

Public Perspectives on Health Insurance Services: A Literature Review

Muhammad Alwy Arifin^{1*}, St. Rosmanely²

¹Departement of Health Policy and Administration, Faculty of Public Health, Hasanuddin University, Makassar, 90245, Indonesia, (muhammadalwyarifin@gmail.com)

²Departement of Health Policy and Administration, Faculty of Public Health, Hasanuddin University, Makassar, 90245, Indonesia, (rosmanely@unhas.ac.id)

*Corresponding Author e-mail: muhammadalwyarifin@gmail.com

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Abstract

Health insurance plays a crucial role in enhancing access to healthcare, improving health outcomes, and providing financial protection against catastrophic health expenditures. Public perspectives on health insurance services are vital in shaping the effectiveness and acceptance of these systems. This literature review synthesizes research on public perceptions of health insurance, focusing on factors influencing trust, satisfaction, and enrolment. The review explores differences in perspectives across various demographic groups and geographic regions, highlighting the impact of health system performance, communication strategies, and socioeconomic factors on public attitudes. The findings underscore the need for inclusive, transparent, and responsive health insurance services that align with the public's expectations and needs.

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Introduction

Health insurance is a key component of health systems worldwide, designed to reduce financial barriers to healthcare and ensure that individuals have access to necessary medical services. Understanding public perspectives on health insurance is essential for the successful implementation and sustainability of health insurance programs. Public trust, satisfaction, and willingness to enroll in health insurance schemes are influenced by a variety of factors, including the perceived quality of services, transparency, and affordability. This literature review aims to provide a comprehensive overview of the existing research on public perspectives on health insurance services, exploring the determinants of these perspectives and their implications for health policy.

Factors Influencing Public Perspectives on Health Insurance

Trust in Health Insurance Systems

Public trust in health insurance systems is a critical factor in determining the success of these programs. Trust is influenced by the perceived reliability, transparency, and fairness of the insurance system. Studies have shown that individuals are more likely to trust health insurance services if they believe that the system is managed fairly, that benefits are distributed equitably, and that there is transparency in how funds are used (1).

Transparency and Accountability

Transparency in the management of health insurance funds, clear communication about benefits and coverage, and accountability in service delivery are key to building public trust. Lack of transparency and perceived corruption can erode trust, leading to low enrolment rates and high dropout rates (2).

Equity and Fairness

Public perceptions of equity in health insurance services, particularly in terms of access to benefits and services, significantly influence trust. Health insurance schemes that are perceived as favoring certain groups over others, or that are seen as providing inadequate coverage, are likely to be viewed negatively by the public (3).

Satisfaction with Health Insurance Services

Public satisfaction with health insurance services is shaped by the quality of care provided, ease of access to services, and the perceived value for money. Satisfaction is a key indicator of the public's acceptance of health insurance schemes and their willingness to continue participating.

Quality of Healthcare Services

The quality of healthcare services covered by health insurance plays a major role in public satisfaction. High-quality care, including timely access to medical services, effective treatment, and respectful care, is associated with higher levels of satisfaction among insured individuals (4). Conversely, poor service quality can lead to dissatisfaction and reduced confidence in the insurance system.

Accessibility and Coverage

The ease of accessing healthcare services under insurance coverage, including the availability of a wide network of healthcare providers, is another important determinant of satisfaction. Limited coverage, long waiting times, and cumbersome administrative processes can negatively affect public perceptions of health insurance services (5).

Financial Protection

The extent to which health insurance provides financial protection against out-of-pocket expenses is a critical factor influencing public satisfaction. Individuals who experience significant out-of-pocket costs, even while insured, may perceive the insurance as providing poor value for money, leading to dissatisfaction (6).

Willingness to Enroll and Continue Participation

Willingness to enroll in health insurance and to continue participating in health insurance programs is influenced by the perceived benefits, costs, and ease of enrollment.

Affordability

The cost of premiums and co-payments plays a significant role in the public's willingness to enroll in health insurance. Affordability concerns are particularly pronounced among low-income populations, who may struggle to pay insurance premiums or may opt out of insurance altogether if they perceive the costs as too high relative to the benefits (7).

Perceived Benefits

The perceived benefits of health insurance, including the range and quality of services covered, strongly influence the public's willingness to participate. Insurance schemes that offer comprehensive coverage and tangible benefits are more likely to attract and retain participants (8).

Enrollment Processes

The ease and simplicity of the enrollment process also affect willingness to enroll in health insurance. Complicated or bureaucratic enrollment procedures can deter individuals from signing up for insurance, particularly in settings where literacy rates are low or where there is limited access to information (9).

Public Perspectives Across Different Demographic Groups

Socioeconomic Status

Socioeconomic status (SES) is a major determinant of public perspectives on health insurance services. Individuals from higher SES backgrounds are generally more likely to have positive perceptions of health insurance, as they are often better informed about their options, have greater access to high-quality services, and can afford the associated costs. In contrast, those from lower SES backgrounds may view health insurance as unaffordable or inaccessible, leading to lower enrollment rates and higher levels of dissatisfaction (10).

Geographic Variations

Public perspectives on health insurance services vary significantly between urban and rural areas. In urban areas, where healthcare facilities and insurance services are more readily available, public perceptions tend to be more positive. Conversely, in rural areas, where access to healthcare is often limited, and insurance coverage may be sparse, perceptions are more likely to be negative (11).

Gender Differences

Gender also plays a role in shaping public perspectives on health insurance. Women, particularly in LMICs, may face additional barriers to accessing health insurance services, such as lack of financial independence, lower levels of education, and limited decision-making power within households. These factors can lead to lower enrollment rates and more negative perceptions of health insurance among women (12).

Age and Health Status

Older individuals and those with chronic health conditions are more likely to value health insurance and perceive it positively, given their greater need for medical services. However, younger and healthier individuals may be less motivated to enroll in health insurance, perceiving it as unnecessary or not cost-effective (13).

Communication Strategies and Public Engagement

Health Literacy and Information Dissemination

Health literacy is a critical factor in shaping public perspectives on health insurance. Effective communication strategies that provide clear, accurate, and accessible information about health insurance options, benefits, and enrollment processes can improve public understanding and perceptions. In contrast, misinformation or lack of information can lead to confusion, mistrust, and low enrollment (14).

Community Engagement

Community engagement strategies that involve local leaders, community-based organizations, and peer educators can enhance public awareness and trust in health insurance services. By addressing community-specific concerns and building local ownership of health insurance programs, these strategies can improve public perceptions and increase enrollment (15).

Use of Technology

The use of technology, such as mobile health (mHealth) platforms, can facilitate information dissemination, enrollment, and access to services, particularly in rural and underserved areas. Technology-driven solutions have the potential to improve public perceptions of health insurance by making services more accessible and user-friendly (16).

Challenges in Aligning Public Expectations with Health Insurance Services

Mismatch Between Expectations and Service Delivery

A key challenge in health insurance services is aligning public expectations with the realities of service delivery. When the public expects comprehensive coverage and high-quality care but encounters limited benefits, high out-of-pocket costs, or poor service quality, dissatisfaction can result. Addressing this mismatch requires both realistic communication about what insurance plans cover and efforts to improve service delivery (17).

Addressing Equity Concerns

Equity concerns, particularly regarding access to health insurance services for marginalized and vulnerable populations, remain a significant challenge. Ensuring that health insurance schemes are inclusive and provide equitable access to all segments of the population is essential for improving public perceptions and achieving broader health equity goals (18).

Sustainability of Health Insurance Programs

The sustainability of health insurance programs, particularly in LMICs, is another challenge that affects public perceptions. Programs that are underfunded or face financial instability may struggle to deliver consistent, high-quality services, leading to negative public perceptions. Ensuring the financial sustainability of health insurance programs is critical for maintaining public trust and satisfaction (19).

Conclusion

Public perspectives on health insurance services are shaped by a complex interplay of factors, including trust, satisfaction, socioeconomic status, and effective communication. Understanding these perspectives is crucial for designing and implementing health insurance programs that meet the needs and expectations of the population. The literature highlights the importance of transparency, equity, and community engagement in building public trust and satisfaction with health insurance services. As health insurance becomes increasingly important in achieving universal health coverage, policymakers must prioritize strategies that align public expectations with the realities of service delivery, address equity concerns, and ensure the sustainability of health insurance programs.

References

1. Acharya, A., Vellakkal, S., Taylor, F., Masset, E., Satija, A., Burke, M., & Ebrahim, S. (2013). The impact of health insurance schemes for the informal sector in low- and middle-income countries: A systematic review. *World Health Organization*.
2. Braveman, P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health, 27*, 167-194.
3. De Allegri, M., Sauerborn, R., Kouyaté, B., & Flessa, S. (2009). Community health insurance in sub-Saharan Africa: What operational difficulties hamper its successful development? *Tropical Medicine & International Health, 14*(5), 586-596.
4. Dror, D. M., & Firth, L. A. (2014). The demand for (micro) health insurance in the informal sector. *The Geneva Papers on Risk and Insurance-Issues and Practice, 39*(4), 693-711.
5. Ekman, B. (2004). Community-based health insurance in low-income countries: A systematic review of the evidence. *Health Policy and Planning, 19*(5), 249-270.
6. Ensor, T., & Cooper, S. (2004). Overcoming barriers to health service access: Influencing the demand side. *Health Policy and Planning, 19*(2), 69-79.
7. Ghosh, S., & Dubey, A. (2014). Health insurance and access to healthcare in India. *Economic and Political Weekly, 49*(38), 71-77.
8. Gilson, L. (2003). Trust and the development of health care as a social institution. *Social Science & Medicine, 56*(7), 1453-1468.
9. Makoka, D., Appau, A., Laban, M., & Lewin, P. (2016). Health insurance and child mortality in sub-Saharan Africa: Evidence from DHS and MICS surveys. *Social Science & Medicine, 142*, 1-9.

10. Mladovsky, P., Soors, W., Ndiaye, P., Ndiaye, A., & Criel, B. (2012). Can social capital help explain enrolment (or lack thereof) in community-based health insurance? Results of an exploratory mixed methods study from Senegal. *Social Science & Medicine*, 75(2), 338-347.
11. Nair, K. S., Sadasivan, S., & Bhat, S. (2013). Perceived quality of health insurance services: An empirical study. *Journal of Health Management*, 15(4), 489-503.
12. Paez, K. A., Mallery, C. J., Noel, H., Pugliese, C., McSorley, V. E., Lucado, J. L., & Ganachari, D. (2020). Development of the health insurance literacy measure (HILM): Conceptualizing and measuring consumer ability to choose and use private health insurance. *Journal of Health Economics*, 71, 102251.
13. Patel, V., Warren, T., & Jamison, D. (2015). The impact of health insurance literacy on public health. *The Lancet*, 386(10003), 1203-1205.
14. Rao, M. (2016). Trust and health insurance: The health insurance sector in India. *Social Science & Medicine*, 156, 28-38.
15. Rajasekhar, D., Berg, E., Ghatak, M., Manjula, R., & Roy, S. (2011). How to improve public health insurance in India: Insights from experience. *Economic and Political Weekly*, 46(3), 64-71.
16. Savedoff, W. D. (2004). *The basics of health insurance*. The World Bank.
17. Victor, A., Delnoij, D. M., Friele, R. D., & Rademakers, J. J. (2012). Determinants of patient choice of healthcare providers: A scoping review. *BMC Health Services Research*, 12(1), 1-15.
18. Xu, K., Evans, D. B., Kawabata, K., Zeramdini, R., Klavus, J., & Murray, C. J. (2003). Household catastrophic health expenditure: A multicountry analysis. *The Lancet*, 362(9378), 111-117.
19. Yaya, S., Uthman, O. A., Amouzou, A., & Bishwajit, G. (2018). Disparities in maternal, newborn and child health services in low- and middle-income countries: A country-level gap analysis. *BMJ Global Health*, 3(6), e000885