peer/ friends while more than half (52.89%) were informed by health worker. This result is supported by study done by Rosyara and others in Nepal (2006), that some kinds of information on Health Insurance among them 61.9 percent were informed by neighbor or peer while only 14.28 percent were informed by insurance people. This may be due to people are more connected with one another with their community people more than the health professionals.

- Thirdly, this study shows that majority (95.54%) of the respondents pay through the OOP method for their while 21.66 percent pay through other forms of payment which also includes the health insurance scheme. This study was contradicted by the research done by Adewole and others in South West Nigeria (2015), which almost 89.9 percent agreed that national health insurance scheme is the best method for paying the health services than OOP method.

- Fourthly, this study shows that most (62.8%) of the respondents did not enroll in the scheme while one third (37.19%) of respondents were enrolled in the scheme while 95.54 percent pay through the out of pocket for treatment. This study was supported by research done in slums of India were 84.2 percent of respondents were uninsured while only 15.2 percent were insured were 4.2 percent spend out of their income for treatment [Chaudhari and others (2014)].

- Fifthly, this study shows that most (64.46%) of the respondents felt that the cost for national health insurance scheme is normal while very few (2.48%) thought it is low. This study is supported by report where the respondents said that the cost of membership is appropriate 69.80 percent [Assessment of Social Health Insurance Scheme in Selected Districts of Nepal (2018)].

- Sixthly, this study shows that one third (33.33%) of the respondents who have enrolled in the scheme has renewed the scheme while 66.67 percent refused to renewed the scheme which is supported by the study conducted in Nepal where 44.4 percent of respondents continuously involved in the program and 55.6 percent were drop outs. As well as the reasons for drop out was they did not use the service last

year (30%) and satisfied with the services (26.67%) [Paudel, Subedi and Baral (2019)].

7.3 Conclusion

The finding has highlighted many things about awareness on national health insurance of the study area. From the above findings it can be concluded that the dissemination of information regarding the National Health Insurance Scheme is good/effective in the community level where peer/ friends are the best mode of communication to aware people as neighbors are closer than the health professionals. However, the people who were aware about the national health insurance scheme were not enrolled in the scheme as compared to their awareness level.

The study found that those people who are enrolled in the scheme used the scheme mostly to treat for headache, back pain, neurons. 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.

The people who were not enrolled in the scheme were enrolled in the private health insurance scheme due to good facilities as they get money in time while some goes to army camp for their health check up.

7.4 Recommendations

- Availability of the good health personnel in the hospital for the treatment.
- Government need to improve the quality of the hospitals and provision of all types medicines in the health centres.
- Utilization of mass media should be improved to remove the misconception about the health insurance scheme.
- Enrollment assistant should more visit the community level for dissemination the information regarding the scheme and its benefits to the people.

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Annexes

परिचय र मन्जुरीनामा

नमस्कार । म विनिता श्रेष्ठ, म पृथ्वी नारायण क्याम्पस, पोखरामा अध्ययनरत समाजशास्त्र विषयमा अध्ययनरत छात्रा हुँ । यस बिषयको पाठ्यक्रम अर्न्तगतमा "Awareness about Health Insurance of Nepal Government among Slum Dwellers, A case of Hanuman Basti of Pokhara City" बिषयमा अनुसन्धान गर्ने क्रममा तथ्यांङ्क संकलनको लागि यहाँ आएकी छु । यो अनुसन्धानपूर्ण रुपमा अध्ययनकार्यको लागि हो । यस अध्ययनको सफलता, तपाईहरुको अमुल्य उत्तरमा आधारित हुनेछ । तपाईले उपलब्ध गराउनु भएका सूचनाको गोपनीयता सधै सुरक्षित रहनेछ । यसले तपाईलाई कुनै नराम्रो प्रभाव पार्ने छैन । कृपया तलका प्रश्नहरुको उत्तर आफ्ना ज्ञान र व्यवहारका आधारमा स्वतन्त्र भई दिनुहोला । तपाईलाई सोधिएका प्रश्नहरु मध्ये कुनै प्रश्नको उत्तर दिने ईच्छा नभएमा त्यो तपाईको अधिकार हुनेछ ।

Informed Consent

Namaskar! I am Binita Shrestha, a student of mater program at Prithivi Narayan Campus. As a course requirement I am doing a research on "Awareness about Health Insurance of Nepal Government among Slum Dwellers, A case of Hanuman Basti of Pokhara city."

I would like to ask you some questions related to this topic. Your co-operation will be highly appreciable. You can refuse to answer any question at any time of the study. Your information and experience sharing will make my research successful.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Do you want to ask me anything about the research?

Are you ready to participate in this research? Yes ☐ No ☐

Signature of Interviewee: ……..

Date:…../……../……

Interview schedule

An assessment of knowledge and attitude of individuals to Health Insurance

SECTION A: Background Information

Respondent

Q.N	**Questions**	**Response**
1	Age	..... Years
2	Gender	1. Male 2.Female 3.Third gender
3	Religion	1.Hinduism 2.Bhudhisim 3.Christianity 4.Islam 5.Others
4	Highest educational Attainment	1.No formal education 2.Primary education 3.Secondary level 4.Higher Secondary 5. Bachelor 6.Master
5	Types of Family	1. Nuclear family 2. Joint family
6	Marital Status	1.Single 2.Married 3.Widowed 4.Separated 5.Divorced
7	Number of Family members	
8	Occupation	1.Bussiness 2.Teacher 3.Labour 4. Governmental Worker/ Private Job 5. Driver/ Conductor 6. Security Guard 7. Pension 8. Outside of the country

9 Family Details of Respondent

Q.N.	Age	Gender	Education	Marital Status	Occupation

SECTION B: Assessment of Health Status And Hospitalisation

Q.N	Questions	Response	Skip
10	When was the last time you fall sick?	i. Less than a week ago ii. Within the past two weeks iii. Within the past one month iv. Within the past three months v. Three months & above	
11	How do you treat yourself when you fall sick?	i. See the doctor ii. See the chemist iii. Traditional medicine/herbs iv. Self-medication v. Religious place	
12	How often do you seek medical assistance in a year (e.g. visit a hospital, clinic, etc)?	i. At least once in a week ii. At least once fortnightly iii. At least once in a month iv. At least once in three months v. At least six months vi. At least once in a year vii. Others (Specify).....	
13	Have you ever been hospitalized?	i. Yes ii. No	
14	Do you worry about payment whenever you fall sick or need to cover a health expenses?	i.Yes ii.No iii. Don't know	
15	How do you pay for your health care cost?	i. Out-of-pocket ii. Other forms of payment iii. Declined response	

Section C: Awareness and Perception about National Health Insurance

Q.N	Questions	Response	Skip
16	Have you ever heard about insurance?	i.Yes ii.No	
17	What are the different types of health insurance prevalent in Nepal?	i. Private health insurance ii. National health insurance iii. Community based health insurance iv. Others(specify).....	
18	.Have you ever heard about governmental health insurance scheme?	i.Yes ii.No	
19	If yes, then from where did you hear about it?	i.Radio ii. T.V iii. Print media iv. Health Worker v. Peer group/ Friends	
20	What are the benefits of National health insurance?	i. Emergency health care ii. Reduce kit expenditure iii. Better utilization of medical services iv. Better coverage of entire family v. Others (specify).....	
21	Are you aware that National health insurance scheme will improve the quality of health care of Nepal?	i.Yes ii. No iii. Don't know	
22	What do you think about the cost of existing national health insurance scheme?	i. Normal ii. Low iii. High	
23	What difference did you find between the national health insurance and other health insurances?	.....	

Section D: Enrolment and Not Renewing of Scheme

Q.N	Questions	Response	Skip
24	Have you enrolled in national health insurance scheme?	i.Yes ii.No	If no then go to Q 36
25	When did you take the health insurance scheme?	.....	
26	What are the reasons for enrolling in national health insurance scheme?	i. Better than OOP ii. Financial protection against illness iii. A relative asked me to join iv. Other (specify).....	
27	Did you ever use health insurance scheme for medical check-up?	i.Yes ii.No	Go to Q 32
28	Whom did you use the scheme for?	.....	
29	What was purpose of the scheme used for?	.....	
30	Are you satisfied with the services you received from the health institution by using your health insurance card?	.....	
31	If not, then what were the problems you faced while receiving the services?	.....	

32	If not, then why did you not use the scheme?	.....	
33	Have you renewed your scheme?	i.Yes ii.No	
34	What are the reasons for continuation of enrolling in the scheme?	.....	
35	If not what are the reasons for not renewing the scheme?	i. Could not afford renewal payment ii.Not satisfied with service iii. Difficulty in accessing services iv.Did not use service last year v. Had to buy drugs outside facility vi. Others (specify).....	
36	What are the reasons for never enrolling in the scheme?	i. Not heard about ii. Financial problems iii. Don't feel the need of it iv. Have private health insurance v. Others (specify).....	
37	If not, then which health insurance is you enrolled or insured?	.....	

Questions to Enrolment Assistant

१. स्वास्य वीमा कार्यक्रमलाई तपाई कसरी हेर्नुभएको छ ?

क) सदस्यता शुल्कको बारेमा ख) उपलब्ध सेवाको बारेमा

ग) कार्यक्रमको संरचना/मोटामोटी बारेमा घ) स्वास्थ्य सेवा प्रदायकको बारेमा

२. स्वास्थ्य वीमामा सदस्यता लिने क्रममा सेवाग्राहीहरुको के कस्ता कुराहरुमा चासो राख्छन् ?

क) सदस्यता शुल्क ख) पाउने स्वास्थ्य सुविधा ग)स्वास्थ्य सेवाको गुणस्तर

घ) बीमा गर्दाको फाइदा ङ) बीमा गर्दाको जोखिम

३. सेवाग्राही तथा समुदायका व्यक्तिहरुको स्वास्थ्य वीमा कार्यक्रम प्रतिको धारणा कस्तो पाउनु भएको छ ?

.....

४. तपाईको अनुभवका आधारमा कस्ता समुदायमा कस्ता व्यक्तिहरु वीमामा सदस्यता लिन चाहन्छन् ?

क) शैक्षिक अवस्था ख) आर्थिक अवस्था ग) स्वास्थ्य अवस्था

घ) बसोवासको क्षेत्र ङ) जात/धर्म

५. वीमा कार्यक्रमको सदस्यता लिन नचाहने व्यक्तिहरु मुख्य तथा के कस्ता कारणहरुले सदस्यता लिन चाहदैनन् ?

क) आर्थिक कारण ख) भौगोलिक विकटता ग)स्वास्थ्य अवस्था

६. समुदायमा मानिसहरुलाई वीमा कार्यक्रमको बारेमा जानकारी गराउँदा र सदस्यता प्रदान गर्दा के कस्ता चुनौतिहरु महशुस गर्नु भयो वा के कस्ता असजिलाहरु महसुस गर्नु भएको छ ?

क) मानिसहरुलाई वीमा सदस्य बन्न उत्प्रेरित गर्दा

ख) मोवाइलमा सदस्यता लिन चाहनेको विवरण भर्ने क्रममा

ग) वीमासँग सम्वन्धित अन्य काम गर्दा

७. समुदायमा अन्य व्यक्तिहरुलाई पनि कार्यक्रम अन्तर्गत ल्याउन तथा थप प्रभावकारी बनाउने के कस्ता सुधारहरु ल्याउनु पर्ला ?

क) वीमा शुल्क तथा उपलब्ध सेवा/सुविधा ख) अन्य.....