

**UNIVERSITY  
OF  
LUSAKA**

**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**[COMPARATIVE STUDY ON THE HEALTHCARE SEEKING PRACTICES OF  
INSURED AND UNINSURED RESIDENTS OF LUSAKA]**

**BY**

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**BSc PUBLIC HEALTH**

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**A research dissertation submitted to the University of Lusaka in partial fulfilment of the  
requirement of a degree in Bachelor of Science in public health**

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## **LIST OF ACRONYMS**

**HI**- health insurance

**MI**- medical insurance

**MH**- moral hazard

**SPSS**- statistical package for social sciences

**HCF**- health care facilities

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## **SUPERVISOR ENDORSEMENT**

On behalf of the University of Lusaka, I wish to confirm that I have supervised Chiteau Tembo I further wish to state that to the best of my knowledge, I believe that the said student actually wrote the dissertation. I therefore endorse this proposal to be submitted for ethical review.

|   |   |                      |
|---|---|----------------------|
| <b><u>Dr. Loveness Anila Nkhata</u></b> | .....  ..... | .....25/05/2022..... |
| <b>Name of Supervisor</b>               | <b>Signature</b>  | <b>Date</b>          |

## DECLARATION

I Chiteau Tembo declare that this dissertation is my own work, undertaken in partial fulfilment of a Bachelor of Science Degree in Public Health and that it has not been submitted before for any award of a degree in any other University or College, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

## ACKNOWLEDGEMENT

Firstly, I am thanking the lord, my creator for being my strength, guider and provider. It is only by his love, grace and mercy that I have managed to reach this far in my academic life and all other aspects of life.

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## ABSTRACT

Health insurance is a type of insurance that covers medical expenses that arise due to an illness. These costs can be related to hospitalization costs, costs of medicines or doctor consultation fees. Due to differences in seeking practices it has led to health seeking disparities among citizens that are medically insured and those that are not especially in the effort of Zambia is trying to achieve health for all by 2030. This study aimed to understand the differences in patients seeking health care services, and also ascertain if there were differences in health seeking practices between medically health insured persons and non-medically insured persons. In addition, to determine whether moral hazard is present among medically insured persons and if moral hazard is present from the health facility when somebody is medically insured.

A descriptive analytical study was conducted among 116 participants who sought medical care from south point hospital. The primary data was collected using a structured questionnaire and was analysed using statistical package for social sciences (SPSS) and association of factors was tested using the chi-square test at 5% significance level.

The results showed minimal differences in the health seeking behaviour among the insured and uninsured residents of Lusaka. The results also revealed that the number of visits to health facility was associated to the presence of insurance ( $p=0.003$ )

In conclusion, outcomes of this study have shown that people who are covered by medical insurance make more frequent visits to the health facilities than those without medical insurance. In addition, there is a significant association between frequency of visits to the hospital among the insured and uninsured participants

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

Health for all is a goal of the world health organisation that has been popularized since 1970s and which envisions securing the health and wellbeing of people around the world. To achieve health for all it should take concerted efforts from both the people (communities) and the health system. The government and private sectors do their part by building health facilities, getting equipment needed and basically getting ready to diagnose and treat patients that seek health care services. When the health facilities have done that it now remains for the people that need a particular service from the health facility to reach out and seek for that service. This study sought to understand whether there is a difference in how patients seek health care services, and also ascertain if there is a difference in health seeking practices between medically health insured personals and non- medically insured personals. This study also sought to determine whether moral hazard is present among medically insured personals and if moral hazard is present from the health facility when somebody is medically insured.

### **1.1 BACKGROUND OF STUDY**

Health insurance was established by Dr Sidney Garfield in 1933 who established the Kaiser Foundation health plan in California. “Health insurance is a type of insurance that covers medical expenses that arise due to an illness” (World Health Report, 2010). These costs can be related to hospitalization costs, costs of medicines or doctor consultation fees. They are different types of health insurances that come with different costs. In Zambia health insurance recently became popular in the early 2000’s, and now has a lot of organisations that are offering health insurance at different prices. Moral hazard in insurance refers to “the increase in people’s use of a service when it is covered by insurance compared to when it is not”, (Job et al, 2013).

### **1.2 STATEMENT OF THE PROBLEM**

Equity should be established among health care facilities, equity in health facilities is about fairness and justice and implies that everyone should have an equal opportunity to attain their full potential for health or the use of health care (Braveman, 2015). There should be no difference in the seeking practices of citizens whether they have or do not have insurance. There seems to be a difference and gap with the ability or inability to have health insurance. This sometimes leads to moral hazard, moral hazard in health insurance which may lead to moral hazard. Moral hazard refers to additional health care that is purchased when insured (Nyman, 2004), it is the idea that a

party protected from risk in some way acts differently than if they did not have the protection (Jose, 2018). In addition moral hazard is a situation in which one party to a contract alters his or her behaviour in ways that can be costly to the other party after entering into a contract (Michel et al, 2018) for instance an individual may not care for their health and body because medical expenses will be catered for if they fell ill also, an individual may keep going to the hospital to get treated for a mere headache that can be treated at home simply because they have insurance. This may not be the case with individuals who have no health insurance.

Due to differences in seeking practices it has led to see health disparities among citizens that are medically insured and those that are not, of which should not be the case because Zambia is trying to achieve health for all by 2030. This gap can be addressed by more funding on the national health insurance scheme which is trying to bring about equity.

### **1.3 JUSTIFICATION OF THE STUDY**

Chances are higher for something to be worked on if they are brought to light and this study sought to understand whether having insurance is a way of accessing better health services whenever needed, and it also aimed show whether there is equity in accessing health care services in Zambia. Zambia is a developing country, hence has limited resources to meet unlimited wants and if moral hazard is present in patients with insurance it would mean that they are depriving other patients in need of the services being offered to one that is insured but does not really need them. The main objective of this study was to ascertain whether moral hazard is present when seeking health care services and establish whether every Zambian citizen has access to the healthcare services they need. The information that was to be collected from this study would pave way for further research and inform policy on matters of moral hazard.

### **1.4 OBJECTIVES**

#### **1.4.1 GENERAL OBJECTIVES**

To compare the healthcare seeking practices of insured and uninsured residents of Lusaka

#### **1.4.2 SPECIFIC OBJECTIVES**

1 To assess the behaviour towards accessing health care services among insured and uninsured residents of Lusaka

2 To determine whether insurance leads to morale hazard among health care seekers and health care providers

3 To assess the benefits of health insurance

### **1.5 RESEARCH QUESTION**

1 What are the health care accessing behaviours between insured and uninsured individuals?

2 Does health insurance lead to morale hazard among health care seekers and healthcare providers?

3 What are the benefits of health insurance?

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 INTRODUCTION**

This chapter provides a review of literature that discusses health insurance. It has been divided into theme, namely; how health insurance works, benefits of health insurance, disadvantages of health insurance, and moral hazard in health insurance.

### **2.1 HOW HEALTH INSURANCE WORKS**

The main goal for every health system is to ensure the efficient and effective financing of health care services. Health insurance is just one of the methods used to finance health care services in health systems. It provides a means for people to access health care services without having to pay for them through out-of-pocket payment. For that to happen, resources need to be collected, pooled and then used to purchase health care services (Berchick, Barnet, & Upton, 2019).

The collection of financial resources occurs when people who are registered under an insurance scheme make regular financial contributions towards the insurance scheme. Contributions made toward an insurance plan can either be made directly by the insured, or by their employer. Insurance schemes can be managed either by the government or private insurance companies who oversee collecting the resources and managing them efficiently. Efficient management of these resources involves pooling them together and then redistributing them based on where they are needed the most (Pitacco, 2014).

Therefore, those registered under an insurance scheme can have access to health care services and their insurance company will take care of the expenses. However, the amount to which the insurance company pays for one's health care expenses depends on the type of insurance plan they are registered under. For instance, some insurance plans may only require the insurance company to pay 80% of medical expenses incurred by the insured. The remaining 20% will then be paid by the insured. Let us now consider some of the benefits that come with health insurance (Wallace & Sommers, 2016).

### **2.2 BENEFITS OF HEALTH INSURANCE**

Health insurance has a number of benefits. For one thing, health insurance offers financial protection for those who are insured and their families. Financial protection means that people do not have to spend so much money on health care that they are left with insufficient funds to take care of other expenses as well such as education, food, and shelter among others. For example, in

the case of a medical emergency, one may be forced to use up all the money they had saved up to cover the expenses. However, with insurance, all of that can be avoided as the insurance company will be the one responsible for the expenses incurred during that emergency. Therefore, the savings of the insured will be protected, and they will still have enough money to pay for other expenses as well (Sommers, Gawande, & Baicker, 2017).

Another benefit that comes with health insurance is the peace of mind it offers. Insured people and their families can rest easy knowing that all their health care needs will be paid for if need be. Because of health insurance, families will not have to worry too much about where they will get the money to pay for services during a medical emergency. Therefore, the family can be assured the best quality services because they have the liberty to do so without having to worry about the costs that come with it. Because they can have access to these quality services, they will also be able to recover from illnesses in the quickest time possible (Anindya, et al., 2020).

Other benefits that come with health insurance are those that the National health insurance scheme has brought in Zambia such as maintenance of high standards of health care service delivery services within the scheme, efficiency in health care services, provision of extra equipment and utensils in health facilities and more. All that the national health insurance scheme is doing comes with the aim of achieving universal health coverage (MoH,2019).

### **2.3 DISADVANTAGES OF HEALTH INSURANCE**

Despite its advantages, there are still some disadvantages that come with health insurance. One disadvantage is that premiums that one is required to pay increase as they get older. Therefore, those who are advanced in age are required to pay more in premiums compared to those who are younger. This is mainly because older people have a higher risk of developing health conditions. This is one of the reasons why people are advised to purchase insurance when they are young because then they have to pay less on their premiums. Requiring older people to pay more on their premiums is a major disadvantage because majority of older people are retired and do not have as much income (Sohn, 2017).

Another major disadvantage of health insurance is that individuals with pre-existing conditions when purchasing insurance must wait for period before any healthcare expenses incurred as a result of that condition can be covered by the insurance plan. Therefore, people living with conditions such as hypertension, or diabetes at the time when they purchase the insurance policy may have to

wait for about two to three years for any medical costs arising from these conditions to be covered. This then means that people may still have to bear healthcare expenses even though they have purchased an insurance policy (Pardo, 2019). At this point, let us now look at how the purchasing of health insurance might affect the behaviour of an insured person.

## **2.4 MORAL HAZARD IN HEALTH INSURANCE**

There are times when purchasing of an insurance policy might change the behaviour of the insured. To understand how that is possible, let us first review how insurance works. As was earlier discussed, a health insurance works by collecting financial resources from individuals that registered under it monthly. Anytime an insured person has access to healthcare services, all medical costs are covered by the insurance company where they purchased their insurance policy. Therefore, it is insurance company that must bear the risks that come with the medical costs of the insured person. Furthermore, the insured person will be protected from those risks (Einav & Finkelstein, 2018).

However, some insured people might choose to exploit that benefit, and in effect change their behaviour. They might start to seek healthcare services more frequently than they would if they did not have an insurance policy, at times even for seemingly minor illnesses that can be self-treated. In some cases, individuals may start to engage themselves in behaviours that put their health at risk. Behaviour in which an individual seeks to exploit the benefits of a health insurance policy in such a way is referred to as moral hazard. This is when one party does not enter into a contract in good faith. Because they are protected from risk in a sense they will tend to act differently than if they did not have protection (Finkelstein, 2014).

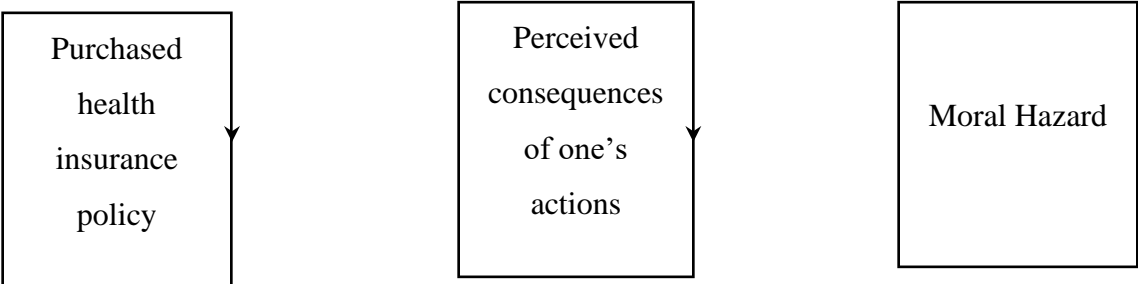
## **2.5 THEORETICAL REVIEW**

A theory that can be used to explain how moral hazard occurs is the theory of Operant Conditioning which was developed by Burrhus Frederick Skinner. It states that an individual will decide whether to take up a certain behaviour based on the consequences that come with that behaviour or action. Therefore, if a person will receive a reward after they act in a certain way, then they are more likely to take part in the behaviour in question. However, if their actions will result in punishment, then the person is less likely to take part in that behaviour (Domjan, 2015). For example, if a lecturer tells a story in class and the students laugh, then they are more likely to tell the same story again in future. This is because the response they got from the students was a pleasant one. However, if the students do not laugh at the story the first time, then the lecturer will be less likely to tell that story again in future.

In case of moral hazard in insurance, people who purchase insurance policies may change their behaviour because of the perceived consequences of their actions. Without an insurance policy, accessing healthcare services would result in medical costs that an individual would have to pay for. However, after purchasing a health insurance policy, the individual would no longer have to bear the risks of healthcare expenses because the insurance company will take care of all their medical costs. Therefore, the risk of moral hazard increases when an individual purchases health insurance because they are protected from the consequences of having to pay for healthcare expenses.

**2.6 CONCEPTUAL FRAMEWORK**

The diagram below is a conceptual framework that depicts the relationship between health insurance and moral hazard.



*Figure 1: relationship between health insurance and moral hazard*

*Researchers own work*

## **CHAPTER THREE**

### **3.0 INTRODUCTION**

This chapter presents the research methodology, it explains the research approach, the study design, the study population, the sample size, the data collection method to be used, the data analysis and the ethical considerations that were applied during the study.

### **3.1 STUDY APPROACH**

The study approach that was used was the quantitative method. The researcher used the quantitative method to establish the magnitude of the event and describe the difference in health seeking practices between the insured and non-insured residents of Lusaka. The researcher also aimed to get the views of what people think about medical insurance.

### **3.2 STUDY DESIGN**

The researcher used a cross-sectional study design. This was to enable the researcher describe the prevailing situation and happenings around the subject matter. The researcher also wanted to describe the health seeking practices of insured and non-insured residents of Lusaka as was reported by the participants.

### **3.3 STUDY SITE**

The study site was South Point Hospital in Avondale located along Great East road. The hospital provides a wide range of services such as diagnosis and treatment, physiotherapy, dental care, labour and delivery services, patient education, pharmaceutical care, and other services. South point hospital was chosen because it is one of the health facilities which has a provision of the use of health insurance cards of which made it possible to identify participants who had insurance for the study.

### **3.4 STUDY POPULATION**

The study population was made up of 116 people who receive medical care from South Point Hospital in Avondale, Lusaka. The sample included participants with medical insurance as well as those without.

### **3.5 SAMPLE SIZE**

$$N = Z^2 \times S^2 \div W^2$$

$$N = 1.96^2 \times 30^2 \div 5^2$$

$$N = 3457.44 \div 25$$

N= 138.30

N= 138

The calculated sample size was 138 however only 116 respondents were captured this is due to covid-19 restriction that have lead people to not visit the hospital in fear of contracting covid-19. The study therefore consisted of 116 respondents who access healthcare services from South Point hospital in Avondale, Lusaka.

### **3.6 SAMPLING TECHNIQUE**

In this study, purposeful sampling technique was used. This is a non-random sampling technique which entails that the researcher chose the respondents on purpose so as to get accurate and in-depth findings.

#### **3.6.1 INCLUSION AND EXCLUSION CRITERIA**

The inclusion and exclusion criteria that was used in this study include, people that access health care services at south point hospital in Avondale and the people that were excluded from this study are people that don't access care from south point hospital in Avondale regardless of having medical insurance.

### **3.7 DATA COLLECTION METHOD**

To collect data, a structured questionnaire was used. It was made up of section A were demographic data about the participants was collected and section B which was divided into three parts. Part 1 information on participant's behaviour towards accessing health care services, presence of morale hazard in health care seeking and their perceived benefits of health insurance was collected. Part 2 was only for participants that had medical insurance while part 3 was compulsory to all participants.

#### **3.7.1 PILOT STUDY**

Pilot study was conducted to examine the feasibility of this study before it can be conducted on a large scale, and to identify any potential problems that the researcher could have faced during the study. It was conducted at South Point Hospital in Chilenje to assess whether the questions asked would be able to measure what is needed. The trial was done so as to assess how good the survey and document review was in trying to get the information needed.

After the pilot study was conducted the following are the changes that were made to the questionnaire

- i. Question five of section A, the fourth possible answer was changed from tertiary to university/college.
- ii. Question five of section B was rephrased to simpler terms for easy understanding. It was changed from do you think you pay more now that you have insurance (medical bills)? to now that insurance covers your medical bills, do you think you pay more?
- iii. Question ten of section B, the possible answers were changed to intervals and not the single numbers that were there.

### **3.8 DATA ANALYSIS**

The tool that was used to analyse the quantitative data was the Statistical Package for Social Sciences (SPSS) to obtain frequencies, graphs and percentages in an accurate, precise, easier and faster way. Frequency tables were generated for various questions that showed the occurrence of events such as how often people seek medical care which was necessary determine if moral hazard is present. Descriptive statistics were used to identify groups of people who sought medical care more often or whether there was an equality in access. Codes were made based on particular question such as 1 to mean Yes and 2 to mean No that were in-coded in SPSS for analysis. Statistical tests such as chi square in SPSS were used to analyse the data and help with interpretation of the data and the significance level was set at 5%.

### **3.9 ETHICAL CONSIDERATIONS**

The study adhered to the following ethical practices.

**Informed consent sheet:** The respondents were given information of what the research was all about and were informed about what the information they provided was to be used for.

**Consent form:** The respondents were given the freedom choose whether they wanted or did not want to participate in the study, and at any point they wanted to withdraw they were be at liberty to do so.

**Anonymity:** The identities of the participants are be kept completely anonymous to persons outside the research.

**Confidentiality:** The feedback or information provided by the respondents was managed privately in order to protect the respondent's identity.

**Honesty:** The researcher made sure to exercise honesty when reporting their findings from the research.

**Value-neutrality:** The researcher was sure not to impose their values on the respondents or alter the behaviour of the respondents.

Before the study commenced ethical clearance was be attained from the University of Lusaka Research Ethics Committee which reviewed the research proposal.

Permission from south point clinic in Avondale and Chilenje was also obtained before commencement of the study.

## CHAPTER FOUR: RESULTS

### 4.0 INTRODUCTION

The chapter represents key findings in ascertaining the health seeking practices of insured and uninsured residents of Lusaka. The results are presented in figures and tables for easy understanding.

### 4.1 DEMOGRAPHIC DATA

A total number of 116 participants participated in the study giving a response rate of 84.1%, majority were male who was 63 (54.35). The common age of participants was 26-35 years at 40 (34.5%). A total of 69 (59.5%) people had medical insurance while 47 (40.5%) did not have medical insurance. The rest of the details are shown in table 1

**Table 1: demographic characteristics of the study participants**

| <b>Characteristics</b>    | <b>frequency</b> | <b>Percent</b> |
|---------------------------|------------------|----------------|
| <b>Sex</b>                |                  |                |
| Male                      | 63               | 54.3           |
| Female                    | 53               | 45.7           |
| <b>Marital status</b>     |                  |                |
| Single                    | 47               | 40.5           |
| Married                   | 57               | 49.1           |
| Divorced                  | 6                | 5.2            |
| Widow/widower             | 6                | 5.2            |
| <b>Age</b>                |                  |                |
| 16-25                     | 31               | 26.7           |
| 26-35                     | 40               | 34.5           |
| 36-45                     | 32               | 27.6           |
| 46-100                    | 13               | 11.2           |
| <b>Educational status</b> |                  |                |
| No formal education       | 5                | 4.3            |
| Primary                   | 7                | 6.0            |
| Secondary                 | 6                | 5.2            |
| College/university        | 98               | 84.5           |
| <b>Employment status</b>  |                  |                |
| Working                   | 78               | 67.2           |
| Not working               | 38               | 32.8           |
| <b>Medical insurance</b>  |                  |                |
| Yes                       | 69               | 59.5%          |
| No                        | 47               | 40.5%          |

*Source: field report*

## 4.2 HEALTH SEEKING BEHAVIOUR OF INSURED AND UNINSURED RESIDENTS

**Table 2: cross tabulation of presence or absence of medical insurance against reason of visitation**

The P-value of 0.431 is greater than 0.05 significance level which proves that there was no association between having insurance and the reason of visitation

|                                | Is your visit to the hospital due to a recent illness or injury? |    |       | Statistical value |
|--------------------------------|--|----|-------|-------------------|
|                                | Yes  | No | Total | p- value          |
| Do you have medical insurance? |  |    |       |                   |
| Yes                            | 49   | 20 | 69    | 0.431             |
| No                             | 29   | 28 | 47    |                   |
| Total                          | 78   | 38 | 116   |                   |

*Source: field report*

**Table 3: cross tabulation of presence or absence of medical insurance against severity of medical problem**

The P-value of 0.407 is greater than 0.05 significance level which proves that there was no association between having insurance and the severity of the problem

|                               | Please rate the severity of your problem |           |               |             |                  |       | Statistical value |
|-------------------------------|--|-----------|---------------|-------------|------------------|-------|-------------------|
|                               | No pain                                  | Mild pain | Moderate pain | Severe pain | Very severe pain | Total | p- value          |
| Do you have medical insurance |  |           |               |             |                  |       |                   |
| Yes                           | 26                                       | 22        | 16            | 4           | 1                | 69    | 0.407             |
| No                            | 13                                       | 16        | 11            | 7           | 0                | 47    |                   |
| Total                         | 39                                       | 38        | 27            | 11          | 1                | 116   |                   |

*Source: field report*

### 4.3 MORAL HAZARD AMONG PATIENTS AND HEALTHCARE PROVIDERS

#### 4.3.1 Morale hazard among care providers

Table 4 shows that out of 69 people with insurance majority (59%) of them think they pay higher medical bills now that they have insurance

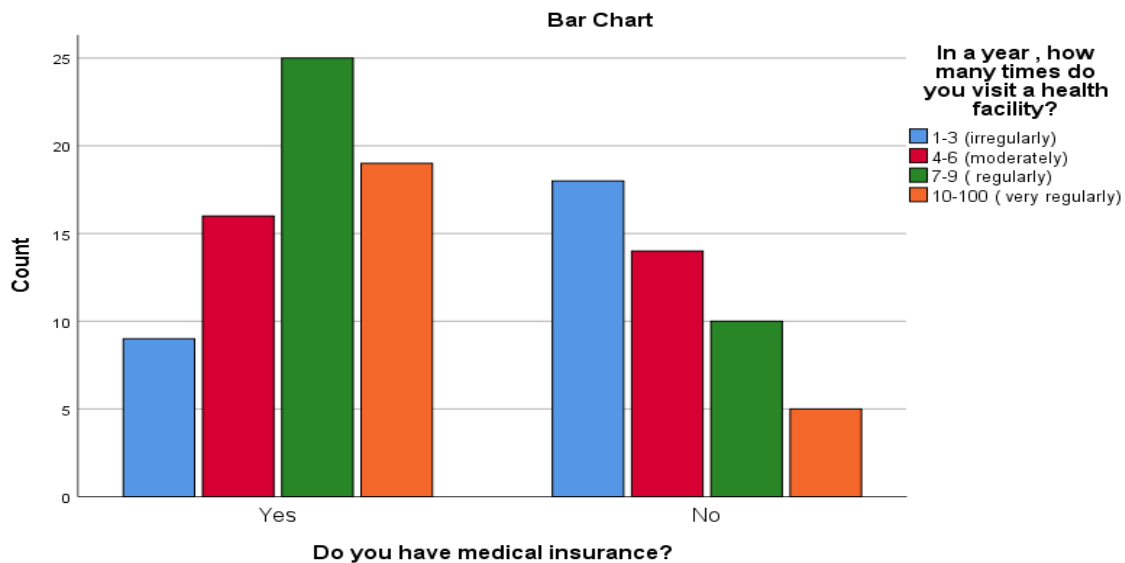
**Table 4; Moral hazard among care providers**

| Question   | Possible answer |           |
|--|-----------------|-----------|
|  | Yes             | No        |
| Now that insurance covers your medical bills, do you think you pay more? | 41<br>59%       | 28<br>41% |
|  |                 |           |

*Source: field report*

#### 4.3.2 Frequency of visits of insured and uninsured residents

Figure 3 shows that out of 69 with medical insurance majority 25 (36.2%) have regular visits to the hospital while out of the 47 without medical insurance majority 18 (28.3%) of them have irregular visits to the health facility



**Figure 2: frequency of visits of insured and uninsured residents**

#### 4.3.2 Association of frequency of visits of insured and uninsured residents

The P-value of 0.003 is less than 0.05 significance level which proves that there is an association between having insurance and the number of visits to a health facility.

**Table 5: Association of frequency of visits of insured and uninsured residents**

| Test statistics    | Value  | Assumption. Sig (2-sided) |
|--------------------|--------|---------------------------|
| Pearson chi-square | 14.062 | 0.003                     |

*Source: field report*

#### 4.4 BENEFITS OF HEALTH INSURANCE

Table 5 shows the perceived benefits of medical insurance among the participants. Out of the 69 with medical insurance 61 ( 88.41%) of them believe insurance had lead them to seeking medical care more regularly while 57 (82.61%) believe that insurance has lead them have access to specialist such as dentists and opticians and all of the 69 ( 100%) of them believe that insurance has been an added advantage to seeking healthcare services.

**Table 6 Perceived benefits of medical insurance**

| Question  | Possible answers |              |
|---|------------------|--------------|
|   | Yes              | No           |
| <b>Has insurance lead to accessing healthcare more regularly?</b>   | 61<br>88.41%     | 8<br>11.59   |
| <b>Has insurance been an advantage to seeking healthcare?</b>   | 69<br>100%       | 0<br>0%      |
| <b>Has insurance lead to you to accessing different kinds of healthcare services other than seeing a physician e.g dentist or optician?</b> | 57<br>82.61%     | 12<br>17.39% |

*Source: field report*

## CHAPTER 5: DISCUSSION

The results of this study show that people who are covered by medical insurance made more frequent visits to the health facility compared to those that did not have medical insurance. In addition, there was a significant association between frequency of visits to the hospital among the insured and uninsured participants. The same was observed in a study that was conducted in Saudi Arabia where those who had insurance attended medical check-ups more regularly than those that did not have insurance (Al-Hanawi et al., 2020). That study also showed that there was an increase in the amount of check-ups in the insured group than the uninsured group. Some of the reasons for this kind of behaviour could be that the insured people want to get full value of their money or they know that if they are diagnosed with a disease, their costs for treatment will be paid for. However, even though the current study also identified an increase in the frequency of visits to the health facility among people with insurance, it did not take into account how different kinds of insurance plans contributed to this. The study by Al-Hanawi et al, (2020) revealed that people who paid for their own insurance visited health facilities more frequently than those whose insurance was paid for by the government or the private sector. Therefore, even though insured people visit the hospital more than the uninsured, there may be variations among the insured depending on their type of insurance plan as plans may have a bearing on how much one could spend per year.

There are a number of benefits that come with having medical insurance. For one thing, the increased frequency to the hospital means that it will be easier for people to receive treatment in good time when they are diagnosed with non-communicable diseases such as diabetes, cancer and hypertension. This is because early detection of such conditions is likely to lead to a better prognosis. All of the participants in this study that had medical insurance reported that it was very beneficial for them. Majority of them also reported that they were able to access a variety of services because they had insurance. One study that was done in Nigeria also showed that the mean satisfaction was higher among those with insurance than those without (Daramola et al., 2020). However, the difference in satisfaction levels was found to have no statistical significance at p-value 0.063. On the other hand, the current study was not able to make such a comparison as it only considered the perceived benefits of those with medical insurance and did not take into consideration the satisfaction levels of both groups of respondents.

The benefits of medical insurance may cause some people to exploit these benefits hence, this may manifest into a moral hazard for some individuals. People who have medical insurance may begin to access healthcare services even when they are not really in pain. They may be doing so because they know that they will not incur any financial cost from doing so long as they are covered by an insurance policy. The presence of moral hazard can be very detrimental for insurance companies, this is because, they will be spending a lot more to cover for the healthcare expenses of their clients if there is a moral hazard on the part of their clients (Einav & Finkelstein, 2018). The current study found that people who had medical insurance visited the hospital more frequently than those who did not have medical insurance. This meant that there was more money spent to cover for the medical expenses of those that had insurance. However, the researcher also tried to determine whether there was a significant difference in the amount of pain and reasons for visiting the hospital between the two groups. However, it was found that there was no significant difference between the two groups. Therefore, it was difficult to conclude that the frequent visits to the hospital by the insured were as a result of moral hazard or a genuine need for healthcare services. On the other hand, a qualitative study done by Ayana (2020) was able to identify moral hazard among users of medical insurance in Ethiopia as insured people were more likely to collect more drugs and even demand for the more expensive ones as well. Insured people would also give their cards to non-members. This study (Ayana, 2020) was able to do so because it not only involved the healthcare seekers as participants, but also involved the healthcare providers. The current study, on the other hand, only had healthcare seekers as participants.

## CHAPTER 6

### 6.1 CONCLUSION

In conclusion, outcomes of this study have shown that people who are covered by medical insurance make more frequent visits to the health facilities than those without medical insurance. In addition, there is a significant association between frequency of visits to the hospital among the insured and uninsured participants. Having medical insurance has many advantages such as receiving quality health at any time when needed which reduces ambulatory cases. It is nice to enjoy the benefits that come with having medical insurance, it has been noticed in the health seeking behavior of some of the participants that insurance has lead them to practice morale hazard. One behavior had been noticed among patients was that they could go to a health facility for minor cases that can be treated home, this was seen through the number of visits to a health facility in a year and the severity of their problem. On the other hand moral hazard was noticed among the care providers, when majority acknowledged the fact that their medical bills have been higher ever since insurance covers their medical bills.

### 6.2 RECOMMENDATION

1. This study needs to be done on a large scale at a university teaching hospital that is accredited to insurance companies and must consist of healthcare providers and health care seekers to establish further the health seeking behaviours among insured and non-insured individuals.
2. Insurance policies should consider allocations to be carried over to the other year on a basis of reduced premiums or unfinished claims to the following year. This may minimize on people filing so many claims to finish their allocation because they feel it is a loss if they do not claim and finish their allocation.
3. An intermediary between hospitals claiming and the insurance company's paying may also be introduced to ensure that the insurance companies are paying for reasonable claims.

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## APPENDICES

### Appendix i: Budget

| <b>BUDGET CATEGORY</b>         | <b>UNIT COST</b>    | <b>MULTIPLYING FACTOR</b>                        | <b>TOTAL COST (K)</b> |
|--------------------------------|---------------------|--|-----------------------|
| <b>PERSONAL</b>                | Daily wage per diem | Number of staff days x number of staff           |                       |
| Assistants                     | K50                 | 14 x 2   | K 1400                |
|                                |                     | <b>SUB TOTAL</b>                                 | <b>K 1400</b>         |
|                                |                     |  |                       |
| <b>TRANSPORT</b>               |                     |  |                       |
| Researcher                     | K 50                | 14 x 1   | K700                  |
| Assistants                     | K 30                | 14 x 2   | K840                  |
|                                |                     | <b>SUB TOTAL</b>                                 | <b>K 1540</b>         |
|                                |                     |  |                       |
| <b>SUPPLIES AND STATIONERY</b> | Cost per item       | Quantity needed                                  |                       |
| Questionnaires                 | K2                  | 200  | K                     |
| Photocopying                   |                     |  |                       |
| Printing and binding           | K2+ k 10            | (2 x 200) + ( 10 x 2)                            | K420                  |
| Pens and pencils               | K 2 + k1            | ( 15 x 2) + ( 1 x 5)                             | K 35                  |
|                                |                     | <b>SUB TOTAL</b>                                 | <b>K 455</b>          |
|                                |                     | Cost of food x number of days x number of people |                       |
| <b>TRAINING</b>                |                     |  |                       |

|                   |       |                      |                  |
|-------------------|-------|----------------------|------------------|
| FOOD AND DRINKS   | 50    | 50 x 1x 3            | K 150            |
|                   |       | SUB TOTAL            | <b>K 150</b>     |
|                   |       | Cost x number needed |                  |
| Ethical clearance | K 500 | K 500 x 1            | k500             |
|                   |       | SUB TOTAL            | <b>K 500</b>     |
|                   |       | TOTAL                | K 4045           |
|                   |       | 10% INCIDENTALS      | K404.50          |
|                   |       |                      |                  |
|                   |       | GRAND TOTAL          | <b>K 4449.50</b> |
|                   |       |                      |                  |
|                   |       |                      |                  |

## WORKPLAN

| <b>Activity</b>                                   | <b>February</b> | <b>March</b> | <b>April</b> | <b>May</b> |
|---|-----------------|--------------|--------------|------------|
| Finalize research proposal                        |                 |              |              |            |
| Ethical Clearance from UNILUS                     |                 |              |              |            |
| Data collection, management                       |                 |              |              |            |
| Data analysis                                     |                 |              |              |            |
| Draft report writing                              |                 |              |              |            |
| Submission of first Draft report and finalization |                 |              |              |            |

## **APPENDIX ii: INFORMATION SHEET**

**Title of study:** comparative study on the healthcare seeking practices of insured and uninsured residents of Lusaka

You are being invited to participate in this study conducted by CHITEAU TEMBO at south point clinic. The purpose of this study is to assess whether there is a difference in the health seeking practices among insured and uninsured residents of Lusaka. If you agree to participate in this study you will be required to answer various questions about your socio-demographic background, your health status and your health seeking behavior. You will be given a questionnaire to fill in if you desire

### **Study location**

South point hospital Avondale

### **Study time**

This exercise will not take more than 15 minutes

### **Risk and discomforts**

There are no risks associated with your participation in this study. The information you give will not be linked to you in any way.

### **Potential benefits**

While no immediate direct benefits resulting from your participation in this study can be assured, it is expected that the results of the study will help address barriers to access and use of healthcare.

### **Protection of confidentiality**

Your privacy and anonymity will be protected both during and after research. Your identify will not be revealed in any way, and the nature of the research protocol will ensure that no information you provide can be linked to you in any way.

### **Voluntary participation**

Your participation in this research is strictly voluntary. You are not under any obligation to participate at any time. You may also refuse to respond to any question in the questionnaire you

do not want to answer. You will not be penalized in any way should you decide to withdraw from this study.

**Contact information**

If you have any concerns about this study, please contact CHITEAU TEMBO, university of Lusaka or you can call me on +260977896563

**APPENDIX iii: CONSENT FORM**

I, have read and understood the terms and conditions associated with the exercise, do hereby agree to participate

Participant's name

.....

Participant's signature

.....

Person obtaining consent

.....

Date

.....

**APPENDIX iv: DATA COLLECTION TOOL**

QUESTIONNAIRE

## **SECTION A**

Demographic data

Please tick the column that best represents your response;

1 Marital status

A, Single [ ] B. Married [ ] C, Divorced [ ] D, Widow [ ]

2 Age

A 16-25 [ ] B, 26-35 [ ] C, 36-46 [ ] D, 46 and above [ ]

3 Sex

A Female [ ] B, Male [ ]

4 Educational status

A, No formal education [ ] B, Primary [ ] C, Secondary [ ] D, university/college [ ]

5 employment status

A working [ ] B not working [ ]

## **SECTION B**

1 Do you have medical insurance?

Yes [ ] No [ ]

**TO BE ATTEMPTED BY ONLY THOSE WITH MEDICAL INSURANCE**

2 If insured, has insurance lead to accessing healthcare more regularly?

Yes [ ] No [ ]

3 Has insurance lead you to accessing different kinds of healthcare services other than seeing a physician e.g seeing a dentist or optician

Yes [ ] No [ ]

4 Has having insurance been an advantage to seeking health care?

Yes [ ] No [ ]

5 Now that insurance covers your medical bills, do you think you pay more?

Yes [ ] No [ ]

TO BE ATTEMPTED BY EVERYONE

6 What is your self- assessed health status

Poor [ ] good [ ] don't know [ ]

7 Are you on chronic medication?

Yes [ ] No [ ]

8 Is your visit to the hospital due to recent illness or injury?

Yes [ ] No [ ]

9 Please rate the severity of your problem

A No pain [ ] B Mild pain [ ] C Moderate pain [ ] D Severe pain [ ] E Very severe pain

10 In a year, how many times to you visit a health facility

A, 1-3 Irregular [ ] B, 4-6 Moderate [ ] C, 7-9 regularly [ ] D, 10 and above Very regularly [ ]

## APPENDIX v: PERMISSION LETTERS

University of Lusaka,  
School of medicine and health  
Science  
P.O Box 36711  
Lusaka,  
February, 2022

The director  
South point hospital  
P.O Box 35342  
Lusaka.

Dear sir/ madam

**REF: PERMISSION TO CARRY OUT A RESEARCH STUDY AT SOUTH POINT HOSPITAL**

I am a fourth year student at the University of Lusaka under the school of medicine and health sciences department of public health and am currently pursuing a bachelor's degree in public health.

As partial fulfilment for this programme, I am required to conduct a research study during my final year in my area of interest. My research topic is “**comparative study on the healthcare seeking practices of insured and uninsured residents of Lusaka.**” I therefore write to request for permission to carry out a study at your facility for 14 days.

I would be very grateful if my request to undertake this study is granted.

Yours faithfully

Chiteau Tembo

University of Lusaka  
School of medicine and health  
sciences  
P.O Box 36711  
Lusaka,  
February, 2022

The director  
South point hospital  
P.O Box 12241  
Lusaka.

Dear sir/ madam

REF: **PERMISSION TO CARRY OUT A PILOT STUDY**

I am a fourth year student at the University of Lusaka under the school of medicine and health sciences department of public health and am currently pursuing a bachelor's degree in public health.

As partial fulfilment for this programme, I am required to conduct a research study. my research topic is "**comparative study on the healthcare seeking practices of insured and uninsured residents of Lusaka.**" I therefore write to request for permission to carry out a pilot study at this facility for three days.

Yours faithfully

Chiteau Tembo

## APPENDIX vi: ETHICAL CLEARANCE



### SCHOOL OF MEDICINE AND HEALTH SCIENCES LEOPARDS HILL CAMPUS

Plot No. 37413, Off Alick Nkhata Mass Media. P. O Box 36711, Lusaka.  
Phone: +260211258505, 258409 Fax +260211233409; Cell +260976075850,961917862,  
E-mail: unilus@zamnet.zm, ictar@zamnet.zm

### SCHOOL OF MEDICINE AND HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

Ref no: IORG0010092-2022/014

Date: 17<sup>th</sup> January, 2022

CHITEAU TEMBO – BSPH18213773

**Re: Research Title; COMPARATIVE STUDY ON THE HEALTHCARE SEEKING PRACTICES OF INSURED AND UNINSURED RESIDENTS OF LUSAKA**

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS Research ethics committee
2. Approval from the Lusaka District health Management or equivalent health authorities should be sought.
3. The study tools should be added.
4. An informed consent form should be attached and filled by all study participants (If dealing with primary data)
5. The risks and benefits should be included in the consent form.

Congratulations and the committee wishes you success in your work.

A handwritten signature in blue ink, appearing to read 'Kasonde Bowa'.

Prof Kasonde Bowa  
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)  
Chairman- UNILUS REC  
Professor of Urology and Consultant Urologist  
Executive Dean  
University of Lusaka and University Teaching Hospital  
School of Medicine and Health Sciences.

## APPENDIX vii: TURNITIN RECEIPT

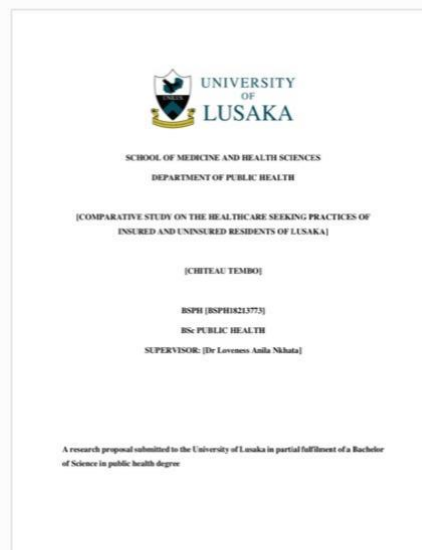


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