

**FACTORS AFFECTING UPTAKE OF HEALTH INSURANCE SERVICES AMONG  
PATIENTS ATTENDING OUT PATIENT DEPARTMENT AT ST. FRANCIS  
HOSPITAL MUTOLERE, KISORO DISTRICT.**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVES**

**EXAMINATION BOARD**

**IN PARTIAL FULFILMENT**

**OF REQUIREMENTS FOR THE AWARD OF A DIPLOMA IN NURSING**

**BY**

**NDIZIHIWE ROBERT**

**REG NO: JAN22/ U024/DNE/006**

**NOVEMBER, 2023.**

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## **ABSTRACT.**

Though Uganda lacks a national health insurance scheme, there is still a low uptake of the available private and community based health insurance services stagnated at 21%.

The study was meant to assess the factors affecting uptake of health insurance services among patients attending out-patient department at St. Francis hospital Mutolere, Kisoro District. The objectives of the study were to find out patient related and to identify institutional related factors affecting uptake of health insurance services among patients attending OPD. A hospital based descriptive cross-sectional study which employed quantitative methods of data collection on 100 patients using a systematic sampling technique was used. Data was collected using a pre-tested self-administered questionnaire which was analyzed using statistical Package for Social Science (SPSS) version 16 and excel program 2010 and presented in form of tables and figures for easy interpretation.

The uptake of health insurance services was found low at 30%. The study also indicated lack of money (87.1%), long distance from home to the insurance health scheme (74.3%), increased number of family members (72.9%), lack of interest (71.4%) and lack of information (21%) as patient related factors that explain low uptake rate. Extra charges/ high costs (100%), availability of similar services from nearby government health facilities (90%), Unexpected increment of package premiums (84%), Refusing to tell patients their diagnoses (68%), Long distance to insurance offering institution (57%) and Lack of privacy (52%) as institutional-related factors.

Therefore, lack of money, long distance from home to insurance health scheme, and lack of interest, Extra charges/ high costs, and availability of same services in public hospitals and unexpected increment of package premiums have significantly resulted into low uptake of available health insurance services. Hence, the study recommends the government to introduce Uganda national health insurance scheme aiming at ensuring health for all.

## **DECLARATION.**

I **NDIZIHIWE ROBERT**, solemnly declare that this research report titled “**Factors Affecting Uptake of Health Insurance Services among Patients Attending Out-Patient Department (OPD) at St. Francis Hospital Mutolere, Kisoro District**,” is entirely my original work and has never been submitted to Uganda Nurses and Midwives’ Examinations Board by anyone in partial or total fulfillment of the requirements for academic award in any institution of learning.

Name: **NDIZIHIWE ROBERT**

Signature.....

Date.....

## **AUTHORIZATION PAGE.**

### **RULES GOVERNING THE USE OF THIS DISSERTATION AT MUTOLERE SCHOOL OF NURSING AND MIDWIFERY.**

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Author: **NDIZIHIWE ROBERT**

Signature..... Date.....

Email address: **ndizihiwerobert1@gmail.com** Tel: **0787955351/0706263957.**

Address: **MUTOLERE SCHOOL OF NURSING AND MIDWIFERY**  
**P O BOX 26,**  
**KISORO.**

Supervisor: **Mr. NIZEYIMANA CHARLES**

Signature..... Date.....

Contact address.....

Principal: **Sr. KEMIGISHA CATHELINE**

Signature.....

Date.....

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**FACTORS AFFECTING UPTAKE OF HEALTH INSURANCE SERVICES AMONG  
PATIENTS ATTENDING OPD AT ST. FRANCIS HOSPITAL MUTOLERE KISORO  
DISTRICT.**

## **DEDICATION.**

I dedicate this dissertation to my parents: **MR. NIYONZIMA RICHARD** and **MRS. NYIRAMATEGYEKO VERENA** who in conjunction with the Almighty God brought my life into existence and has been there for me in as far as academic maintenance is concerned for the betterment of my future.

## **ACKNOWLEDGEMENT**

I am so grateful to almighty God for granting me a gift of life and courage to complete this dissertation successfully, may his name be glorified forever and ever.

I dedicate this work and send sincere thanks to my sponsor: **MR. JESSE MWALYE (EMMANUEL)** and **THE FAMILY** who have struggled and determined what I am today. May our living Lord God grant them all the desires of their hearts and make all their plans succeed (psalms 20:4).

My heart appreciation and grate thanks goes to my sponsor, my parents, my brothers and sisters: **(GERALD, EVALYN, MUCUNGUZI, RACHAEL and ANITAH)** for the love, tender care, advices and support throughout my life and up to this level.

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Appreciation goes to the administration and staffs of Mutolere School of Nursing and Midwifery more especially the Principal tutor **SR. KEMIGISHA CATHELINE** for her guidance throughout my course.

I cannot forget my dear classmates **DNEs and DNDs (CHAP, BRIAN, JULIUS, REBECCA, ISAAC, KABAGAMBE AND ALOYSIUS)** and all other students for the encouragement and support during my stay in Mutolere School of Nursing and Midwifery.

**TO GOD BE THE GLORY**

**MAY THE ALMIGHTY GOD GRANT YOU PEACE AND GOOD FOREVER.**

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## **LIST OF ACRONYMS.**

- AAR:** Aircraft Accident Report.
- FMOH:** Federal Ministry of Health.
- HIS:** Health Insurance Services.
- IAA:** International Air Ambulance.
- MOH:** Ministry Of Health.
- NGOs:** Non-Governmental Organization
- NHIS:** National Health Insurance Scheme.
- OOP:** Out of Pocket Payment.
- OPD:** Out Patient Department.
- PNFP:** Private-Not-For-Profit.
- UCMB:** Uganda catholic medical Bureau.
- UHC:** Universal Health Coverage.

## **OPERATIONAL TERMS.**

<b>Health Insurance:</b>	Refers to an arrangement by which an institution undertakes to provide a guarantee of compensation against the risk of personally incurring medical expenses due to injury and sickness/ Illness.
<b>Out of-Pocket:</b>	Health expenditure which is the direct payment made by households or individuals at the point of service use and the payment comprises fee for registration, diagnosis, consultation, surgical procedure, medication and transportation.
<b>Universal Health Coverage:</b>	Defined as access to basic quality health services without financial hardship which can assist in alleviating poverty.

## **CHAPTER ONE: INTRODUCTION**

### **1.0 Introduction.**

This study focused on the factors affecting uptake of Health Insurance Services among patients attending Out Patient Department (OPD) at St. Francis Hospital Mutolere. In line to the study it gives background, problem statement, purpose of the study, specific objectives, research questions and justification of the study.

### **1.1 Background of the Study.**

Health insurance typically refers to insurance cover against the risk of personally incurring medical expenses (Benjamin & Aaron, 2018).

Globally, about 400 million people do not have access to basic quality health services and 6% of people living in low- and middle-income countries experience extreme poverty as a result of payments for health services (WHO, 2015). As of 2017, a study done by Khan in South Asia revealed that Worldwide 150 million people are facing financial catastrophe and 100 million are suffering extreme poverty due to out-of-pocket payment made for health care with 90% living in low income countries (Khan, 2017). Expenditure on health care services remains the major challenge to a large proportion of households in many developing countries because majority of the households are unable to pay for sudden unexpected healthcare bills making them rely on traditional sources in addressing their healthcare needs due to inaccessibility and high cost of healthcare services (Fox & Reich, 2015); (Kusi, Enemark, Hansen & Asante, 2015). Avoidance of these catastrophic health expenditures and the need to strive towards Universal Health Coverage (UHC), many developing countries have called for the need to develop models, that is Health Insurance Schemes that seek to pool resources in order to offer subsidized healthcare services for their populations to tackle these challenges(Badu, Agyei-Baffour, Acheampong,

Opoku & Addai-Donkor, 2018). According to Ghana National Insurance Scheme (GNHIS), uptake of health insurance services remain low with only 40% of the residents enrolled on the scheme (GNHIS, 2016).

In Nigeria, financial hardship is a major cause of poor access to healthcare because about 69% of Nigerians live below the poverty line, and about 69% of Nigeria's total health expenditure is out of pocket (Odeyemi & Nixon, 2013); (David, Poetra, Ceris & Miph, 2014); (Federal Ministry Of Health(FMOH), 2016); . In order to address this problem, Nigeria in line with the objectives of Universal Health Coverage also launched National Health Insurance Scheme (NHIS), however, enrolment into this program by the native population has remained below with only 4.5% enrolled on the scheme and paid their premium to-date (Yusuf, et al., 2019). This is because the scheme largely targets the formal sector yet Nigeria's economy is largely driven by the informal sector.

Among East African countries, Kenya has undertaken a number of reforms towards health care financing through introducing National Health Insurance. This was meant to increase coverage for quality health services, improve access to essential drugs as well as reduce out-of-pocket payments for health services (Mwaura, Barasa, Ramona, Coarasa, & Rogo, 2015), however, uptake of Health Insurance among patients attending private and public hospitals in Embu County remain low at 46.1%, with only 40% were covered under National Health Insurance Fund and 12.4% by private health insurance (Catherine, 2018).

Uganda lacks National Health Insurance in contrary to the objectives of Universal Health Coverage, therefore access to health insurance services is through private health companies like IAA, AAR and Community Based Health Insurance Schemes although uptake among the native population remains wanting; where uptake of IAA is 10% ( Jacqueline & Stephen,2019), AAR

uptake still remains below 1% (Insurance outlook Report, 2020/2021) and community based health insurance whose uptake of their services is 5-10% (Basaza, et al, 2018). This indicate that uptake of health insurance by the native population is still wanting and this place a burden on the government to fulfill its obligation in achieving Sustainable Development Goal number 3 which aims at providing good health and wellbeing for all people and ages. It's from this background that the researcher attempts to identify the factors affecting uptake of Health Insurance services among patients attending OPD at St. Francis Hospital Mutolere Kisoro district.

## **1.2 Problem Statement.**

Uganda lacks national health insurance scheme however, private health insurance schemes like IAA (International Air Ambulance), AAR (Aircraft Accident Report) and community based health insurance are available but their uptake still remains low where uptake of IAA is 10% (Jacqueline & Stephen, 2019), AAR uptake is less than 1% (Insurance Outlook Report, 2020/2021) and community based health insurance remains low with uptake of 5-10% (Basaza, et.al.2018). Following low uptake, membership to private health insurance schemes and sensitization/awareness campaigns have been undertaken by health insurance organizations to enlighten the public on the existence of the insurance services however, uptake remains low. This has resulted into increased disease related complications and morbidities, unwanted-deaths due to inability to access health care in fear of the very high health costs among Ugandans especially the poor ones.

At St. Francis Hospital Mutolere Kisoro District, out of 13,255 total patients in the FY 2018/19; only 390 patients (2.9%) were enrolled on the available Health Insurance Schemes (community-based health insurances) with none received on private health insurance services. In the FY 2021/22, 2.5% patients were enrolled on the health insurance schemes (260 patients out of a total of 10,518) were received on community-based health insurance services with no single client received on private health insurance services still (St. Francis Hospital Mutolere Annual Analytical Reports 2018/19, 2021/22). Despite of the routine sensitization messages by the Hospital on the available insurance services, the uptake remains low. Therefore, it's from this background that the researcher is compelled to conduct a study to assess the factors affecting the uptake of Health Insurance Services among patients attending OPD at St. Francis Hospital Mutolere Kisoro District.

### **1.3 Purpose of the Study.**

To assess factors affecting uptake of Health Insurance Services among patients attending Out Patient Department (OPD) at St. Francis Hospital Mutolere, Kisoro district.

### **1.4 Specific Objectives.**

- 1.4.1. To find out patient related factors affecting uptake of health insurance services among patients attending OPD at St. Francis Hospital Mutolere, Kisoro district.
- 1.4.2. To identify institutional related factors affecting uptake of health insurance services among patients attending OPD at St. Francis Hospital Mutolere, Kisoro district.

### **1.5 Research Questions.**

- 1.5.1. What are the patient related factors that affect the uptake of Health Insurance Services among patients attending Out Patient Department at St. Francis Hospital Mutolere Kisoro district?
- 1.5.2. What are the institutional related factors that affect the uptake of Health Insurance Services among patients attending Out Patient Department at St. Francis Hospital Mutolere?

### **1.6 Justification of the Study.**

Health insurance is considered as a practical mechanism for promoting progress to universal health coverage and reducing Out-of-Pocket payments by many developing countries. However, the uptake among the native population remains wanting. This creates uncertainty to achieve, the Sustainable Development Goal number 3 which aims at achieving health for all by the year 2030. Understanding the factors that affect the uptake of Health Insurance will help policy makers; Ministry of Health (MOH), Non-governmental Organizations (NGOs) and health care providers to enact policies aimed at increasing awareness among the priority groups especially the orphans,

pregnant mothers, immune-compromised people and others through community sensitization by use of cultural, religious leaders and media which will improve on the uptake of available health insurance services.

Furthermore, will help in designing more affordable health insurance schemes especially community-based health insurance schemes targeting all individuals irrespective of their socio-economic status.

The study will also help St. Francis Hospital Mutolere in identifying the institutional related factors affecting the uptake of the available insurance services and then be able to put their solutions a cross. The study finding will further increase patient's awareness of the available insurance services which will therefore raise utilization of services hence reducing patient's morbidity as well as mortality rate.

The findings will enable the researcher attain a diploma in nursing since it's a partial fulfillment for the award.

## **CHAPTER TWO: LITERATURE REVIEW.**

### **2.0 Introduction.**

This chapter presents literature from acknowledged studies obtained from textbooks nursing medical journals and research reports. This was arranged in relation to the specific objectives of the study that includes; patient related factors and institutional related factors affecting the uptake of Health Insurance Services.

### **2.1 Patient-Related Factors Affecting Uptake of Health Insurance Services.**

In Kenya, a study done by Nathan and others showed that 98% of the studied population had heard of health insurance indicating adequate knowledge (Nathan, Wanja & Joseph, 2017). It was observed that consumers with low level of health insurance literacy are challenged in making health insurance purchases due to inadequate knowledge and should be helped to understand the use of health insurance. Similarly, a study done by Aklilu, et al. (2022) on the level and determinants of enrollment in the community-based health insurance scheme in Ethiopia, revealed that participation of individuals with high levels of knowledge was high (95%) which calls upon health workers to put more efforts in maintaining it through continuous health education talks to the rural communities.

Study findings conducted by Fakhru in Bangalore state India on uptake of Health Insurance among Indians revealed that although Health insurance in India has huge potential, uptake among the native population stands low at (28%) mainly on account of lack of awareness (10%) among consumers (Fakhru, 2019). Also a study done by Bayked and others on the factors affecting the uptake of community-based health insurance in Ethiopia showed that being informed on insurance for health is a positive predictor towards its uptake as it increases attitude and readiness among individuals (Bayked, Kahissay & Workneh, 2021).

Literature on poverty suggests that the poor individuals have liquidity constraints that cause them to remain uninsured even when they may be better off with insurance (Panda, et al., 2013). According to a study done in India by Fakhru (2019), majority (68%) of the Indians are low income earners and this hindered utilization of health insurance among the native population as enrollment into the scheme needs money as premium. Furthermore, a study conducted by Macharia (2017) on the factors influencing uptake of Social Health Insurance on a sample of 177 respondents in Nyeri County, Kenya found out that (22.4%) reported inability to afford premiums required by the National Insurance scheme.

A study done by Fenny and others in Ghana identified culture as a major constraint to accessing Health Insurance Services and health care (Fenny, Anthony, Daniel & Felix, 2016). The same study further revealed that some of the women first sought permission from one's husband before accessing health care be it curative service or paying the premium for the Health Insurance Scheme as culture demands that the husband provides the finances needed to access health care. In another survey done at Jomo Kenyatta University Kenya by Gichuru and others, it was found out that (39.2%) of the respondents indicated that traditional and cultural beliefs negatively affected the uptake of private health insurance in Kenya resulting in low turn up of patients on the scheme (Gichuru, Muturi & Wawire, 2015).

A study done by Catherine (2018) on uptake of Health Insurance among patients attending public and private hospitals in Embu County showed that Uptake of health insurance was found to be high (84.7%) among the educated class. According to the study, the high uptake among the formal sector employees was attributed to the fact that the employers are mandated by the law to enroll their employees in health insurance schemes and the low participation among informal sector employees was associated with the low and non-regular incomes obtained. In Kenya, a

study to assess the determinants of health insurance choice found out the educated people have the ability to make informed choices on health related matters and the purchases of health insurance to avoid catastrophic health expenditures (Kiplagat, Muriithi & Kioko, 2013).

From a study conducted by Catherine (2018) in Kenya on uptake of Health Insurance among patients attending public and private hospitals in Embu County, it was found out that Uptake of Health Insurance was found to be higher among employed class (71.1%) when compared with un-employed class which was explained by the fact that the employed individuals have a source of income to pay a premium. The same study by Marion, et al. (2021) on role of demographic factors on National Health Insurance uptake among informal sector workers in Kenya, showed that distribution and uptake of health insurance with formal employment is high (87.18%) due to adequate income to cater for the scheme compared to (83.78%) that did not enroll for insurance because of unemployment.

A study conducted by Nshakira-Rukundo, et al. (2019) on determinants of enrolment and renewing of community-based health insurance in households under-5 children in rural south western Uganda. It showed that age of the household members plays an important role in renewing decisions to participate in community-based health insurance schemes where households with older mothers and children were more likely to renew however, renewing was less likely when as mothers gets more older (95%). This was because people in young and elderly fall under age category which is out of economic and social working age hence low chances of being renewed. Similarly, study findings by Ajore (2021) on determinants of health insurance coverage among women aged 15-49 in Uganda, indicated that the prevalence of insurance coverage among women of child bearing age is low at only (1.4%) which further showed that positive insurance coverage is associated by being older than 29 years.

Another study by Eseta and Sinkie, (2022). On factors affecting households' trust to community based health insurance scheme in Ethiopia, revealed that uptake of community based health insurance services increases with increase in house holds' trust and attitudes of the individuals for the available insurance services which is at (87%) and surprisingly even when those households who discontinued their membership with community based health insurance scheme, their attitudes and trust towards the available services remained favorable at around (77%). This was due to good quality and satisfying health services offered by community based health insurance scheme to citizens of Ethiopia. Furthermore, a study done by Amenti and Sisay, (2021). On community-Based health insurance utilization and its associated factors among rural households in Ethiopia indicated that the common reason for not utilizing community-based health insurance services was poor attitude towards available services accounting up to (55.4%). Also a study conducted by Dagwame, et al. (2022) On the impact of community-based health insurance on household's welfare in Ethiopia, showed that marriage status increased chances of being insured with community-based health insurance scheme where (86%) of married households (individuals) were insured. This is because they had more families with health expenses and enthusiastic to participate in community-based health insurance schemes. More so, a study done by Mohammed and Muluken, (2021). On barriers and facilitators of community-based health insurance policy renewal in Ethiopia, stated that married household heads were more likely to renew their health insurance scheme policy than their counterparts of single individuals.

In Zambia, the study findings by James,et al. (2021) on examining gender differentials and determinants of private health insurance coverage, revealed enrollment with insurance increased with gender difference where males were more insured than females due to more exposure to

mass media than females by (78.9%) hence able to be insured by the scheme than females. Similar study by Tessa, et al. (2017) on the influence of gender and household headship on voluntary health insurance in Cameroon, revealed that more females were insured than males approximately (36%) females than males (28%) in Bamenda Ecclesiastical Provincial Health Assistance micro health insurance because of increased family responsibilities which needed more expenditure on health. .

## **2.2 Institutional Related Factors Affecting Uptake of Health Insurance Service**

In a study conducted by Fenny, et al. (2016) on factors contributing to low uptake and renewal of health insurance in Ghana, it was revealed that poor quality of care discouraged people from enrolling with Ghana National Health Scheme due to general perception among community members that person insured with the National Health Insurance Scheme did not receive good quality health care when sick. A same study by Bekele, et al. (2021) on the interaction of health care service quality and community-based health insurance in Ethiopia, indicated that enrollment with insurance scheme increases with either satisfied or very satisfied where more than 92% of respondents from health centers located in community-based health insurance were either satisfied or very satisfied with overall service quality hence more enrollment for the scheme.

In a study done by Jacinta, (2014) on determinants of uptake of National Health Insurance fund scheme in Kenya showed that short distance to National Health Insurance fund outlets increased uptake of health insurance up to (80.4%) of the participants. A Similar study by Racha,et al. (2018) on barriers and facilitators to implementation, uptake and sustainability of community-based health insurance schemes in low-and middle-income countries like Senegal, Burkina Faso among others revealed that shorter distance to the insurance health facilities contributed to more enrollment for a scheme and lowered drop outs due to low travel costs to the facilities.

In a study done by Mecthidle, et al. (2018) on factors contributing to low adherence to community based health insurance In Rwanda revealed that adherence to community based health insurance scheme decreased with increase in waiting time among participants for example waiting for long hours to be seen by health care provider greatly reduced the patient's need for health insurance services. Furthermore, study findings by Bryony, et al. (2021) on factors affecting patients' need to access health care? In high income countries like USA, indicated that waiting time is linked to the impact on patients' experience where up to (60%) of Oncology outpatients reported that waiting time of more than 15minutes contributed to poor experiences within health services hence the desire for patients to enroll for insurance reduced.

According to a study done by Thomas, et al. (2022) on operational and structural factors influencing enrolment in community-based health insurance scheme in Senegal, indicated that enrolment of people for community-based health insurance scheme increased (10 to 50%) due to geographical location variations Mutual Health Organizations (MHOs) that extended its locations from urban to rural areas with the aim of achieving health for all and was possible because people in rural areas became aware of the availability of insurance health services and easy accessibility. Similarly, another study by Yikeber, et al. (2022) on the effects of individual and community- level factors on community-based health insurance enrollment of households in Ethiopia, showed that increased the need to enroll for community-based health insurance scheme was due to geographical location of the schemes where rural location accounted for (23.9%) enrollment compared to (11.7) % for urban location due to more households in rural areas up to (69.5%) than urban area.

Another study done by Essa, et al. (2023) on Impact of community-based health insurance and health services utilization among vulnerable households in Ethiopia, revealed that uptake of

available health insurance services among the insured households remains low due to availability of universal, cheap and free similar services at the public health facilities regardless of insurance membership hence decreasing uptake of community-based health insurance services which would cost them. Another study by Obelebra, et al. (2021) on factors affecting utilization of the National Health Insurance Scheme by Federal civil servants In Nigeria, mentioned that (52.7%) of the respondents also preferred enrollment with government health facilities compared to (42.4%) who decided to go for private insurance facilities simply because of the same free or cheap services available.

In Tanzania, the study findings by Mannava, et al. (2015) on attitudes and behaviors of maternal health care providers in interaction with clients, stated that health care providers at the Antenatal clinic (ANC) were (93%) interested to women attending ANC which increased utilization of available health insurance services. More so, a study done by Sphindile, (2021) on health workers' disrespectful and abusive behaviors towards women during labor and delivery in South Africa revealed that women in labor experienced being neglected and abandoned by health workers during child birth indicating poor interest which greatly discouraged them from maintaining their enrollment with insurance.

## **CHAPTER THREE: METHODOLOGY.**

### **3.1 Introduction.**

This chapter explains the methods or techniques that were used by the researcher in capturing data for investigating the problem. It consists of study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis, ethical considerations, limitations of the study and dissemination of the results.

### **3.2 Study design and rationale.**

The researcher used a descriptive cross-sectional study design that employed quantitative method of data collection as numerical data was generated to establish the factors affecting uptake of health insurance services among patients attending OPD at St. Francis Hospital Mutolere. The use of this type of study design was; it helped the researcher to conduct research within a short period of time without follow up of the research participants.

### **3.3 Study setting and rationale.**

The study was conducted at Out Patient Department of St. Francis Hospital Mutolere. The hospital is a private not for profit (PNFP) under Uganda catholic medical Bureau (UCMB) named by the Franciscan sisters of Breda Germany. It is located in south-western Uganda, Kisoro District, Nyakabande sub-county, Gasiza parish, St. Francis Hospital Mutolere village, 4km from Kisoro town and about 500km from Kampala capital city of Uganda. St. Francis hospital Mutolere not only serves its designated catchment population of Kisoro district but also offers its service's to the neighboring districts like Rubanda (east), Kanungu (north), Kabale, neighboring of Rwanda (south) and Democratic Republic of Congo (west).The hospital offers

other health services in departments like Medicine, surgery, Pediatrics, obstetrics and Gynecology, Community-Based Health care Services; Family planning, Antenatal care, Immunization among others, Radiology(CT scan-ray and ultra sound scan) and Out Patient Department services like clerking, laboratory and pharmacy.

The study setting was selected because it has well-trained, qualified health workers and active Out Patient Department which was accessible, having a population of interest from which the sample was selected and offers community based health insurance services which enabled the researcher collect data easily.

### **3.4 Study population.**

The study consisted of patients aged 18 years and above attending Out-Patient Department at St. Francis Hospital Mutolere, Kisoro District.

#### **3.4.1 Sample size determination.**

The study was conducted on 100 respondents attending OPD. This is because the sample was representative enough to uncover the factors affecting uptake of health insurance services at St. Francis Hospital Mutolere hence generalization of the study findings.

#### **3.4.2 Sampling procedure.**

Systematic sampling technique was used by the researcher to select respondents who had received their services and were leaving the hospital. The researcher only considered clients as moving out from the pharmacy and selected every 3<sup>rd</sup> client who could come out of pharmacy as drug dispensing is the last step in receiving OPD services. The preceded a random selection of the starting point. The steps were followed every day until when 100 sample size was achieved.

### **3.4.3 Inclusion criteria.**

The study included only clients aged 18 years and above, who had received Out-Patient services and were leaving the hospital in stable condition as longer as they consented to participate in the study.

### **3.5 Definition of variables.**

#### **3.5.1 Dependent variable.**

Uptake of health insurance services; This refers to the number of people who accept and utilize interventions offered by insurance industry especially those incurring risks in terms of sickness or illnesses and injuries.

#### **3.5.2 Independent variable. Factors affecting;**

These are conditions promoting and limiting the uptake of available services which include; Patient related factors like financial constraints, education level and institutional related factors like lack of awareness, poor quality services among patients attending OPD at St Francis hospital Mutolere and was measured by interviewing the respondents.

### **3.6 Research instruments.**

The researcher used a pre-tested questionnaire for the respondents. The questionnaire was containing both Open and closed ended questions, short and written in simple language that was easily understood by respondents in order to fill them correctly. The researcher could interpret the questionnaire to the respondents into their understandable local language as well as filling in their answers especially for the illiterate ones who didn't know how to read and write during data collection as long as they were willing to consent and be part of the study.

### **3.7 Data collection procedure.**

After obtaining a consent form from the respondents, the researcher distributed Semi-structured questionnaires to the respondents and completed questionnaires were retrieved from them immediately after completion which was accounted for their responses (educated respondents). The researcher was also explaining the questionnaires to the respondents as well as ticking and filling in their answers to those who could not manage to read and write since most of the clients received at Out-Patient Department, St. Francis hospital Mutolere were illiterate. The researcher collected data on every client that was selected up to the 10<sup>th</sup> day when data from the required sample size was obtained.

#### **3.7.1 Data management.**

Filled questionnaires were collected and checked thoroughly for completeness, accuracy and were then sorted and stored in a file that was accessible to the principal researcher only for ensuring confidentiality and privacy of the research respondents.

#### **3.7.2 Data analysis.**

The researcher analyzed the data collected using micro soft excel and statistical package for social science (SPSS) computer programs and quantitatively data was presented in form of tables, pie charts, graphs and percentages for easy interpretation.

### **3.8 Ethical considerations.**

After the approval of the research proposal by the research committee of the institution, researcher obtained an introductory letter from the principal tutor Mutolere School of Nursing and Midwifery which introduced him to the medical director St. Francis Hospital Mutolere seeking permission to carry out the study in the hospital and further introduced him to the in

charge Out-Patient Department (OPD) and the researcher was authorized to access OPD. Prior to data collection, the objectives of the study were fully explained to the respondents with much emphasis on voluntary participation and the right to pull out from the study at any time without being penalized. A written consent form was got from the respondents. All the collected data was kept confidential and anonymity of the participants was ensured since their names were not required on the questionnaires.

### **3.9 Limitations of the study.**

The researcher faced the problem of respondents' low interest to participate in the study as they complained of exhaustion after the whole process in receiving services in OPD but minimized by thorough explanations about the purpose of the study and reassuring them of the short duration needed for them to participate.

Language barrier was another problem faced by the researcher as majority of the people in the study settings do not know how to read and write but this was solved by thoroughly explaining of questionnaires in local language understood by all since the problem was anticipated before the study.

### **3.10 Dissemination of results.**

Three copies of the final report were produced after the approval by Mutolere School of Nursing and Midwifery, research committee and research supervisor. One copy was submitted to Uganda Nurses and Midwives Examinations Board (UNMEB) as an academic requirement for the award of Diploma in Nursing, another copy to the school library and the third copy was reserved as personal copy.

## **CHAPTER FOUR: RESULTS.**

### **4.0 Introduction.**

This chapter shows findings from the study on factors affecting up take of health insurance services among patients attending Out-Patients Department at St. Francis Hospital Mutolere, Kisoro District. Data was gathered from 100 respondents (patients) using a designed questionnaire which was translated by the researcher in local language to patients during data collection for easy understanding. Responses from the respondents have been presented in tables and figures in form of percentages and frequencies.

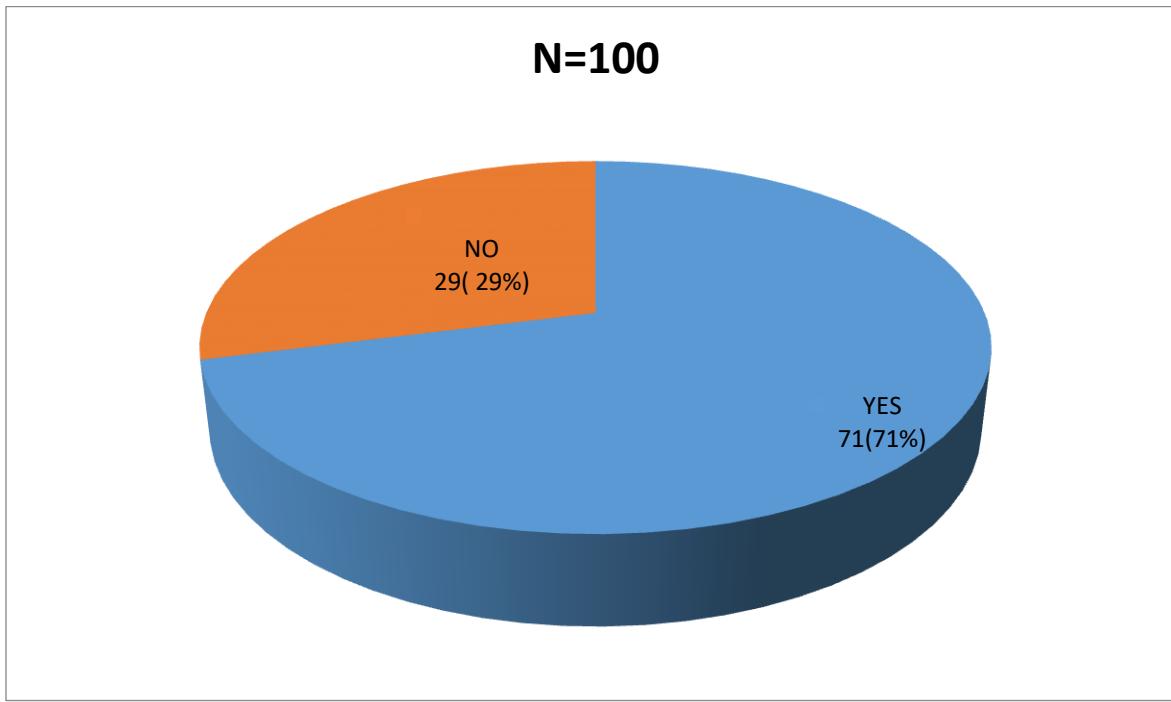
#### 4.1 Socio-Demographic data of respondents.

*Table 1: Showing Socio-Demographic characteristics of respondents*

Variable	Frequency(N=100)	Percentage (%)
<b>Age</b>		
18-28	5	5.0
29-39	19	19.0
40-50	39	39.0
51-61	22	22.0
61 and above	15	15.0
<b>Gender</b>		
Male	51	51.0
Female	49	49.0
<b>Marital status</b>		
Single	12	12.0
Married	64	64.0
Widow/widower	13	13.0
Separated/divorced	11	11.0
<b>Level of formal education</b>		
Primary level	28	28.0
Secondary level	20	20.0
Tertiary level	13	13.0
Not educated	42	42.0
<b>Occupation</b>		
Civil servant	12	12.0
Peasant	78	78.0
Self employed	10	10.0
<b>Respondents' monthly earning in shillings</b>		
Less than 10000	57	57.0
11000-31000	17	17.0
32000-52000	14	14.0
52000 and above	12	12.0
<b>Respondents' distance from home to the health facility</b>		
1-6 km	30	30.0
7-12 km	30	30.0
13-18 km	26	26.0
19-24 km	11	11.0
25 km and above	3	3.0

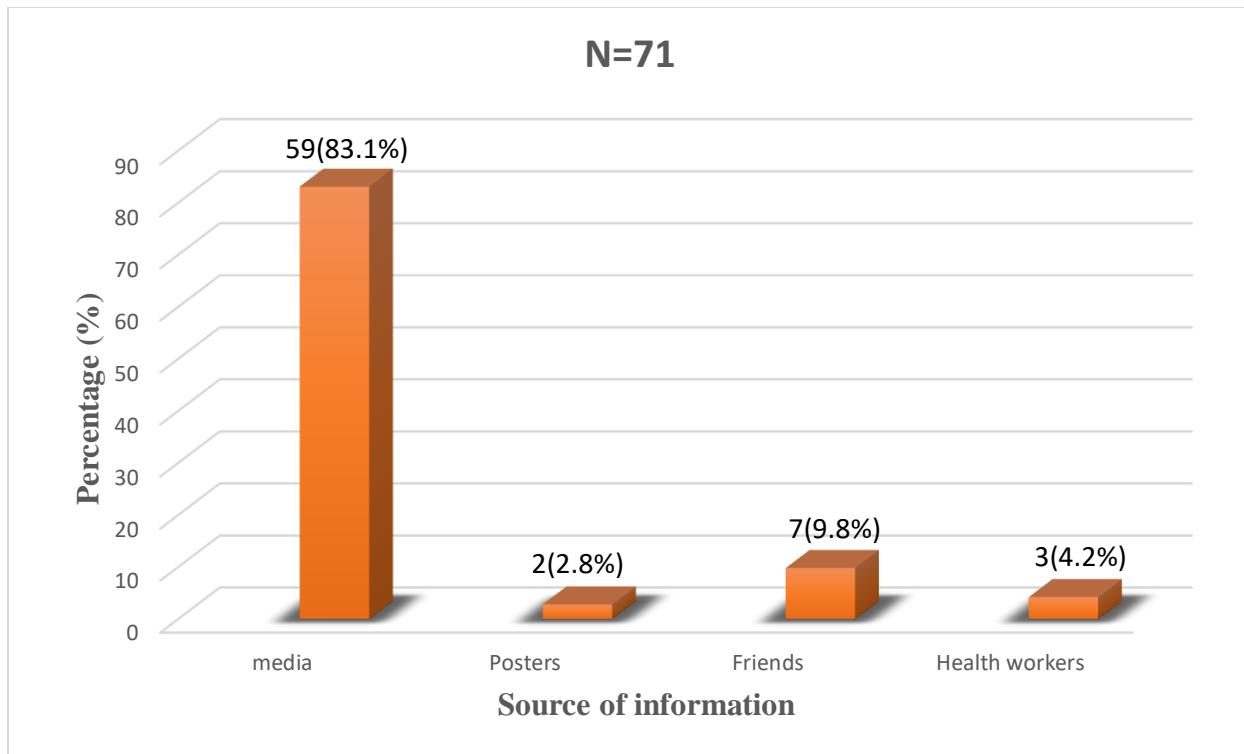
Table 1 above shows that Majority of respondents 39 (39%) were between 40-50 years, minority 5 (5%) were aged between 18-28 years. More than half 51 (51%) were males and less than half 49 (49%) were females, majority 64 (64%) of the respondents were married while 12 (12%) were single. Furthermore, the table shows that majority of the respondents 42 (42%) were not educated with only 13 (13%) who had attended Tertiary level of education. Additionally, overwhelming number 78 (78%) of respondents were peasants whereas the fewest 10 (10%) were self-employed. Regarding monthly earning, the table also indicate that majority 57 (57%) of the respondents were earning less than 10000 shillings only while only 12 (12%) were earning 52000 shillings and above. The table also shows that most 30 (30%) of the respondents were staying at a distance between 1-6 km and 30 (30%) at between 7-12 km while the least 3 (3%) were staying at a distance of 25 km and above.

#### 4.2 Patient-related factors affecting uptake of health insurance services among patients.



**Figure 1: Showing whether respondents were aware of health insurance scheme.**

Majority 71 (71%) of the respondents were aware of health insurance scheme while the minority 29 (29%) were not aware of health insurance scheme.



**Figure 2: A bar graph showing respondents' source of information.**

Results from figure above shows that most 59 (83.1%) of the respondents had heard about health insurance through media and only a few 2 (2.8%) had posters as their source of information.

**Table 2: Showing respondents' rating of services available at the health facility.**

Variable	Frequency (N=100)	Percentage (%)
<b>Rating of available services at the facility</b>		
Very good	2	2.0
Good	74	74.0
Fair	20	20.0
Poor	4	4.0
<b>Reasons for the above stated rating of the available services</b>		
<b>Unfavorable facility environment</b>		
Yes	15	15.0
No	85	85.0
<b>Late coming of health workers</b>		
Yes	20	20.0
No	80	80.0
<b>Warm welcome of staffs</b>		
Yes	6	6.0
No	94	94.0
<b>Timely service delivery</b>		
Yes	5	5.0
No	95	95.0

From the table above; when patients were asked to rate the services available at the health facility, majority 74 (74%) rated them as good while the minority 2 (2%) rated them very good. The table also indicate that most 85 (85%) of the respondents considered facility environment favorable and few 15 (15%) considered it unfavorable. Furthermore, majority 80 (80%) indicated that health workers reported on duty early whereas 20 (20%) indicated that health workers came late on duty. Additionally, overwhelming number 96 (96%) said that health workers had no warm welcome to clients while 6 (6%) said that health workers had warm welcome. Concerning

waiting time, overwhelming majority 95 (95%) mentioned that waiting time to completely receive services was long.

**Table 3: Showing respondents' uptake of health insurance services.**

Variable	Frequency (N=100)	Percentage (%)
<b>Whether respondents were enrolled in any HIS</b>		
Yes	30	30.0
No	70	70.0
<b>Reasons for not adopting any HIS (N=70)</b>		
<b>Lack of information</b>		
Yes	14.5	21.0
No	55.5	79.0
<b>Long distance</b>		
Yes	52	74.3
No	18	25.7
<b>Lack of money</b>		
Yes	61	87.1
No	9	12.9
<b>Not supported by culture</b>		
Yes	1	1.4
No	69	98.6
<b>Increased number of family members</b>		
Yes	51	72.9
No	19	27.1
<b>Lack of interest</b>		
Yes	50	71.4
No	20	28.6

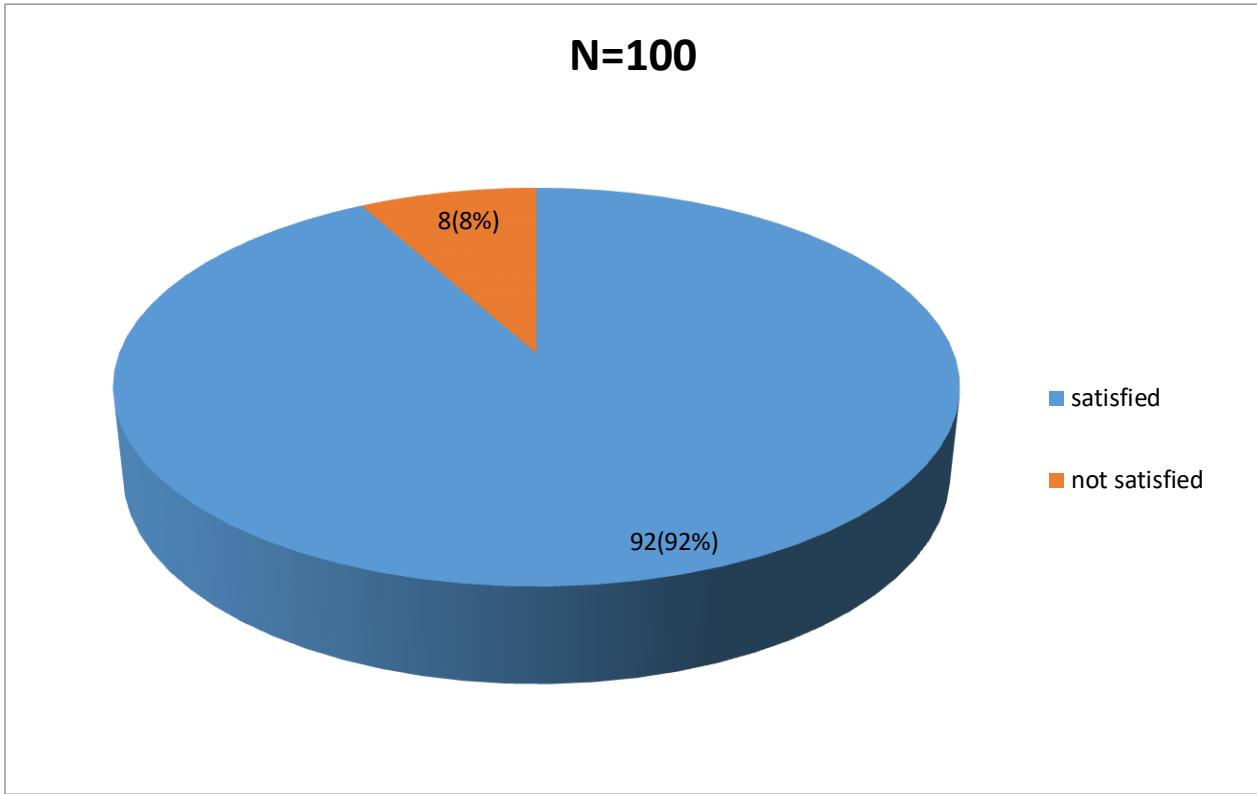
From the table above, majority 70 (70%) of the respondents were not enrolled with health insurance scheme while the minority 30 (30%) were enrolled. When patients were asked about reasons for not enrolling with available health insurance schemes, 61 (87.1%) said lack of money, 52 (74.3%) said long distance from their homes to the health insurance scheme, 51 (72.9%) said increased number of family members, 50 (71.4%) said lack of interest, 14.5 (21%) said lack of information and only 1 (1.4%) said was not supported by culture.

**Table 4: Showing relationship between uptake of available health insurance services and gender.**

Variable	Frequency (N=30)	Percentage (%)
<b>Male</b>	19	63.3
<b>Female</b>	11	37.0
<b>Total</b>	30	100.0

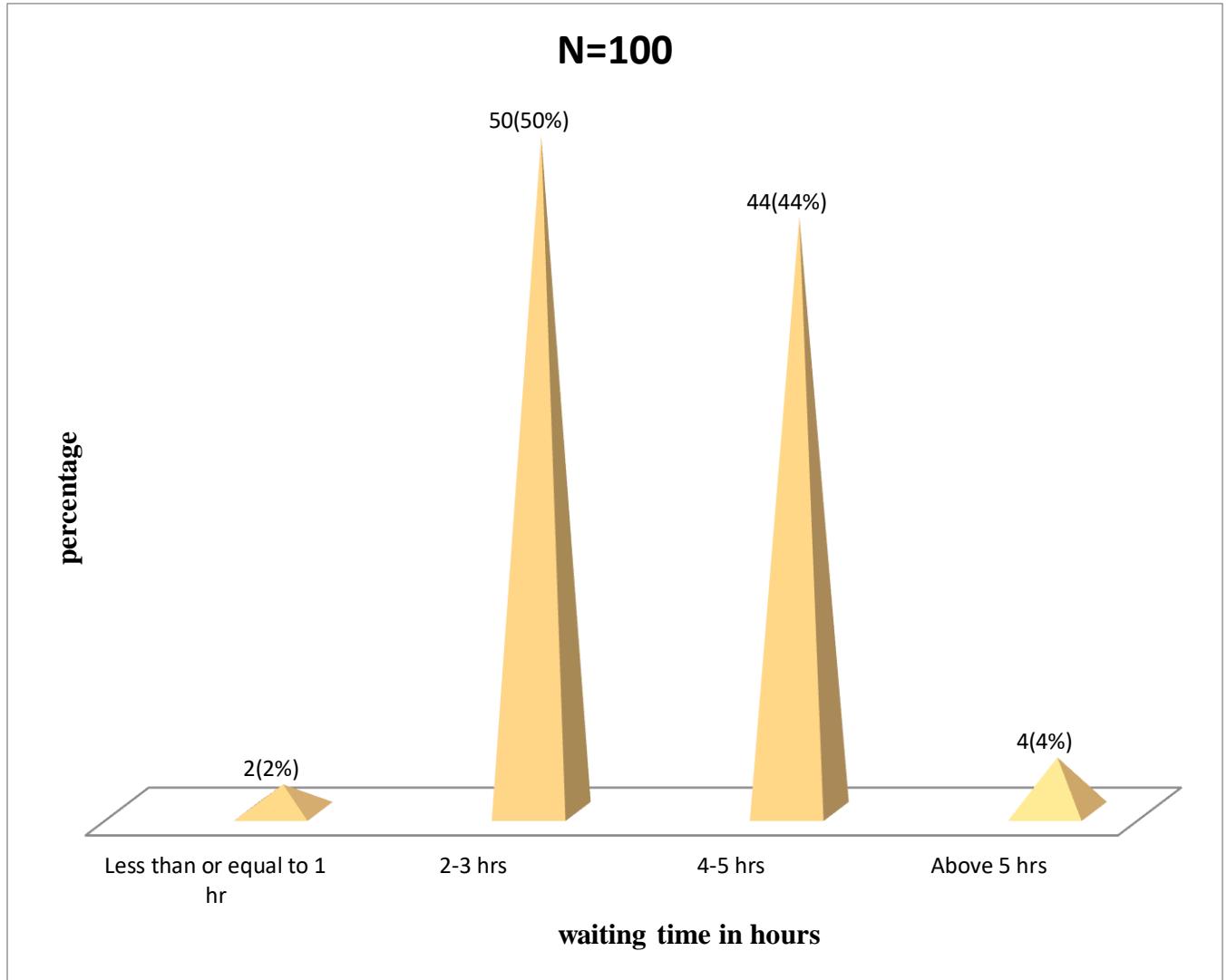
The table above shows that majority 19 (63.3%) of enrolled patients were males whereas the minority 11 (37%) were females.

**4.3 Institutional related factors affecting uptake of health insurance services among patients attending OPD at St. Francis hospital.**



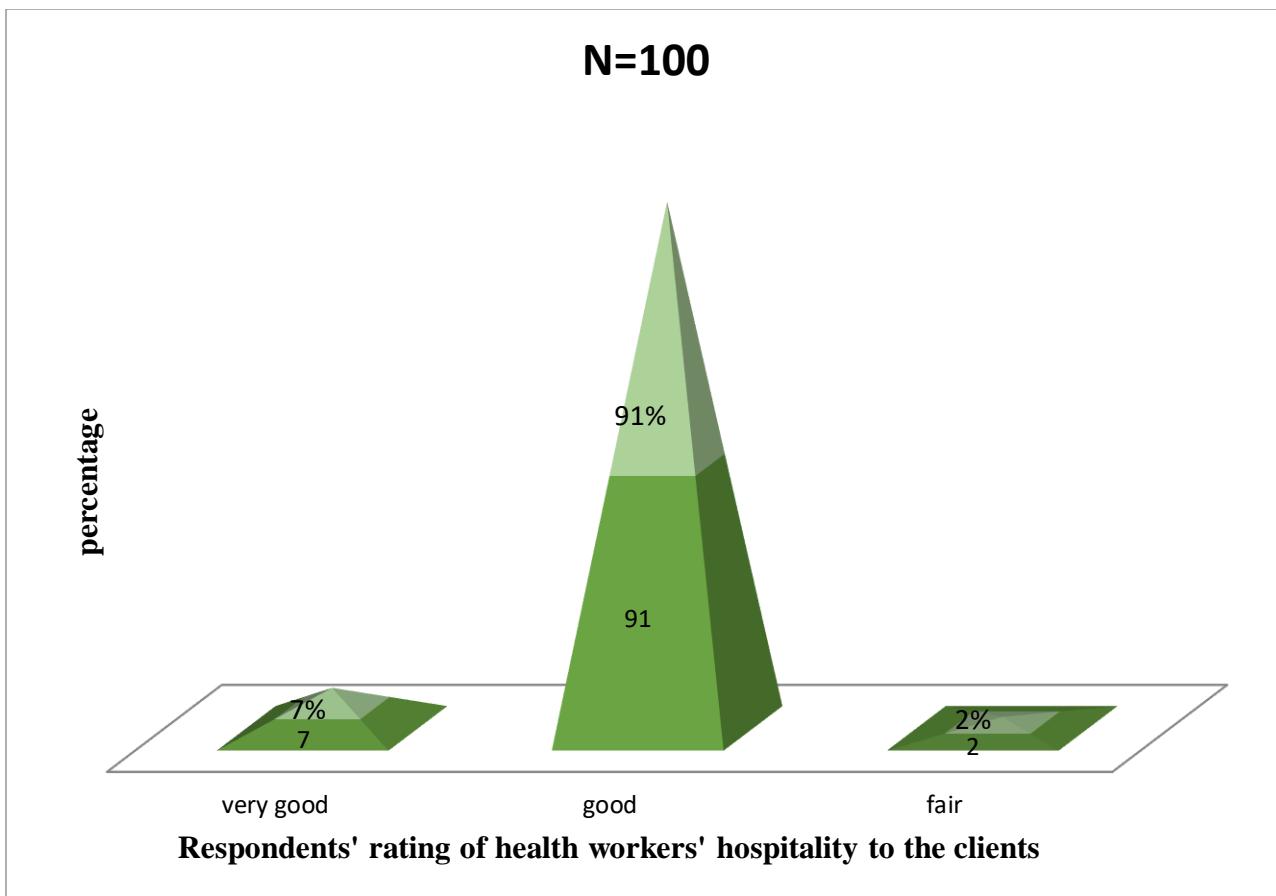
***Figure 3: A pie chart showing respondents' satisfaction with services provided.***

From the figure above, the highest proportion 92 (92%) of respondents were satisfied with health services provided whereas the lowest proportion 8 (8%) were not satisfied with the services provided.



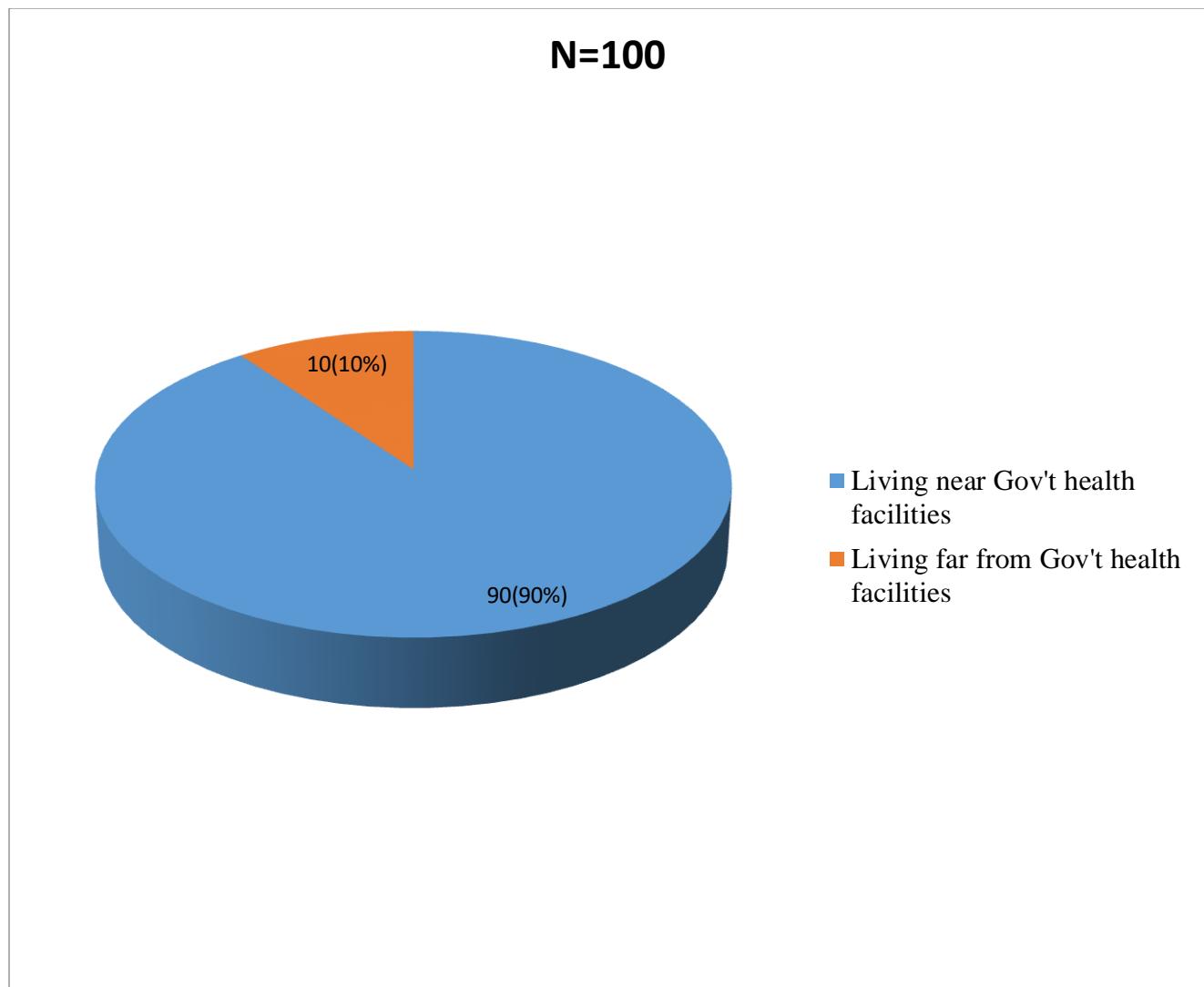
**Figure 4: Showing respondents' waiting time in hours.**

From the figure above, half 50 (50%) of the respondents waited for 2-3 hours, less than half 44 (44%) waited for 4-5 hours whereas a fewer 4 (4%) waited for more than 5 hours and above.



*Figure 5: A bar graph showing respondents' rating of health workers' hospitality to the clients.*

Majority of the respondents 91 (91%) rated the health workers' concern, politeness and interest towards clients as good and fewer 2 (2%) rated fair while none rated poor.



**Figure 6: Showing whether respondents were living near or far from government health facilities.**

Figure above shows that the overwhelming majority of the respondents 90 (90%) were living near government health facilities and minority 10 (10%) were not living near government health facilities.

**Table 5: Showing other possible institutional-related factors affecting uptake of health insurance services**

Variable	Frequency (N=100)	Percentage (%)
<b>Lack of privacy</b>		
Yes	52	52.0
No	48	48.0
<b>Rudeness of health workers</b>		
Yes	5	5.0
No	95	95.0
<b>High costs/Extra charges</b>		
Yes	100	100.0
No	0	00.0
<b>Low quality of services</b>		
Yes	6	6.0
No	94	94.0
<b>Inequality in service delivery</b>		
Yes	46	46.0
No	54	54.0
<b>Stock outs</b>		
Yes	41	41.0
No	59	59.0
<b>Unexpected increment of package premiums</b>		
Yes	84	84.0
No	16	16.0
<b>Long distance to insurance offering institutions</b>		
Yes	57	57.0
No	43	43.0
<b>Refusing to tell patients their diagnoses</b>		
Yes	68	68.0
No	32	32.0
<b>Availability of same services in government facilities</b>		
Yes	90	90.0
No	10	10.0

From the above table, when respondents were asked about other possible institutional-related factors that could be affecting uptake of health insurance services; all of the respondents 100

(100%) said high costs/extra charges, overwhelming majority 90 (90%) of them said availability of same services at the nearest government health facilities, 84 (84%) said unexpected increment of package premiums, 68 (68%) said refusing to tell them their diagnoses , more than half 57 (57%) said long distance from their homes to the insurance offering institution and 52 (52%) said lack of privacy, less than a half 46 (46%) said inequality in service delivery and 41 (41%) said stock outs whereas the minority 6 (6%) said low quality of services offered and 5 (5%) said rudeness of health workers.

## **CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

### **5.0 Introduction**

This chapter presents the discussion of the study findings in relation to the specific objectives of the study, literature review and it attempts to explain the results obtained about factors affecting the uptake of health insurance services among patients attending Out-Patient Department (OPD) at St. Francis Hospital Mutolere, Kisoro District. Furthermore, it provides conclusions as well as recommendations to the research and implications to nursing practice. The study findings indicated that health insurance uptake rate was low (30%) and this is in line with a study conducted by Fakhru, (2019) on uptake of health insurance in India which revealed that uptake of health insurance among the native population stands low (28%) due to lack of awareness among consumers.

### **5.1 Discussion of results**

#### **5.1.1 Respondents' socio-demographic characteristics**

##### **Age**

The study findings showed that majority of the respondents (39%) were in the age range of 32-42 years. This is significant in this study because this age group is most economically and socially active than old and younger age groups hence able raise money which can eventually increase the chance of enrollment with health insurance schemes. This is in line with Ajore, (2021) who found out that positive insurance coverage is associated by being older than 29 years but not more than reproductive age (49) years especially in females. However, this is contradicting with the study by Nshakira-Rukundo, et al. (2019) who revealed that older mothers and children were

more likely to enroll with health insurance scheme but renewing was less likely when mothers gets more older since they are unable to work and maintain membership with the scheme.

### **Gender**

The study results indicated that more than half (51%) of the respondents were males. This is because males were mostly the heads of their families with increased responsibilities among which seeking for health services was significant that finally induce them to participate in enrolling with health insurance. This is similar to the study by James, et al. (2021) who found out that males are more insured than females. The study findings however, contradicts with Tessa, et al. (2017) who stated that females especially who heads their families are more insured than males due to increased family responsibilities also.

### **Marital Status**

The research study revealed that majority of the respondents (64%) were married. This is because married individuals experiences more expenditures than single individuals and this can call upon them participating and enrolling with health insurance scheme than their counterparts of single populations to reduce on out-of-pockets payment. This agrees with Dagwame, et al. (2022) who said that marriage status increased chances of being insured with community-based health insurance scheme and also agrees with Mohammed and Muluken, (2021) who mentioned that married households were more likely to renew their health insurance scheme policy than single households due to increased family members with more health expenses.

#### **5.1.2 Patient-related factors that affect uptake of health Insurance services among patients.**

The study results also revealed that majority of the respondents (42%) did not attend school and could be due to lack of family support which could still limit their chances of enrolling with the scheme. This is agreeing with Catherine, (2018) who found out that up take of health insurance is

high among educated class because many educated are employed hence able to pay for and maintain health insurance schemes. The results still concur with the study findings by Nathan, Wanja and Joseph, (2017) which showed that (98%) of the studied population had heard of insurance indicating adequate knowledge; it was observed that consumers with low levels of health insurance literacy are challenged in making health insurance purchases due to inadequate knowledge. Additionally, the study results are in support with the study done by Aklilu, et al. (2022) on the level and determinants of enrollment revealed that participation of individuals with high levels of education was high (95%).

The study also established that most of the respondents (78%) who had come for health services, were peasants due to their adequate time and being the controllers and planners of their time but had had limited chances to enroll with health insurance schemes due to low income levels. This is still in line with Catherine, (2018) who stated that enrollment health insurance is high in employed individuals as it was mandated by the law for employers to enroll their workers.

The findings of the study established that majority (57%) of the respondents were earning less than 10000 shillings only per month indicating poverty due to unemployment status of the individuals that would limit their enrollment with health insurance scheme. This is in line with Panda, et al. (2013) who stated that poor individuals have liquidity constraints that cause them remain uninsured even when they may be better off with insurance and that low income earners fail to utilize health insurance services as enrollment into the scheme needs money as premium. The is also in line with a study by Fakhru, ( 2019) which showed that majority (68%) of Indians are low income earners and this hindered utilization of health insurance among the native population as enrollment into the scheme need money as premium. Furthermore, the study is in

line with Macharia, (2017) who mentioned that poverty causes inability to afford premiums required by the National Insurance Scheme.

The study results discovered that majority (31%) of the respondents were living at a distance between 7-12km from their homes to the health facility which was noted as moderate long distance that would limit their chances of being enrolled with insurance. This is in support with Jacinta, (2014) who said that short distance to National Health Insurance Fund Outlets increased uptake of health insurance services. It is further in line with Racha, et al. (2018) who indicated that shorter distance to the insurance health facilities contributed to more enrollment for a scheme and lowered dropouts due to low travel costs to the facilities.

The study results revealed that most of the respondents (71%) were aware of health insurance services and (29%) were not aware this is because information is always via media programs that is easily accessible to by the majority whereas the minority are not exposed to media and so this would increase their eager for enrollment with health insurance scheme as those not exposed will reduce their participation. This is in line with Bayked, Kahissay and Workneh, (2021) who indicated that being informed on insurance for health is a positive predictor towards its uptake as it increases attitude and readiness among individuals and Fakhru, (2019) who said that uptake of health insurance among the native population stands low due to an account of lack of awareness.

The study further established that (83.1%) of the respondents received information regarding health insurance from media as this could be due to the fact that media is the commonest and accessible means of communication among the native population that is even used by health workers/hospitals management now days which may increase chances of enrollment with insurance. This is in agreement with James, et al. (2021) who stated that people especially men

who were exposed to media programs got more insured with insurance services than those who were not exposed to media programs.

Findings indicated that (74%) of the respondents rated the available services as good and this is because every patient who attended hospital services at least was helped to some extent and none went back with no help which made them keep with some trust towards health workers and available services which would in turn attract their enrollment. This is in support with Eseta and Sinkie, (2022) who stated that individuals who had trust and attitude for the available services increased their enrollment and uptake of the scheme services. The study further agrees with Amenti and Sisey, (2021) common reason for not utilizing community-based health insurance services was poor attitude towards available services among the community members.

The study results also revealed that almost all (99%) of the respondents had no cultural beliefs that inhibited them from seeking health services. This is in disagreement with (Gichuru, Muturi & Wawire, 2015) who stated that traditional and cultural beliefs negatively affected the uptake of private health insurance resulting to low turn up of patients on the scheme. Also the study is in disagreements with (Fenny, Anthony, Daniel, & Felix, 2016) who mentioned that women first sought permission from one's husband before accessing health care be it curative services or paying the premium for the health insurance scheme as culture demands that the husband provides the finances needed to access health care.

The study findings also revealed that more than half (53%) of the respondents were not interested in adopting health insurance services which indicated poor attitude. This is still in agreement with Eseta and Sinkie, (2022) who indicated that increase in house holds' trust and attitude towards the available services increases chances of enrollment and up take of the available health insurance services.

### **5.1.2 Institutional related factors affecting uptake of health insurance services among patients.**

The study results showed that majority (98%) of the patients were satisfied with available services that could be due to improved service delivery and good quality of services delivered to clients that may increase chances of participating in insurance schemes. This is in support with Bekele, et al. (2021) who found out that enrollment and maintenance with insurance scheme is determined by either being satisfied or very satisfied with the health services provided.

Findings from the study revealed that half (50%) of the patients waited for 2-3 hours to receive their services which was noted as a long time of waiting and this would reduce their interest to enroll with insurance. This study is in agreement with Mecthidle, (2819) who revealed that adherence to community-based health insurance scheme decreased with increase in waiting time among participants. The study is still in line with Bryony, (2021) who indicated that waiting time is linked to the patients' where waiting for more than 15 minutes contributed to poor patients' experience and desire to enroll for health insurance reduced.

The majority (91%) of the patients reported that the rate of health workers' hospitality to clients was good indicating more chances for them to participate and enroll with insurance schemes. This study is in support with Mannava, et al. (2015) who stated that increased health care providers' interest to women attending ANC increased utilization of available health insurance services. It is also in line with Sphindile, (2021) who revealed that women in labor experienced being neglected and abandoned by health workers during child birth indicating poor interest which greatly discouraged them from maintaining their enrollment with health insurance scheme. The research results indicated that most (90%) of the patients were living near government health facilities. This affects enrollment with health insurance schemes available due to availability of

cheap, free and similar services in public health facilities that was made possible by the government of Uganda with the purpose of achieving health for all. However, such approach is characterized by drug stock outs, inadequate staffing and poor infrastructure which limit delivering health for all. This is in line with Essa, et al, (2023) who stated that availability of universal cheap and free similar services at public health facilities regardless of insurance membership led to low uptake of available private health insurance services among the households. The is also in agreement with Obelebra, et al, (2021) who found out that more respondent preferred enrollment with government health facilities compared to private health facilities.

## **5.2 Conclusion**

Basing on the results of the study, it was concluded that;

Up take of health insurance services was low at 30%, though majority of the patients (71%) were aware of the availability of health insurance services.

According to the study findings, patient-related factors explaining low uptake of health insurance services were; lack of money (87.1%), long distance from home to the health insurance scheme (74.3%), increased number of family members (72.9%), lack of interest (71.4%) and lack of information (29%).

Also from the study, the institutional-related factors explaining low uptake of available health insurance services were; high costs/extra charges (100%), availability of same services from the nearby public health facilities (90%), unexpected increment of package premiums (84%), refusing to tell patients their diagnoses (68%), long distance from home to insurance offering institution (57%), lack of privacy to clients ( 52%), inequality of service delivery (46%), stock outs (41%), low quality of services offered (6%) and rudeness of health workers (5%).

### **5.3 Recommendations**

Basing on the findings of the study, the following recommendations were made in order to improve the uptake of health insurance services among people.

There is need for the government to invest and adopt a national health insurance scheme to ensure health for all as it was noted that majority people are still poor hence lack money to spend on health as out of pocket payment.

The hospital should extend its health insurance sensitization programs to the public regularly on media like radio stations and televisions to improve awareness among the people

The hospital administrators and departmental in-charges should encourage health workers to be the ambassadors of health insurance scheme through routine talks on health insurance services to patients as this will improve the awareness and subsequent image, hence improving the uptake of health insurance services.

In relation to the study results, the researcher recommends a more extensive study to ascertain the knowledge and attitude of people towards health insurance.

### **5.4 Implications to nursing practice**

Health insurance services remains crucial in the health profession. Therefore, the study findings and suggested recommendations will work as a basis for the hospitals in identifying the gaps in available health insurance schemes in order to improve up take of health insurance services among the people. The study will also help nursing principles be improved or standardized following more research studies by health workers.

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## APPENDICES.

### APPENDIX I: CONSENT FORM

Hello,

My name is **Ndizihiwe Robert**, a student nurse of diploma in nursing at Mutolere School of nursing and midwifery. I am conducting a study entitled "**Factors affecting uptake of health insurance services among patients attending Out-Patient Department at St. Francis hospital Mutolere**".

This study is so academic. You have been selected to participate in this study, the views you present are important because they present those of many other patients. The information will be kept confidential and your participation is voluntary. Although you might not benefit directly by participating in the study, the results of the study will influence policies concerning increase in uptake of health insurance services aiming at improving medical care and quality of life for patients received at OPD St. Francis hospital Mutolere, and no harm will be got from the study.

If you have any question regarding the study, you are free to ask, just feel free.

Respondents' signature.....Date.....

I have clearly explained the purpose, objectives and benefits of the study concerning the factors affecting uptake of health insurance services among patients attending out-patient department at St. Francis Hospital Mutolere, Kisoro District.

Researcher's Signature.....Date.....

## **APPENDIX II: QUESTIONNAIRE.**

My name is **Ndizihiwe Robert**, a student nurse of Mutolere School of Nursing and Midwifery conducting a study to determine the **FACTORS AFFECTING UPTAKE OF HEALTH INSURANCE SERVICES AMONG PATIENTS ATTENDING OUT-PATIENT DEPARTMENT AT ST.FRANCIS HOSPITAL MUTOLERE, KISORO DISTRICT**. You have voluntarily consented to participate in the study and all the information you will give will be kept confidential.

### **Instructions**

- Do not write your name anywhere on this questionnaire.
- Tick your opinion in the boxes provided.
- Please endeavor to respond to all questions accurately to enhance data accuracy and quality.

### **Section A: Bio-demographic data**

1. What is your age in years?

- a) 18-28       b) 29-39       c) 40-49   
d) 50-59       e) 59 and above.

2. What is your Gender?

- a) Male       b) Female

3. What is your marital Status?

- a) Single       b) Married   
c) Widow/widower       d) Separated/divorced

4. What is your Level of education?

a) Primary Level

b) Secondary level

c) Tertiary level

d) Not educated

5. What is your Occupation?

a) Civil servant

b) Peasant

c) Self employed

### Section B: Patient-related factors

6. Have you ever heard of information about health insurance scheme?

a) Yes

b) No

7. If yes from question 6 above, what is the source of information?

a) Media (radios, television, newspapers etc.)

b) Posters

c) Friends

d) Health workers

8. Are you enrolled with any of community-based health insurance schemes or private health insurance scheme?

a) Yes

b) No

9. If yes from question 8 above, how do you rate the services available/delivered?

a) Poor

b) fair

c) good

d) very good

10. Why the rate from question 9 above? (Tick all appropriate)

a) Unfavorable facility environment

b) Late coming of health workers

c) Warm welcome of staffs

d) Short waiting time

14. If no to question 11 above, what are reasons for you not being enrolled? (Tick all appropriate).

a) Lack of awareness

b) Long distance

c) Lack of money

d) Cultural beliefs

e) Not interested

f) Family size

15. How much do you earn per month?

a) 10000-20000shs

b) 21000-31000shs

c) 32000-42000shs

d) 43000-53000shs

e) 54000-64000shs

f) 64000shs and above

16. Does your culture support enrollment with health insurance services?

a) Yes

b) No

17. What are other patient-related factors that could be affecting uptake of health insurance services? (Tick all the appropriate).

- a) Age differences
- b) Gender differences
- c) Religion
- d) Cultural beliefs
- e) Trust and attitudes towards staffs
- f) Polygamous marriage
- g) Increased responsibilities

### **Section C: Institutional-related factors**

18. How do you feel with health services provided?

- a) Satisfied
- b) Not satisfied

19. If satisfied from question 18 above, how do you rate satisfaction with the health services provided?

- a) Very good
- b) good
- c) Fair

20. How long in kilometers is it from home to the nearest health facility?

- a) 1-6km
- b) 7-12km
- c) 13-18km
- d) 19-24km
- e) 25km and above

21. How long in hours do you take to receive health services?

- a) Less than or equal to 1 hr
- b) 2-3hrs
- c) 4-hrs
- d) Above 5 hrs

22. How do you rate health workers' hospitality to you as client?

- a) Very good
- b) good
- c) Fair

23. Do you have government facility/facilities near you?

- a) Yes
- b) NO

24. What could be institutional-related factors that affect uptake of health insurance services? (Tick all appropriate)

- a) Lack of Privacy
- b) Rudeness by health workers
- c) Low quality of services
- d) High costs/extra charges
- e) Rudeness by health workers
- f) Stock outs
- g) Refusing to tell patients their diagnoses
- h) Corruption
- i) Availability of the same services at the nearest Government health facility/facilities

**END (Thanks for your participation)**

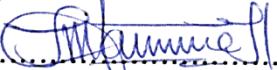
### **APPENDIX III: PROPOSAL APPROVAL FORM.**

Name of the student: **NDIZIHIWE ROBERT.**

Title of research study: **Factors affecting uptake of Health Insurance Services among patients attending OPD at St. Francis Hospital Mutolere Kisoro District.**

I hereby accept this proposal for the above research study /project study and approve it for submission to Mutolere School of Nursing and Midwifery and Institution's Research and Ethics Committee.

Name of supervisor: **MR NIZEYIMANA CHARLES.**

Signature ..... 

Date..... 24.02.23

Approved by

**Principal:**

Name: **SR KEMIGISHA CATHELINE.**

Signature..... 

Date..... 25/2/2023

## APPENDIX IV: INTRODUCTORY LETTER.



### MUTOLERE SCHOOL OF NURSING AND MIDWIFERY P.O. BOX 26, KISORO

Email: [mutolerehba@ucmb.co.ug](mailto:mutolerehba@ucmb.co.ug)

Your Ref .....

Our Ref: **NMT/023**

DATE: 23/02/2023

TO:  
**THE MEDICAL DIRECTOR**  
**ST. FRANCIS HOSPITAL MUTOLERE**  
**PO BOX 26,**  
**KISORO.**

*supervisor*  
**08/03/23**

Dear Sir,

#### **RE: RESEARCH PROJECT FOR DIPLOMA NURSING EXTENSION:**

This is to introduce **NDIZHIWE ROBERT** who is a student Nurse at Mutolere school of Nursing and Midwifery in his final year of study.

He is required to prepare an individual research project as part of the requirements for the award of Diploma in Nursing Extension. He has written his research proposal and is at the stage of data collection. He is interested in the area of **"FACTORS AFFECTING UP TAKE OF HEALTH INSURANCE SERVICES AMONG PATIENTS ATTENDING OUT-PATIENT DEPARTMENT (OPD) AT ST. FRANCIS HOSPITAL MUTOLERE, KISORO DISTRICT"**

He seeks to collect data in your health facility/Department and therefore requests for your support.

I will be grateful for any relevant support you shall accord him regarding his research study.

Thank you.

Yours Sincerely,

*Clemensine*  
SR. KEMIGISHA CATHOLIC NURSES  
PRINCIPAL



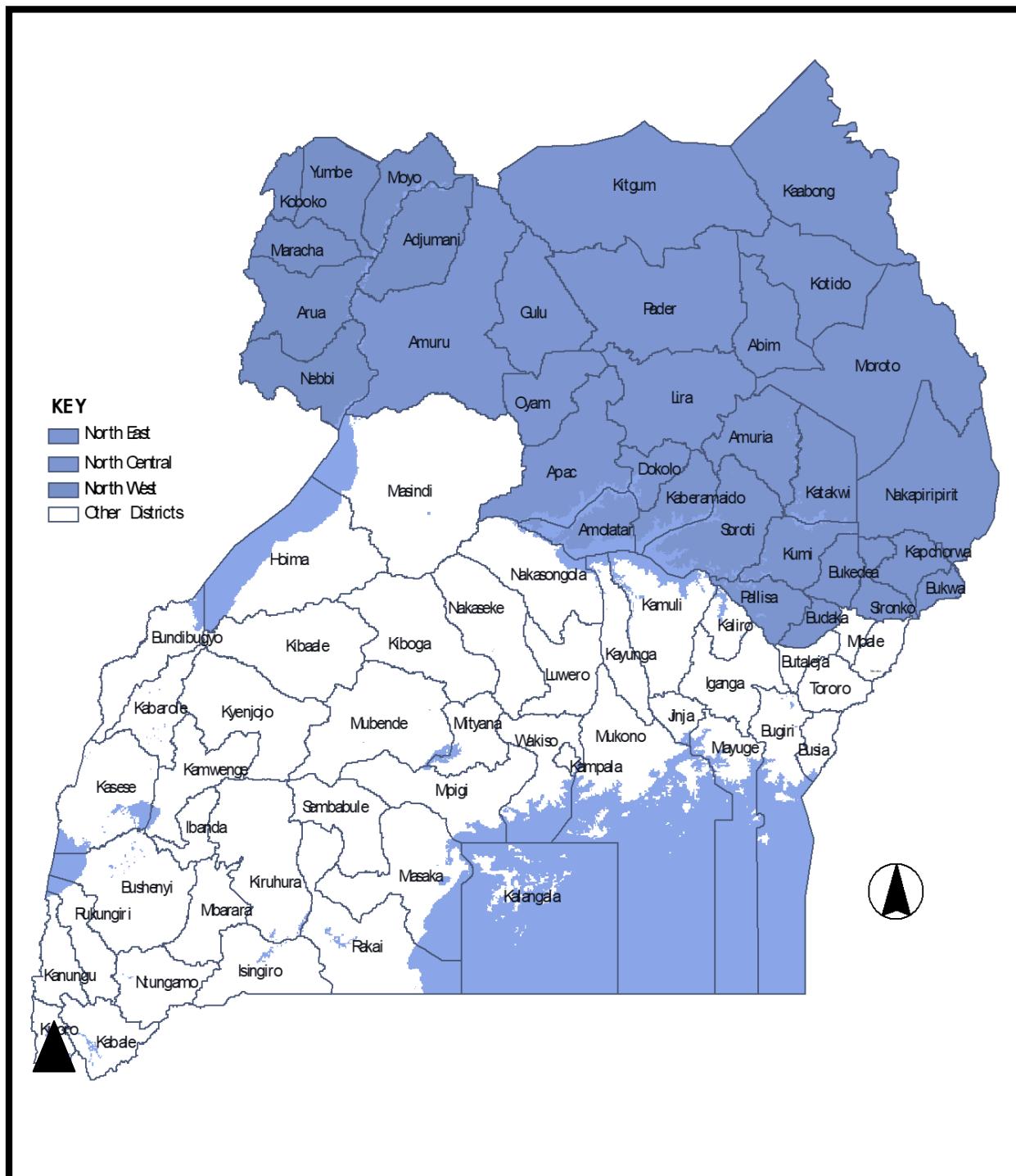
**APPENDIX V: RESEARCH BUDGET.**

<b>ITEM</b>	<b>QUANTITY</b>	<b>UNIT COST(Ug shs)</b>	<b>TOTAL COST(Ug shs)</b>
<b>STATIONARY</b>			
Reams of ruled papers(A4)	3	17,000	51,000
Folder file	1	6,000	6,000
Calculator	1	50,000	50,000
Pens	4	700	2,800
A flash disk(16GB)	1	20,000	20,000
<b>SUB-TOTAL</b>			<b>129,800</b>
<b>COMMUNICATION</b>			
Internet			100,000
Transport			20,000
<b>SUB-TOTAL</b>			<b>120,000</b>
<b>SECRETARIAL</b>			
Typing and Printing Proposal			35,000
Printing questionnaires	100 copies	600	60,000
Binding Proposal books	2 Copies	5,000	10,000
Printing dissertation	3 Copies	35,000	105,000
Bidding dissertation	3 C0pies	5,000	15,000
Research Supervisor			200,000
Miscellaneous			15,000
<b>SUB-TOTAL</b>			<b>445,000</b>
<b>GRAND TOTAL</b>			<b>694,800</b>

## APPENDIX VI: RESEARCH PLAN.

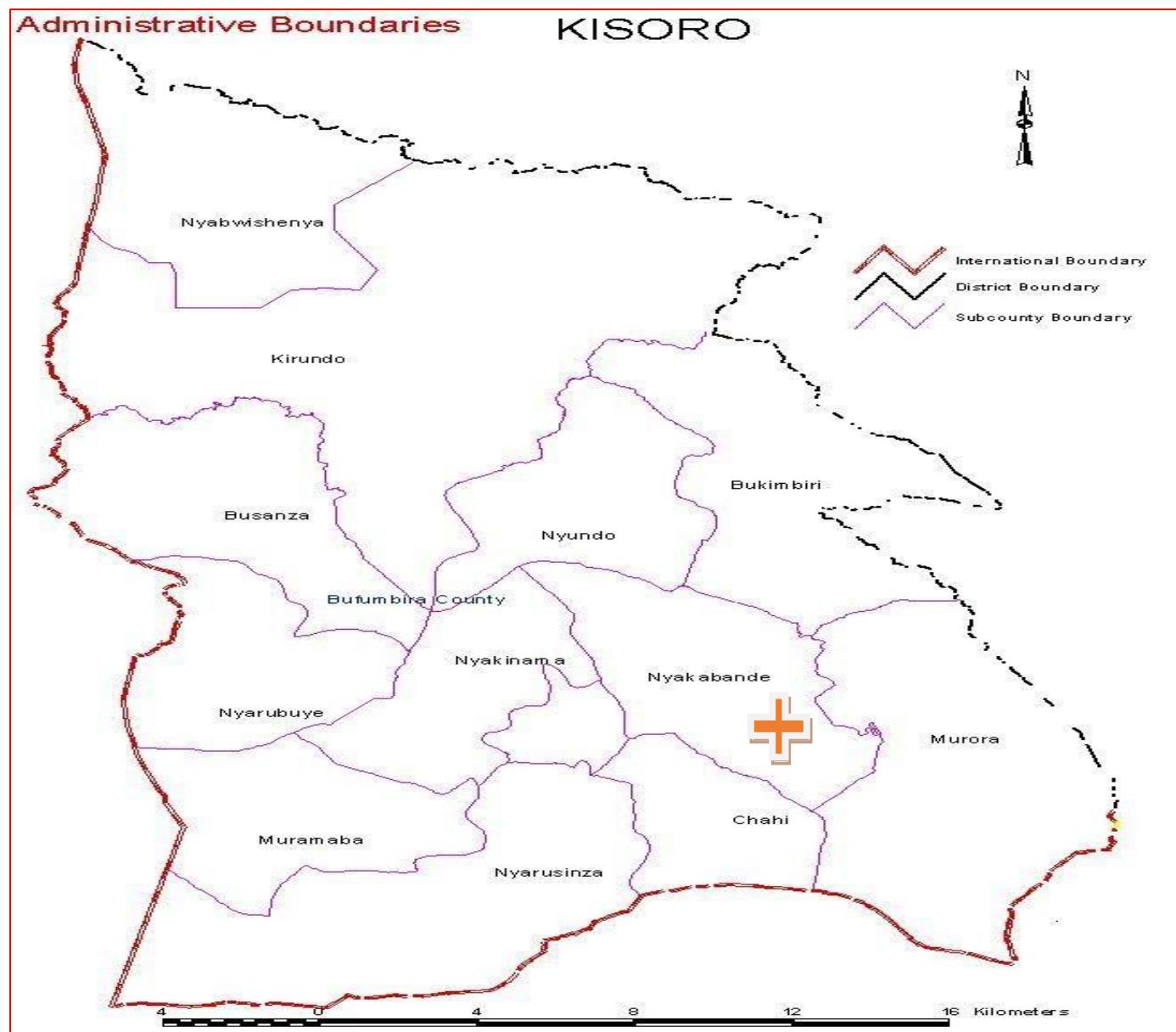
ACTIVITY	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MARCH 2023	APRIL 2023	MAY TO OCT 2023	NOV 2023	Responsible person
Topic identification and approval										Researcher and supervisor
Proposal writing										Researcher and supervisor
Proposal defense and submission										Researcher and research committee.
Data collection										Researcher
Data entry and analysis										Researcher
Report writing										Researcher and supervisor
Report approval and submission										Researcher, supervisor and school administration

## APPENDIX VII: A MAP OF UGANDA SHOWING KISORO DISTRICT



KEY: ▲ - KISORO DISTRICT.

## APPENDIX VIII: MAP OF KISORO SHOWING ST.FRANCIS HOSPITAL MUTOLERE



### KEY



- ST.FRANCIS HOSPITAL MUTOLERE