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Research Article

Effect of Health Insurance Program in Social Security in Kailali District, Nepal

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Abstract

Background: Nepal has made several significant efforts on health protection and promotion over the past several years. In 2016, the government of Nepal (GoN) launched a health insurance (HI) program with the aim of equitable and universal access to health services for all around the people of Nepal. At first, GoN started HI in 3 districts (Kailali, Baglung, and Ilam). Later extended to other districts and by the year 2020 GoN aims to reach all 77 districts with HI program. This study aimed to evaluate the effectiveness of the HI program in social security in the Kailali district.

Methods: A cross-sectional study was performed with 2158 randomly selected HI having peoples in the Kailali district and the data were collected and analyzed.

Results: Of total 2158 respondents, 55.56% express positive effects of HI in social security, 27.8% negative and 16.6% express both. Only 42% are willing to encourage others to do HI. Around 67% visited the hospital after having HI, and 93% think that the insurance has somewhat benefits. All respondents think the HI has benefited by 1.7%, 11.5% and 86.6% in concern of social aspect, economic aspect and both respectively. Only 46% felt easy in receiving medicine. The treatment process response is easy (22.7%), complex (39.7%) and same as before (37.5%).

Conclusion: Mixed positive and negative perception among the population having HI. Still, more awareness is needed to make clear about the HI to all the people. Increasing the quality of services, and easy treatment process will attract more people.

Keywords: Health Insurance; Social Security; Nepal; Safety; Health Service; Medicines; Kailali

Introduction

For all social development, quality health plays a crucial role. The necessary health services available in all corners of the country will make the public healthy, happy and active participation in personal as well as the nation's development. Sustainable development can only be achieved through sustainable and widely acceptable health services [1]. The poverty will allow a poor people to die without treatment and a medium class people can go to under poverty if he/she has to afford expensive treatment.

So for all, a minimum contribution to HI will allow a wide range of people to receive quality health services without any significant financial burden. In Nepal, 21.6% of the total population is below the poverty line and struggling for daily minimum consumable and many children are under malnutrition [2]. For this population, a minimum health insurance contribution can be a big burden. To address this concern, the government has started to provide free health insurance to those who are below the poverty line [3].

Until the people's basic needs are not fulfilled, they are unable to dream about big achievements and other luxurious life because they are just struggling for basic needs [4]. Social Health Security Program (SHSP) is new for the Nepalese community but its history traced back to 135 years when Germany for the first time started this kind of social security in 1889 [5]. After that, other countries also started to follow it and lately but finally Nepal also came to it.

The first time in 2016, the Government of Nepal (GoN) started HI as a Social Security (SS) program in three districts- Kailali, Baglung, and Ilam. And the inauguration was done from the Kailali district on April 7, 2016. Later extended to 30 more districts and now the government is trying to reach all districts [6,7].

In the beginning, the household with 5 family members had to pay Rs. 2,500 per year and will get health services of Rs. 50,000. Any additional member of the family must pay Rs. 425 and can receive additional services of Rs. 10,000 but not exceeding Rs. 100,000 in total. And there is 15% copayment contribution from patient side on buying medicines. Now the fee was changed and upgraded to Rs. 3,500 per year for 5 members of the family and any additional member Rs. 700. The service has also upgraded to provide treatment up to Rs. 100,000 to a maximum of Rs. 200,000 [3,7,8]. The

senior citizen (age above 70) will get HI free of cost and the Government will pay their insurance fee. They will receive Rs. 100,000 worth HI service. The ultrapoor people receives HI free of cost, so the attraction of poor people towards HI is highly increased from last year. And the copayment system also removed in new system.

Several factors play a crucial role to make a HI program successful [7,9]. In 1976, the United Mission to Nepal created a history of HI in Nepal by initiating a HI known as Lalitpur Medical Insurance [10]. Later, the B.P. Koirala Institute of Health Sciences (BPKIHS) had also provided hospital-based micro-social health insurance programs to rural and urban households but those programs couldn't be continued for a long time [11].

In Dec. 2006, GoN decided to provide free health care to the people with disabilities, very-poor, female community health volunteers and senior citizens at Primary Health Centres (PHC) and district hospitals. Later in 15th Jan. 2008, GoN started to provide a basic health service free of cost from the health posts (HPs) and sub-health Posts (SHPs) [12].

In the Kailali district, 76% of households have access to health facilities within 30 minutes. While 28% of households were satisfied with the government provided health facilities and 56% of them are satisfied with the service received from the private sector [11]. So this study aims to provide the effect of health insurance in the social security of peoples in kailali district, their perception changed after making insurance and other various factors.

Materials and Methods

A cross-sectional study was performed in Kailali (the first HI launched district) district among the randomly selected total 2158 insurance having respondents from August to December 2019. The face to face interview was carried out by collecting data during their home visit. The non-responding people were ignored and the respondent's (2158) data were only collected. Only the people having National health insurance are included here.

Kailali is a Terai district of the Western part of Nepal, one of the nine districts of Sudurpaschim Province and border shared with India. As of 2011 census, the total population is 775,709. Where male are 378,417 (48.78%) and female are 397, 292 (52.22%). The population density is 240/ Km^2 [13].

Ethical approval was obtained from Kailali Multiple Campus research council. Before interviewing each respondent, informed consent was taken. Our research team member Saraswati K. Joshi, Sita K. Joshi, and Durga K. Joshi were actively involved in all interviewing and data collecting processes. Moreover, Saraswati and Durga both are officially working enumerator of GoN for the HI program.

Result and Discussion

The population demography always plays a crucial role in all sectors to define the health status of people, cause of certain things and many others [14]. Table 1 shows the characteristic of the participant population. Where 55.6% are below 40 and 7.3% are above 60 years old. In this study, 49% are male and 51% are female. The educational background of participants is also varying, 9.3% have no formal education and 41.7% are up to grade 12. The respondents having severe illness are 5.8% and 38.9% are the underprivileged group.

Category	Number	Percentage (%)
Age		
Below 40	1200	55.6
40-60	800	37.1
Above 60	158	7.3
Gender		
Male	1058	49
Female	1100	51
Education level		
No formal education	200	9.3
Up to grade 12 (1-12)	900	41.7
Higher education (>12)	1058	49
Severe Illness in the past 6 months		
Yes	125	5.8
No	2033	94.2
Ethnicity		
Privileged	1321	61.2
Underprivileged	837	38.8

Table 1: Overview of the Study Population.

For social security, various factors are considered like economic status, health status, job status, community security etc. [15]. In this study, 55.56% respondents show a positive impact of HI in social security, while 27.8% oppose it and 16.6% have mixed perception (Table 2, Chart 1). The main cause for it is, there is no enormous beliefs in government policy and lack of proper awareness. Only 42% respondents are willing to encourage others to join the HI program. The cause of main dissatisfaction is fewer services in government hospitals, lack of medicines in hospitals, services are limited to government hospital only, there is no refund policy if insurance having person don't get diseased in one year, no discounts at the renewable time for next year etc. These are the main factors for not encouraging others to join the HI program (Table 3).

Table 4 shows the number of the person visited the hospital after having HI (67.6%). Whereas 32% haven't visited the hospital. Besides not getting any health problems, the other main cause of not going hospital are due to difficult process of getting services, dissatisfied with first visit and don't want to go again, listened from

Response	Individual	Percentage
Positive	1199	55.56
Negative	600	27.804
Both	359	16.636
Total	2158	100

Table 2: Effect of Health Insurance in Social Security.

Chart 1: Effect of Health Insurance in Social Security.

Response	Individual	Percentage
Yes	908	42.076
No	1250	57.924
Total	2158	100

Table 3: Encourage or discourage others to make HI.

Note: Cause of not encouraging others are: not satisfied with provided services, no refund if they don't use service, no discount on next year renewable etc.

other that the service is not good and even the free medicines are not available, and they need to buy themselves etc. Whatever the situation with comparison to the insurance premium fee and services available, 93.6% of them think that having insurance is beneficial to them (Table 5). The benefits of HI are categorized into social, economic or both aspects by the respondents in 1.7, 11.6, and 86.6% respectively (Table 6).

Response	Individual	Percentage
Yes	1460	67.655
No	698	32.345
Total	2158	100

Table 4: Number of Insured population visiting the hospital.

Note: Cause of not visiting the hospital are: difficult process in receiving services, not suffered with the disease yet, no good treatment during first visit, listened from other that even free medicines are not available in the hospital etc.

Still, 41.7% of the respondent felt a complex process on receiving medicine from the hospital (Table 7, Chart 3) and 37.5% felt the treatment process is the same as before when they visited the hospital without HI (Table 8).

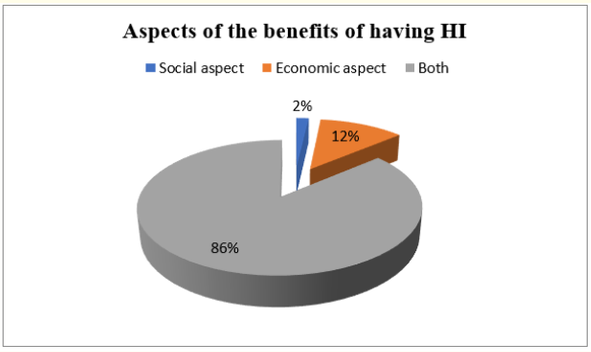

Chart 2: Aspects of the benefits of having HI.

Response	Individual	Percentage
Benefit	2021	93.652
No Benefit	137	6.348
Total	2158	100

Table 5: Advantage and disadvantage of HI.

Response	Individual	Percentage
Social aspect	38	1.761
Economic aspect	258	11.585
Both	1870	86.654
Total	2158	100

Table 6: Aspects of the benefits of having HI.

Response	Individual	Percentage
Easy	1000	46.339
Complex	900	41.7
Don't know	258	11.95
Total	2158	100

Table 7: Easiness of receiving medicine in the hospital with HI.

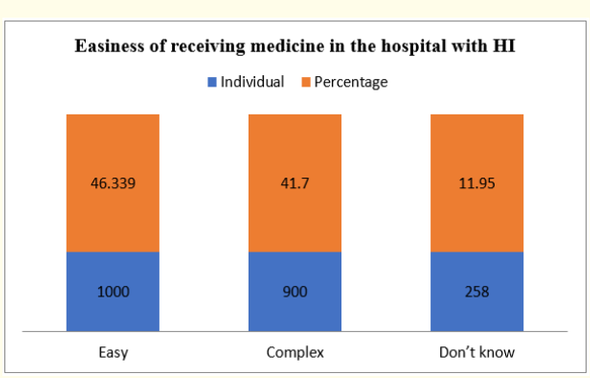

Chart 3: Easiness of receiving medicine in the hospital with HI.

Our finding showed that if the government gives more services, makes more easy processes and discounts on renew, the HI making population will increase sharply. The government provided

Response	Individual	Percentage
Easy	490	22.706
Complex	858	39.759
Same as before	810	37.535
Total	2158	100

Table 8: Treatment process after having insurance.

subsidies to the elderly, disabilities etc. have a positive impact on society. After making insurance, the HI having the population has more confidence to visit the hospital thinking that less expense will be needed.

For the underprivileged group, still, this premium paying for getting HI is difficult. Other studies also support the role of ethnicity affecting the enrollment of individuals in the HI scheme [16,17].

To the best of our findings and knowledge of understanding, this research provides basic evidence of increasing awareness towards HI but at the same time, many people are still not satisfied with the processes, services and other factors of the insurance scheme. The result may be influenced by the site selection mainly focused on the Dhangadhi and nearby area (ward number 7, 8, 12, and 15). Despite some limitations, this study will provide general knowledge for the improvement of the HI scheme to increase its effectiveness, especially to the policy and the decision-makers in governmental bodies, academia, NGOs and INGOs working in the health sector and mostly to the Health insurance board.

Conclusion

Despite having much confusion, there is a lot of hope and expectation from the HI scheme and its attraction is increasing. This study reveals the impact of HI in social security in the Kailali district. Although many advertisements, awareness about HI are done still it has to reach many people and to the corner of villages. To increase the belief towards the HI program, the government, policymakers and the Health Insurance board need to work hard on a different dimension.

Conflict of Interest

The author declares no competing financial interest.

Acknowledgment

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