

## CHAPTER VI

### SUMMARY AND CONCLUSIONS



#### 6.1 Summary

The health insurance program has to be initiated for the following reasons: the limited public health budget can not sustain subsidy, and the majority of the population is poor at the same time as health expenditures very high, making it difficult to pay health centers and hospital fees. Therefore the Cambodian government is in the process of setting up a health insurance system to contribute as a crucial source for health care financing.

The Ministry of Health (MoH) formulated the health care developing strategic plan for provincial and district level, through provision of manpower, organization and finance. Over the years, the Ministry has tried all possible means to enhance the financial resources and strengthen the management capabilities of various funds established at provincial and districts level.

The aim of this study was to identify the determinants of health insurance participation in Takmau district, Kandal province, Cambodia. This study was carried out from February 18 to March 9, 2005. In this survey 309 people have been interviewed to determine the rate of participation in health insurance. Out of the total of 309 people who were interviewed, there were 132 females and 177 males. That is, 42.72% and 57.28%, respectively. As for the perception of health insurance, 98 respondents perceive that health insurance is important. In contrast 211 people - 68 % of the sample - perceive that health insurance is not important.

With respect of years of schooling, the average number of school-years is 4, the minimum is 0 and the maximum is 16. In examining of the characteristics, it could be revealed that the majority of respondents have participated in the health education program. However, as for the perception of health insurance, the majority of respondents - 68% of the sample - responded that they will not buy health insurance.

Considering of the income level, the mean income level of respondents is 84,417.48 riel, whereas the minimum is 10,000 riel and the maximum is 180,000 riel. According to the survey results, it showed that average age of participation in the health insurance is 35. The minimum age is 20 whereas the maximum is 58.

From the data it could be seen that the majority of respondents are farmers - 46.75% of the sample - , whereas the workers is 19.48% and the labor reaches the same number. In this sample, no academicians are included, and only 4.55% are professionals.

From the data illustrating the level of education of respondents, it can be seen that 65% the people only have primary school. Out of the total sample 13.1% attended secondary school, whereas only 3.2% went to high-school and only 0.24 % continued to higher educational institutions. It could also be seen from the survey that 17.80% of respondents did not receive any education at all.

Regarding the family size, the average family of those taking part in health insurance is 4, the minimum is 1 and the maximum is 8. With respect to the location 89 of interviewees are living in municipalities whereas 220 respondents are non- municipal.

The coefficient of the sex (male) for health insurance participation was significantly negative. That means that the probability of health insurance participation of female is more than male. The males are not willing to participate in the health insurance program. When comparing males and females, the number of females joining health insurance is greater than that of males. The reason is that the females take better care of their health and understand the importance of the health insurance program better than the males.

The coefficient of age was positive significantly statistics. That means the probability of health insurance participation will increase if the age of the people increases.

Educational level of the people was the important factor that influencing the probability of health insurance participation. It implies that the number of people of health insurance it will increase if the education of the people will increase.

The coefficient of income for health insurance participation was positive significantly statistics. That means the people will increase to join health insurance program if their income increases.

The occupation (farmer) of the people was the most important determinant that affecting the probability of health insurance participation. It implies that the probability of health insurance participation of farmers is more than the other occupations.

The perception of health insurance participation was positive insignificantly statistics. It implies that the people will not tend to join in health insurance.

The health education of the health insurance was negative significantly statistics. That means the people will decrease to participate health insurance if the health education will increase.

The marital status of health insurance participation was significantly negative. That means the probability of health insurance participation of married people is more than single.

The family size of health insurance participation was positive insignificantly statistics. That means when the member of family size increase, they tend to not participate in health insurance.

The coefficients of education, income and age for health insurance participation were significantly positive. That means that the probability of health insurance participation will increase if the education, income and age of participation increase. Moreover it could be seen that at the higher level of income there a higher rate of participation in health insurance. It indicates that if the income increases, people will become more willing to join health insurance. With a higher income, people will be able to spend more money on their health.

As for the level of education, people with high education are more willing to take parts those with a low education. As far as age is concerned, the results show that older people are more willing to join than youngsters and young adults. When they get older, they will get diseases and will require more health care than the young people. It

also indicates that the occupation (farmer) will increase to participate in health insurance more than other occupational groups.

This is mainly due to the fact that the people living live in the district are farmers and become more aware of the importance of the health insurance. The coefficient of health education: health insurance participation was significantly negative. That means that the probability of health insurance participation decreases if the health education increases.

Even if the people did take part in the health education, the majority of the respondents were not aware of the possibility to take part in a health insurance program. The reason for this is that most of the health education programs limited themselves to their own scheme and did not inform about the health insurance program. So the people were still unaware and did not understand about the health insurance participation.

Concerning with the health education, the people who join in health education, they will know the health problem and the risk than the people who don't participate. They will change their behavior to take care their health more .So they should go to the hospital and consult with the doctor and they want to pay for the health services by out of pocket .Because they think that it will be a good and easy way for them .

## **6.2 Conclusions**

Health insurance is a way of realizing social justice, because it is based on solidarity and co-operation between the well and the ill, the rich and poor, and employers and employees (Smith, 1986). The basic issues of health insurance are: Who will be covered? What will be covered? How will the plan be financed? How much will patients pay? (Sharp, Register and Leftwich, 1994).

Health insurance is one of the important components of health care financing undertaken in Cambodia through the Health Reform Project over the last decades. This Health Care Reform project has indicated the potential of health insurance as a major health care financing method for Cambodia in the future, since Cambodia has

encountered difficulties in financing health care from the government budget as in many other developing countries.

The fundamental objectives of this pilot project were the financing of health service provision, risk-sharing between provider and recipient of health care services, the improvement of the referral system to more efficient level of health care and the rationalizing of the facilities at various levels.

The recognition of the potential of social health insurance as a major health care financing method for Cambodia in the future comes after of ten years of health sector reform and development. In neighboring countries, compulsory health insurance for the formal labor sector was introduced in Thailand in 1991 and in Vietnam in 1992.

Health insurance is a system in which prospective consumers of health care make payments to a third party in the form of an insurance scheme which, in the event of future illness, will pay the provider of care for some or all of the expenses incurred. It involves a highly complex combination of incentives to providers, consumers, and third party fund holders. Health insurance is a risk-pooling or risk-sharing system. (Ron, Smith and Tamburi, 1990).

The utilization of health services under a health insurance program tend to show that those people with higher income participated more in health insurance than poor people (Hongvivatana and Suphachit, 1999).

The decision to participate in health insurance depends on people's education level. Practically people need to have an optimal knowledge about any program and it is easier to make educated people understand about a health insurance program and its benefits, thus making them participate in the program.

It was also noted that youngsters and adults did not participate just because they think that they do not fall sick frequently, and the economic status of population affects the decision to join the health insurance (Hongvivatana and Suphachit, 1999).

This study was analyzed the factors that affect people's participation in health insurance at Takmau district, Kandal province, Cambodia. The determinants were sex, age, education, income, occupation, perception, health education, marital status and family size.

Based on the research finding the sex (male) was significantly negative statistic. So the health education and health insurance programs should focus on more education to those people in order to achieve the goal. The Ministry of Health, provincial level authorities and all the programs must provide an efficient, intensive and detailed program of health insurance.

According to the finding of the study, perception of health insurance was positive but insignificantly in relation to health insurance participation .In order to improve the coverage and sustainability of the health insurance program, it is necessary improve the quality of health insurance services as well as health center and hospital services.

So the government and ministry of health should regulate the health services and health insurance program. Sometimes on an average consumer have ability to buy health insurance .The consumers perceive long waiting time at the district hospitals. There is need to improve the capabilities of the hospitals through improvement in the quantity and quality of health services.

It found that the educational level was significantly positive. Among respondents have a good knowledge; the health insurance participation was higher than among those with poor knowledge. The knowledge was significantly related to the participation in health insurance.

This result suggests that if the government wants people to participate in a health insurance program, they need to strengthen the education system in order to upgrade the general educational level of the people.

The health insurance program managers should find ways to educate and heighten the awareness in people with low knowledge, so that everybody will join. While it was

found in this study that health education was significantly negative.

The health insurance program manager must consider and coordinate all the health education programs in order to set up the new policy which should give extensive information about health insurance to the people, thus increasing their awareness. All the programs should be linked to each other create the new policy to improve the health insurance program.

The government and ministry of health should revise the plan, evaluate the previous health education program and create a better one. In particular they should integrate some of the main importance of health insurance with other programs .All the programs should be coordinated so as to enable efficient cooperation.

In order to improve and achieve the target goal of health insurance program, the Government, Ministry of health and provincial health department need to provide an effective and intensive health education about health insurance program, which includes detailed information about health insurance.

In this study, the quantitative information on health insurance participation has been collected. Additional qualitative data provide a better understanding of the reason behind the finding. This study also lack data on quality of health care and health insurance services. There are many factors affecting on health insurance participation, because of lack of time, so in this study we got only 9 determinants are choosing to be factor. In this study, the health insurance participation, to calculate a probability of the people participating health insurance, binary logit regression can be applied. These limitations have been considered for further study.

For further study, I will suggest to the researcher take a large sample size to obtain statistic significance and frame more questions to get real and detailed information about socio -demographic and psycho-socio factors. I would like also suggest carrying out research on provider's factors which affect the health insurance participation.