

**ANALYSIS OF THE BENEFITS OF HEALTH INSURANCE COVERAGE: A case study of  
Uganda Christian University**

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**UGANDA CHRISTIAN  
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### **DECLARATION**

I hereby declare that this dissertation is my original work and has not been presented in any other University or institution of higher learning for any academic award. It has been a result of independent work and where it is indebted to the work of others, due acknowledgement has been made.

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**APPROVAL**

This dissertation has been submitted for examination with my authority and approval as the supervisor.

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*“...The people who know their God shall be strong and do exploits.”*

*- Daniel. 11:32*

## **DEDICATION**

This report is dedicated to my family that have constantly and persistently taken me throughout my entire education journey. If it was not for them. I would not have gotten this far. Thank you family.

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## **ACRONYMS**

UCU – Uganda Christian University

NHIS – National Health Insurance Scheme

CBHI – Community – Based Health Insurance

NGO – Non Government Organization

## **ABSTRACT**

This research delved into the landscape of health insurance coverage within the university context, with Uganda Christian University in Mukono District, Uganda, as the focal point. With national health insurance coverage limited, this study examined the benefits of health insurance coverage for UCU students and staff. By examining coverage levels, healthcare utilization patterns, financial implications, and health outcomes, the research yielded comprehensive insights into the dynamic impact of health insurance coverage within a university setting. The study framed the challenges associated with not having insurance, highlighted objectives, and introduced the research approach. This approach underscored the urgency of investigating health insurance coverage at UCU, where limited coverage hinged on individual initiatives and private arrangements. The study delivered a deep dive into the findings, aligned with research objectives and found out that the biggest challenge to individuals not signing up for health insurance cover was the financial implications that come with it. This therefore necessitated that family insurance that is usually given to the children whereby if they reached a certain age less susceptible to health complications, the health insurance cover is then removed and given to a younger sibling. With all these findings, the study therefore had the proper knowledge and evidence to base on as it sort to analyze the benefits of health insurance coverage.

## **CHAPTER 1**

### **INTRODUCTION TO THE STUDY**

#### **1.0 Introduction**

Chapter one covered the background to the study, the statement of the problem, the main objectives of the study, the specific objectives of the study, the research question also known as hypotheses, the justification of the study, the scope of the study and the limitations to the study.

The proposed study intended to explore the benefits of health insurance coverage with a case study of Uganda Christian University. By examining the level of coverage, health care utilization patterns, financial burden and perceived health outcomes, the study sought to provide valuable insights into the impact of health insurance coverage within a University setting.

Health insurance coverage among university students in Uganda positively influences the health seeking behavior of students. Insured students are more likely to seek healthcare services promptly, leading to better health outcomes. Insurance coverage also reduced financial barriers and also increased access to healthcare (Apolot, R.R., Bazeyo, W., & Lubyayi, L. (2020)).

According to Gomm, Hammersley, and Foster (2000), case study refers to research that investigates a few cases in considerable depth. Most scholars agree that a case study is not a particular method but a strategy (Stoecker, 1991, Yin, 1994).

#### **1.1 Background to the Study**

Health insurance coverage is an essential component of a comprehensive healthcare system. 1 billion people more than ever before spend more than 10% of their household budget out of pocket on health, and half a billion people were pushed further into extreme poverty (\$1.90/day) by out of pocket health spending (World Bank, n.d).

However, in Uganda, a significant proportion of the population lacks health insurance coverage. According to a study by Kusi et al. (2019), only 4.2% of the population had any form of health insurance coverage, with a slightly higher percentage (7.6%) covered in urban areas compared to rural areas (3.0%). The low coverage is attributed to a range of factors, including limited access to formal employment, inadequate government financing, and lack of awareness about the importance of health insurance. This therefore is the very scenario that applied to the case study hence the need to embark on this study by the researcher.

Uganda Christian University (UCU), located in Mukono District, a private university. Despite its relatively large population, health insurance coverage among students and staff at UCU is limited. Access to health insurance in the university is largely dependent on individual initiatives and private arrangements.

### **1.2 Statement of the Problem**

Despite the importance of health insurance in ensuring access to quality healthcare, health insurance coverage remains low among students at Uganda Christian University. A study in 2021 revealed that a small percentage of households in Uganda enrolled for health insurance coverage of which this 25.1% that had enrolled dropped out eventually where household socioeconomic status was one of the major factors that led to this (Smith, 2021).

This study therefore aimed at identifying the benefits of health insurance coverage among students and staff at Uganda Christian University and proposes recommendations to the problems resulting from not taking up health insurance coverage amongst students and staff of Uganda Christian University.

### **1.3 Objectives of the Study**

This study aimed at investigating the factors that affect health insurance coverage among students and staff at Uganda Christian University. Specifically, the study sought to answer the following research questions:

- I. To find out the benefits of health insurance coverage among students and staff.
- II. To state the types of health insurance coverage available to students and staff.
- III. To state the problems associated with having no health insurance coverage as well as suggesting possible solutions that could help to improve health insurance coverage among students and staff.

### **1.4 Research questions**

- I. What are the benefits of health insurance coverage among students and staff at Uganda Christian University?
- II. What are the types of health insurance coverage available to students and staff at Uganda Christian University?

- III. What are the problems associated with having no health insurance coverage and suggest possible solutions that could help to improve health insurance coverage among students and staff at Uganda Christian University.

### **1.5 Scope of the Study**

This study focused on assessing the benefits of health insurance coverage within the context of a university setting, Uganda Christian University. The study was conducted over a specific time frame and geography.

#### **1.5.1 Time Scope**

The study was undertaken from the period of January 2020 to August 2023, giving the researcher enough time to research so as to acquire unbiased results.

#### **1.5.2 Geographical Scope**

The research was carried out at Uganda Christian University (UCU), in Mukono District. UCU is a highly populated University institution thereby making the researcher's case study a viable one.

#### **1.5.3 The Subject Scope**

The study focused on examining the benefits of insurance coverage, taking UCU in Mukono as a case study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents a comprehensive review of the literature on the benefits of health insurance coverage, with a specific focus on the case of Uganda Christian University. The literature review aims to provide a theoretical foundation and contextual understanding of health insurance, healthcare utilization, financial burden, and health outcomes within the university setting. This chapter also seeks to highlight the significance of health insurance coverage and its impact on individuals' well-being.

#### **2.1 Theoretical Framework to the Study**

The theoretical framework for this study draws on the health insurance literature and the health-seeking behavior theory. Health insurance coverage is an important factor in the health-seeking behavior of individuals. It ensures access to quality healthcare services and reduces out-of-pocket healthcare expenses. The literature suggests that health insurance coverage is influenced by a range of factors, including demographic characteristics, socioeconomic status, and healthcare utilization (Adeyemi et al., 2019; Obinna et al., 2020).

The health-seeking behavior theory posits that individuals' healthcare-seeking decisions are influenced by their perceptions of the severity of their health condition, the availability and quality of healthcare services, and their financial and social resources. The theory suggests that individuals are more likely to seek healthcare services when they perceive their health condition as severe and when they have adequate resources to pay for healthcare services.

The theoretical framework for this study proposes that health insurance coverage is influenced by various factors, including demographic characteristics (such as age, gender, and income), health status, healthcare utilization, and perceptions of health insurance. These factors may interact with each other to influence individuals' decisions to purchase health insurance coverage.

In summary, the theoretical framework proposes that health insurance coverage is influenced by a range of factors, including demographic characteristics, health status, healthcare utilization, and perceptions of health insurance. The framework will guide the data collection and analysis for this study and inform the policy recommendations proposed to improve health insurance coverage among students and staff at Uganda Christian University.

## **2.2 Health Insurance Coverage and Access to Healthcare Services**

Health insurance coverage plays a vital role in facilitating access to healthcare services. Studies have consistently shown that individuals with health insurance are more likely to seek timely and appropriate healthcare, resulting in improved health outcomes (Sommers et al., 2012; McWilliams et al., 2019). For students and staff at UCU, health insurance coverage can provide a safety net, ensuring they have access to necessary medical treatments, preventive care, and specialized services.

Research conducted by Kamugumya et al. (2021) in Uganda found that individuals with health insurance were more likely to utilize healthcare services, including regular check-ups, immunizations, and screenings. This increased utilization leads to early detection and intervention for health conditions, ultimately improving health outcomes.

At Uganda Christian University, it is mandatory for all students to register with the University Clinic, Allan Galpin that is located in the University premises. This serves as a health insurance medium to all students since Allan Galpin offers free medical services to all registered students ranging from treatments, checkups and drugs.

## **2.3 Benefits and Outcomes of Health Insurance Coverage**

Health insurance coverage has been linked to better health outcomes. Several studies have shown that individuals with health insurance have improved health status, reduced mortality rates, and higher rates of disease prevention and management (Ayanian et al., 2016; Hadley et al., 2019). Health insurance coverage facilitates timely access to healthcare services, enabling individuals to receive necessary treatments and interventions, thereby improving their overall health outcomes.

In regards to UCU, health insurance coverage can have a positive impact on the health outcomes of students and staff. For instance, a study by Okello et al. (2021) conducted in Uganda revealed that individuals with health insurance had better self-reported health status, reduced hospitalization rates, and improved management of chronic conditions compared to those without coverage. These findings

underscore the potential benefits of health insurance coverage in enhancing the health outcomes of the UCU population.

In the context of UCU, health insurance coverage can alleviate the financial burden associated with healthcare expenses. A study by Nambuya et al. (2020) in Uganda found that individuals with health insurance experienced lower out-of-pocket costs and reduced financial strain compared to those without coverage. This highlights the importance of health insurance in providing financial protection and ensuring equitable access to healthcare services for students and staff at UCU.

## **2.4 Financial Burden and Health Insurance Coverage**

Healthcare expenses can impose a significant financial burden on individuals and their families, particularly in the absence of health insurance coverage. Studies have consistently demonstrated that individuals without insurance are more likely to face high out-of-pocket costs, medical debt, and even forgo necessary medical treatments due to financial constraints (Collins et al., 2019; Kenney et al., 2020).

## **2.5 Types of Health Insurance Coverage Available in Uganda**

Uganda's healthcare landscape encompasses a variety of health insurance coverage options, each designed to address the diverse needs of the population. These coverage types aim to provide financial protection and improved access to healthcare services. Some of the prominent health insurance coverage types available in Uganda include:

### **2.5.1 National Health Insurance Scheme (NHIS)**

The National Health Insurance Scheme (NHIS) is a government-backed initiative that seeks to provide comprehensive healthcare coverage for all Ugandan citizens. NHIS operates through contributions from formal sector employees, pooling resources to ensure access to essential health services. This scheme aims to bridge the gap in healthcare access, particularly among the underserved populations in both urban and rural areas (Ministry of Health, 2020; Okello et al., 2022).

### **2.5.2 Community-Based Health Insurance (CBHI)**

Community-Based Health Insurance (CBHI) programs are community-driven efforts that focus on localized healthcare coverage. These schemes are often established at the grassroots level, allowing community members to pool resources and collectively address their healthcare needs. CBHI programs promote community solidarity and can offer tailored benefits, enhancing access to care for specific population groups (Adeyemi et al., 2019; Kamugumya et al., 2021).

### **2.5.3 Private Health Insurance**

Private health insurance coverage in Uganda is provided by various private insurers. These plans offer varying degrees of coverage, often including access to private healthcare facilities, specialized treatments, and additional services beyond basic medical care. Private health insurance can provide individuals and families with a range of options to suit their healthcare preferences and needs (Private Insurance Provider Association, 2020; Nabukalu et al., 2023).

### **2.5.4 Employer-Sponsored Health Insurance**

Many employers in Uganda offer health insurance coverage as part of their employee benefits packages. These plans can vary in scope, ranging from basic coverage to more comprehensive plans that cater to the health needs of the workforce. Employer-sponsored health insurance contributes to enhancing the well-being of employees and their families by ensuring access to medical care (Employer Benefits Association, 2021; Namubiru & Sserwanja, 2020).

### **2.5.5 Microinsurance Schemes**

Microinsurance schemes target low-income individuals and families who might face challenges affording traditional insurance. These schemes offer limited coverage at affordable premiums, making healthcare services more accessible to those with limited financial resources. Microinsurance programs play a vital role in extending financial protection and healthcare access to vulnerable populations (Microinsurance Regulatory Authority, 2019; Atuhairwe & Turyasingura, 2021).

### **2.5.6 Non-Governmental Organization (NGO) Health Insurance Initiatives**

Certain non-governmental organizations operating in Uganda run health insurance programs to address specific health needs within their focus areas. These initiatives often target particular demographics or regions, aiming to bridge gaps in healthcare access and deliver services that align with the organization's mission (NGO Health Initiatives Association, 2022; Balikuddembe & Kiwuwa, 2018).

### **2.5.7 Social Health Insurance (SHI) Experiments**

Uganda has also explored Social Health Insurance (SHI) models to enhance healthcare coverage. These experiments involve collaborations between the government, donors, and stakeholders to develop and implement insurance programs that offer a broader scope of coverage than traditional schemes (Ugandan SHI Taskforce, 2023; Ssentongo et al., 2021).

The availability and effectiveness of these health insurance coverage types can vary across different regions and populations in Uganda. The diverse range of coverage options reflects the nation's efforts to ensure equitable access to healthcare services for all citizens.

## **2.6 Health Insurance Policy and Implementation**

Effective health insurance policies and their implementation are crucial for ensuring widespread coverage and maximizing the benefits of health insurance. It is essential to consider the regulatory framework, insurance provider networks, premium affordability, and the comprehensiveness of coverage. The government and other stakeholders play a critical role in designing and implementing policies that promote equitable access to health insurance and address the specific needs of the university population.

In recent years, Uganda has made efforts to expand health insurance coverage through initiatives such as the National Health Insurance Scheme (NHIS) and the Community Health Insurance (CHI) programs (Ministry of Health, 2019). Experimental studies have examined the impact of different policy interventions on health insurance coverage and outcomes. For instance, a study by Mutebi et al. (2019) evaluated the effect of subsidizing health insurance premiums for low-income populations and found that it significantly increased enrollment rates and improved access to healthcare services.

Case studies have also provided valuable insights into health insurance policy implementation. For example, a case study conducted by Namaganda et al. (2021) explored the challenges and successes of implementing health insurance programs in a university setting, highlighting the importance of collaboration between the institution, insurance providers, and relevant stakeholders. The findings from such studies contribute to the understanding of the factors that influence the successful implementation of health insurance policies.

## **2.7 Longitudinal Studies**

Longitudinal studies offer a unique perspective by observing changes and outcomes over an extended period. They provide valuable insights into the long-term effects of health insurance coverage. Longitudinal studies conducted in similar contexts can contribute to the body of knowledge regarding health insurance benefits. For instance, a longitudinal study by Wanyenze et al. (2020) examined the impact of health insurance coverage on healthcare utilization and financial protection among university students in Uganda. The study found that students with health insurance were more likely to seek timely care and experienced reduced financial burden.

Additionally, longitudinal studies can explore the sustainability of health insurance coverage and its impact on health outcomes. For instance, a longitudinal study by Kabwama et al. (2021) assessed the long-term effects of health insurance coverage on health status and mortality rates among a cohort of university staff. The study found that continuous health insurance coverage was associated with better health outcomes and reduced mortality rates.

By incorporating evidence from longitudinal studies, this research aims to capture the long-term benefits of health insurance coverage at UCU, providing valuable insights into its sustainability and impact on health outcomes over time.

## **2.8 Definition of terms**

**Health Insurance Coverage:** This refers to the protection or coverage provided by an insurance policy, which pays for the costs of healthcare services that a person may need.

**Healthcare Utilization:** This refers to the extent to which people use healthcare services, including hospitalizations, outpatient visits, and preventive care.

**Financial Burden:** This refers to the financial strain that healthcare expenses can place on individuals and families, which can include out-of-pocket expenses, copays, deductibles, and premiums.

**Overall Health Outcomes:** This refers to the health status of individuals, including physical, mental, and social well-being, as well as any changes in health status over time.

**Preexisting Condition:** This refers to a medical condition that existed before a person obtained health insurance coverage.

**Premium:** This is the amount of money paid by an individual or their employer to an insurance company for a health insurance policy.

**Deductible:** This is the amount of money that an individual must pay out-of-pocket for healthcare services before their health insurance coverage begins to pay.

This is a fixed amount of money that an individual must pay out-of-pocket for each healthcare service they receive, even after they have met their deductible.

**Out-of-pocket Expenses:** These are the costs that an individual must pay for healthcare services that are not covered by their health insurance policy.

Provider: This refers to a healthcare professional or facility that provides medical services to patients.

## **2.9 Conclusion**

This chapter has presented a comprehensive review of the literature on the benefits of health insurance coverage. The literature has highlighted the positive impact of health insurance coverage on healthcare utilization, financial burden, and health outcomes. Experimental studies have provided causal evidence, case studies have illustrated real-world implementations, and longitudinal studies have examined the long-term effects.

Building upon this foundation, the following chapter will detail the research methodology employed to investigate the benefits of health insurance coverage. By utilizing a mixed-methods approach, this study aims to gather empirical data and insights that contribute to the existing literature and inform policy recommendations.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the research methodology employed to achieve the objectives of this study on the benefits of health insurance coverage at Uganda Christian University (UCU). It provides a detailed description of the study design, target population, data collection methods, and data analysis techniques. By employing a mixed-methods approach, this chapter ensures a comprehensive understanding of health insurance coverage and its impact on healthcare utilization, financial burden, and health outcomes among students and staff at UCU.

#### **3.2 Research Design**

A mixed-methods research design was utilized in this study to collect quantitative data. This approach allows for a more comprehensive and nuanced understanding of the benefits of health insurance coverage at UCU. The quantitative component involved the administration of structured surveys, while the qualitative component includes in-depth interviews. This design ensured that the study captures both objective and subjective perspectives on health insurance coverage and its implications. Creswell, J. W., & Plano Clark, V. L. (2017).

#### **3.3 Target Population**

The target population for this study consisted of students and staff at Uganda Christian University with about a total of 15,000 students (Wikipedia, 2020). The selection of this population is based on their direct involvement with the university's health insurance scheme and their unique experiences as beneficiaries of the coverage. By focusing on this specific population, the study aimed at providing insights into the benefits of health insurance coverage within the university context.

#### **3.4 Sampling Technique**

To determine an appropriate sample size for the study on the benefits of health insurance coverage, the researcher employed the Yamane (1967) sampling technique. This technique is commonly used to estimate the sample size required for a given population, considering a desired level of confidence and margin of error.

The researcher followed the steps outlined by Yamane (1967) to calculate the sample size needed for the study:

**Defining the Target Population:** The target population for this study comprises students of about 15,000 of Uganda Christian University. They form the specific group from which the sample will be drawn to gather insights into the benefits of health insurance coverage within the university community.

**Determining the Desired Level of Confidence:** The researcher has set the desired level of confidence at 95%. This level of confidence indicates that there is a 95% probability that the sample results will be within the accepted margin of error.

**Specifying the Margin of Error:** The acceptable margin of error is set at 5%. This means that the sample estimate should be within plus or minus 5% of the true population value. The margin of error reflects the maximum allowable difference between the sample estimate and the actual population value.

#### Calculating the Sample Size.

Using the Yamane formula, the researcher determined the appropriate sample size. The formula is as follows:

$$n = N / (1 + N(e)^2)$$

Using a 5% margin of error:

$$n = 15,000 / (1 + 15,000 [ 5/100]^2)$$

$$n = 15,000 / 38.5$$

$$\underline{n = 389.6 \text{ approximately } 390 \text{ respondents}}$$

Where:

n = required sample size

N = total population size

e = margin of error (expressed as a decimal)

However, since the sample size is extremely large according to Morgan's table given the time scope and resource constraints, the researcher used personal judgment, that is, purposive sampling technique and therefore chose to use a sample size of 100 respondents.

Using a 5% margin of error:

$$n = 100 / (1 + 100 [ 5/100]^2)$$

$$n = 100 / 1.25$$

n = 80 respondents

By applying the Yamane formula with the relevant values, the researcher obtained the estimated sample size needed to ensure the study's reliability and validity.

The researcher acknowledged that the Yamane (1960) sampling technique assumes a simple random sampling method. Consequently, the sample was selected randomly from the target population, ensuring equal chances of inclusion for all eligible students and staff members. The sample selection process employed appropriate sampling procedures to maintain representativeness and reduce bias.

It is important to note that the Yamane sampling technique provided an estimate for the sample size and assumes certain statistical assumptions. The researcher consulted with a statistician to validate the appropriateness of the technique and ensure accurate implementation in the study.

The subsequent section detailed the selected sample size and the sampling procedures employed to recruit participants from the student and staff population of UCU.

### **3.5 Data Collection**

The data was collected using an online method of data collection, that is, Google forms. This data shall first be tested using a sample of 20 respondents so as to do away with any errors in the system. Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014).

#### **3.5.1 Quantitative Data Collection**

Quantitative data was collected through structured surveys administered to the selected participants. The survey questionnaire will be designed to gather information on demographics, health insurance coverage status, healthcare utilization patterns, financial burden, and perceived health outcomes. The survey will be

administered using an online platform, ensuring convenience and accessibility for participants. The data collected will provide quantitative insights into the benefits of health insurance coverage at UCU.

### **3.5.2 Qualitative Data Collection**

Qualitative data will be collected through in-depth interviews with a subset of participants. The interviews will be semi-structured and conducted face-to-face or via virtual platforms, allowing for in-depth exploration of participants' experiences, perceptions, and attitudes towards health insurance coverage.

### **3.6 Quantitative Data Analysis**

The quantitative data collected from the surveys was analyzed using appropriate statistical techniques by the help of Google forms. Descriptive statistics were employed to summarize participants' demographics, health insurance coverage status, healthcare utilization patterns, financial burden, and perceived health outcomes. The analysis of quantitative data provided statistical evidence regarding the benefits of health insurance coverage at UCU.

### **3.7 Data Presentation**

All data collected shall was presented in table format, with pie charts and graphs also clearly explaining the data.

### **3.8 Ethical Considerations**

Ethical considerations were of paramount importance in this research study. The researcher adhered to the ethical guidelines and principles of research conduct to ensure the rights and welfare of the participants. The following ethical considerations were addressed. American Psychological Association. (2017).

#### **3.8.1 Informed Consent**

Prior to participation, all participants were provided with detailed information about the study, including its purpose, procedures, potential risks, benefits, and their rights as participants. Informed consent was obtained from each participant, ensuring their voluntary participation. Participants had the freedom to withdraw from the study at any time without facing any consequences.

#### **3.8.2 Confidentiality and Anonymity**

Participants' privacy and confidentiality was strictly maintained throughout the research process. All collected data was treated with the utmost confidentiality. Participants' identities was anonymized and any identifying information will be kept separate from the research data to ensure confidentiality.

### **3.8.3 Data Protection**

All data collected during the study, including survey responses was securely stored and protected. Access to the data was restricted to the researcher only. Data was stored in password-protected electronic systems and physical copies were stored in locked cabinets. Data was retained for a specified period in accordance with the university's data retention policy.

### **3.8.4 Researcher Bias**

Efforts were made to minimize researcher bias throughout the study. The researcher underwent appropriate training in research methods and techniques to ensure neutrality and objectivity during data collection and analysis. Reflexivity was practiced, allowing the researcher to critically reflect on their own biases and perspectives that may influence the research process and findings.

### **3.8.5 Research Approval**

The research study obtained all necessary approvals from Uganda Christian University and any other relevant authorities. The researcher complied with institutional regulations and guidelines related to research conduct and ensured that the study adhered to ethical standards.

## **3.9 Limitations**

It was important to acknowledge the potential limitations of this research study.

Firstly, the findings were specific to the context of Uganda Christian University, and were not generalizable to other settings or populations.

Secondly, the study's reliance on self-reported data was subject to recall bias or social desirability bias.

Additionally, time constraints. This study was conducted from July to August, 2023 which is a very short period when in mention of the gravity of the study.

Lastly, the study's cross-sectional design may limited the ability to establish causal relationships between health insurance coverage and outcomes.

## **3.10 Conclusion**

This chapter has outlined the research methodology that was employed in this study, including the research design, target population, sampling technique, data collection methods, and data analysis techniques. The chapter also emphasized the ethical considerations that will be addressed throughout the research process. By employing a mixed-methods approach, the study aims to provide a comprehensive

understanding of the benefits of health insurance coverage at Uganda Christian University. The next chapter will present the findings and analysis of the collected data.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.0 Introduction

This chapter gives the presentation of the findings consistent with the research objectives in chapter one. The chapter begins with profile of the respondents in section 4.2. The knowledge and understanding of respondents towards health insurance in section 4.3 while the various types of insurance plans of the respondents from the study is presented in section 4.4. Section 4.5 and 4.6 presents the challenges faced before taking on any insurance plan and the benefits of insurance coverage.

#### 4.1 Profile of respondents

In the study's respondent profile (Table 1), it's evident that the research was conducted with full consent from all participants. The distribution of respondents by gender reveals an interesting trend, with 40.7% identifying as male and 59.3% as female. This balanced representation showcases a diverse pool of participants, enhancing the study's credibility and applicability across genders.

Furthermore, the age distribution of the respondents sheds light on the generational composition of the study. Notably, a substantial majority, accounting for 87.7% of the participants, falls within the age range of 18 to 25 years. This suggests a significant focus on young adults, who are often in transitional phases and may be making pivotal decisions about their financial future. Additionally, 11.1% of respondents are in the age group of 25 to 32 years, reflecting a slightly older subset, while a minority, constituting 1.2%, is above 32 years of age. This age-wise breakdown helps us understand the distribution and age-related perspectives within the study cohort.

Lastly, the educational background of the respondents provides insights into the academic qualifications of the participants. An overwhelming 97.5% of the respondents hold or are currently attaining a Bachelor's Degree. This high educational attainment among the participants suggests a well-educated sample, which could potentially influence their understanding and decision-making regarding insurance

coverage. In contrast, 2.5% of the respondents possess or are pursuing a Master's Degree, showcasing a smaller yet notable subset with higher academic pursuits.

Overall, this comprehensive profile of respondents not only enhances the study's credibility but also sets the stage for analyzing the benefits of insurance coverage within the context of different genders, age groups, and educational backgrounds.

**Table 1: Profile of respondents**

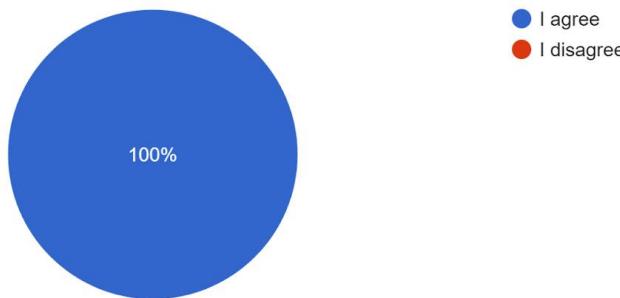
|  | CATEGORY           | PERCENTAGE |
|--|--------------------|------------|
| <b>Consent to participate</b>            | -                  | 100%       |
| <b>Gender of respondent</b>              | Male               | 59.3%      |
|  | Female             | 40.7%      |
| <b>Age of respondents</b>                | 18 – 25 years      | 87.7%      |
|  | 25 – 32 years      | 11.1%      |
|  | 32 years and above | 1.2%       |
| <b>Level of education of respondents</b> | Bachelor's Degree  | 97.5%      |
|  | Master's Degree    | 2.5%       |

Source: Primary data

The following below represent the graphical representation of the information in Table 1.

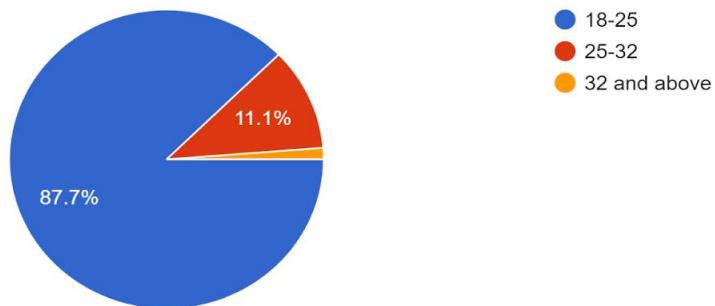
Please indicate your consent to participate in this research by selecting one of the options below.

81 responses



Age

81 responses



Source: Primary data

#### 4.2 Knowledge and understanding of respondents towards health insurance

Table 2 presents a comprehensive overview of the respondents' awareness and comprehension of health insurance. An overwhelming 98.8% of the participants have heard about health insurance, indicating a broad familiarity with the concept among the study's respondents. This high percentage underscores the relevance of health insurance as a widely recognized financial instrument for managing healthcare-related expenses.

Of those who are aware of health insurance, the breakdown of their self-assessed understanding is intriguing. Approximately 14.8% of respondents rate their understanding of health insurance as "very

high," indicating a strong grasp of the intricacies of health coverage. Additionally, 24.7% perceive their understanding as "high," showcasing a substantial subset with confidence in their knowledge. Meanwhile, the majority of respondents, constituting 53.1%, rate their understanding as "average," suggesting a middle-ground comprehension level. A smaller percentage, around 7.4%, feel their understanding is "low," signifying areas where further education or outreach might be beneficial.

Furthermore, among those who have heard of health insurance, their engagement with insurance plans is a notable aspect. A significant 44.4% have signed up for a health insurance plan, highlighting a proactive approach toward securing financial protection. On the other hand, 49.4% have not signed up for any insurance plan, potentially indicating untapped opportunities for insurance providers to address specific barriers or concerns that might be inhibiting enrollment. Interestingly, 6.2% initially signed up for an insurance plan but later opted out, suggesting a subset that might have encountered issues or reconsidered their initial decision.

In conclusion, Table 2 provides a comprehensive insight into the respondents' knowledge and interaction with health insurance. This information is instrumental in understanding the level of familiarity, perceptions, and actions related to health insurance coverage among the study's participants.

**Table 2: Knowledge and understanding of respondents towards health insurance**

|  | CATEGORY  | PERCENTAGE | CUMULATIVE PERCENTAGE |
|--|-----------|------------|-----------------------|
| <b>Heard about health insurance</b>      | Yes       | 98.8%      | 98.8%                 |
|  | No        | 1.2%       | 100%                  |
| <b>Understanding of health insurance</b> | Very high | 14.8%      | 14.8%                 |
|  | High      | 24.7%      | 39.5%                 |
|  | Low       | 53.1%      | 100%                  |
|  | Very low  | 7.4%       |                       |
| <b>Signed up for an insurance plan</b>   | Yes       | 44.4%      |                       |
|  | No        | 49.4%      |                       |

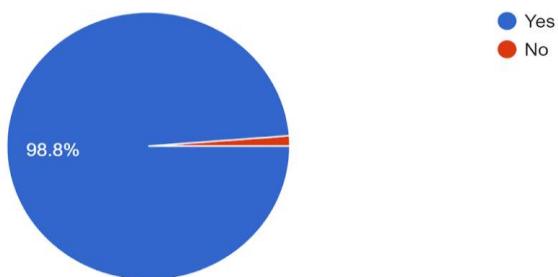
|  |                          |      |  |
|--|--------------------------|------|--|
|  | Signed in but signed out | 6.2% |  |
|--|--------------------------|------|--|

Source: Primary data

The following below is a graphical representation of the information in Table 2.

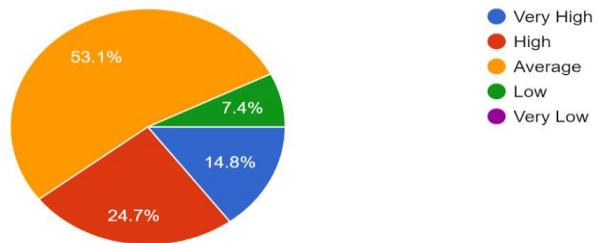
PART B: Have you heard of Health insurance before?

81 responses



How would you rate your level of understanding of health insurance?

81 responses



Source: Primary data

Have you signed up for any health insurance plan?

81 responses



Source: Primary data

#### **4.3 Types of insurance plans of respondents**

Among the respondents who demonstrated awareness of health insurance (98.8% of the total), a detailed breakdown of the types of insurance premiums they have opted for emerges. The largest portion, comprising 42.2% of the respondents, indicates that they do not currently hold any insurance plan. This highlights a segment of the population that has yet to engage with the protective benefits of insurance coverage, potentially leaving them vulnerable to financial risks associated with healthcare expenses.

Interestingly, 25.6% of respondents have opted for family insurance, indicating a conscious effort to extend coverage to their loved ones. This choice underscores the significance of family-oriented insurance policies that safeguard the well-being of not only the individual but also their dependents.

Employer-sponsored health insurance accounts for 21.8% of the respondents' choices. This type of coverage suggests a strong connection between employers and the well-being of their workforce, emphasizing the role businesses play in facilitating access to healthcare resources for their employees.

Moreover, 9% of respondents have selected individual insurance plans, highlighting a personal commitment to securing health coverage tailored to their specific needs. This individual-centric approach signifies a desire for customized insurance solutions that align with personal circumstances.

Lastly, 1.3% of respondents have opted for group insurance. This choice indicates a preference for collective coverage, potentially within a specific organization or affiliation, offering participants the advantages of shared resources and potentially more favorable premium rates.

In essence, the varied preferences and choices made by respondents regarding health insurance premiums. This data serves as a valuable resource for insurance providers and policymakers to understand the diversifying needs and priorities of individuals when it comes to selecting insurance plans.

**Table 3: types of insurance plans of respondents**

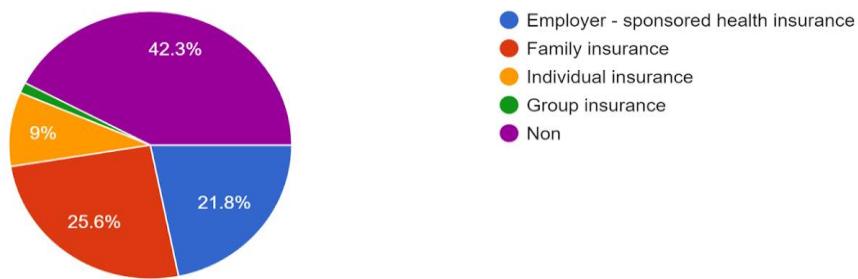
| CATEGORY                | PERCENTAGE | CUMULATIVE PERCENTAGE |
|-------------------------|------------|-----------------------|
| <b>Family Insurance</b> | 25.6%      | 25.6%                 |

|  |       |       |
|--|-------|-------|
|  |       |       |
| <b>Employer-sponsored health insurance</b> | 21.8% | 47.4% |
| <b>Individual health insurance plans</b>   | 9%    | 56.4% |
| <b>Group insurance</b>                     | 1.3%  | 57.7% |
| <b>Non</b>                                 | 42.3% | 100%  |

The following represents the graphical summary of the results.

PART C: What health insurance plan are you on?

78 responses



Source: Primary data

#### 4.4 Challenges faced before taking on insurance coverage

The study has unveiled crucial insights into the challenges encountered by individuals who are not covered by insurance plans. These challenges, as identified in the research, encompass a range of issues that contribute to a significant barrier to quality healthcare access.

At the forefront of these challenges is the burden of high medical costs. The absence of insurance coverage exposes individuals to the full brunt of healthcare expenses, potentially leading to financial strain and deterrence from seeking timely medical attention. This finding underscores the critical role that insurance plays in shielding individuals from exorbitant medical bills that could otherwise jeopardize their financial stability.

Limited regular health checkups emerge as another substantial challenge. Without insurance coverage, individuals might be more hesitant to undergo routine health screenings and checkups, which are pivotal in detecting and addressing health issues in their early stages. This lack of proactive monitoring could lead to undiagnosed conditions progressing to more serious stages, ultimately impacting overall health outcomes.

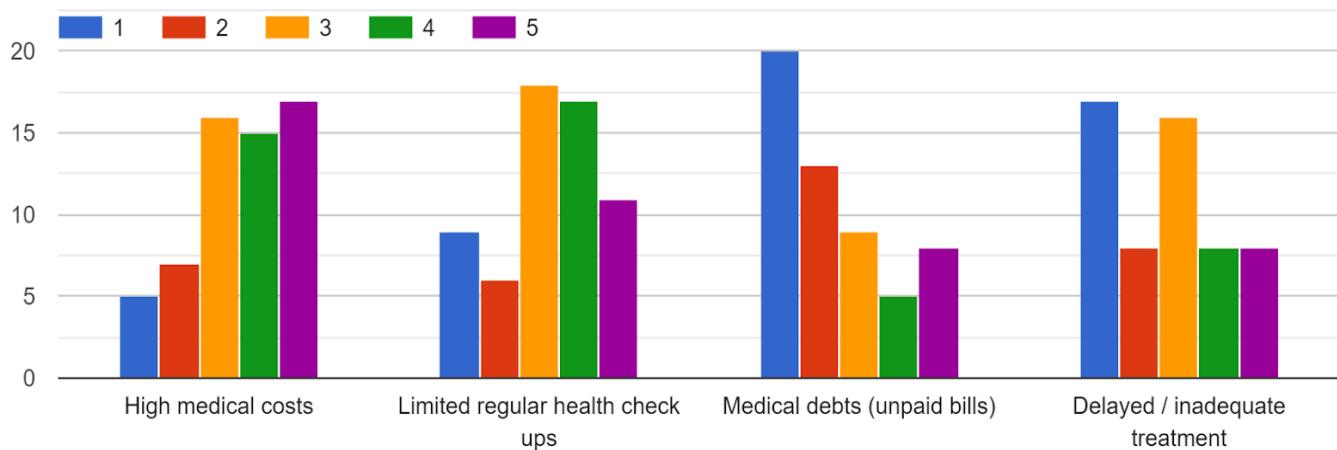
The study also highlights medical debts as a pressing concern. When individuals lack insurance coverage, they are more susceptible to accumulating medical debts due to unexpected healthcare expenses. These debts can have lasting repercussions, including credit issues and strained financial situations, affecting individuals' overall well-being.

Furthermore, delayed treatments are identified as a significant challenge. Without insurance, individuals might postpone necessary medical treatments or interventions due to financial concerns. This delay can lead to exacerbated health conditions, prolonged suffering, and even the escalation of health issues that might have been manageable with timely intervention.

In conclusion, the study's findings illuminate the multifaceted challenges faced by individuals without insurance coverage. These challenges encompass financial strain from high medical costs, limited access to regular health checkups, the burden of medical debts, and the potential for delayed treatments. The graphical representation of these findings adds a visual dimension to the study, underscoring the importance of addressing these challenges to ensure equitable and accessible healthcare for all individuals.

Below is a graphical representation of these findings.

PART D: What challenges did you face before having a health insurance coverage or are you currently facing for not having a health insurance coverage? (1- Very high, 4- High, 3- Moderate, 2- Low, 1- Very Low)



Source: Primary data

#### **4.5 Benefits of health insurance coverage**

The study's findings highlight the substantial benefits of enrolling in health insurance coverage. These benefits collectively contribute to a comprehensive and holistic improvement in individuals' overall quality of life.

One of the primary benefits that respondents recognize is easy access to healthcare. Health insurance coverage ensures that individuals can readily seek medical attention when needed, without the barrier of high out-of-pocket costs. This accessibility to healthcare services enables early diagnosis, timely treatment, and preventive measures, all of which are essential for maintaining good health and preventing the escalation of medical conditions.

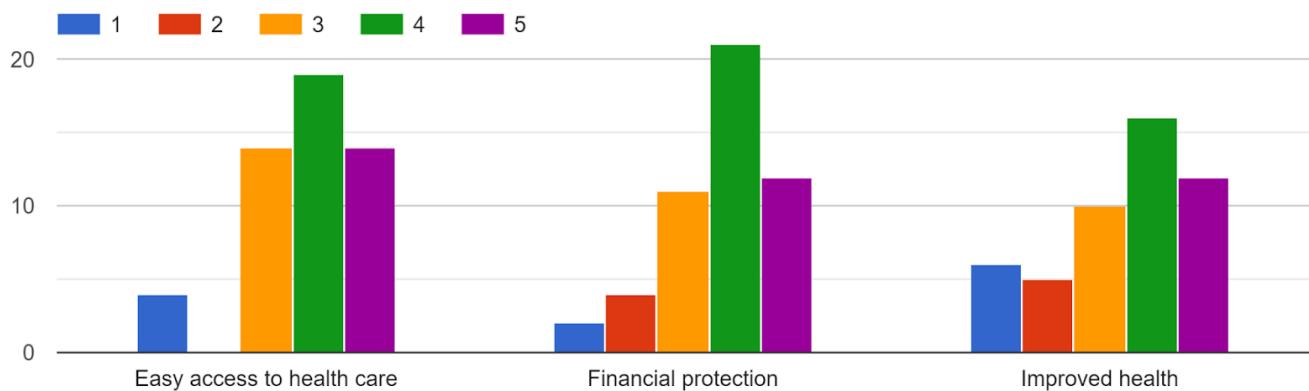
Financial protection emerges as another paramount benefit. Health-related expenses, especially unforeseen ones, can be financially crippling. Health insurance serves as a safety net that shields individuals from the burden of exorbitant medical bills, preventing them from falling into significant debt due to healthcare costs. This financial security not only safeguards their personal finances but also contributes to overall peace of mind and reduced stress.

Furthermore, improved health outcomes stand out as a notable benefit of health insurance coverage. By providing regular access to medical services and treatments, insurance coverage supports individuals in managing and addressing health conditions in a timely and effective manner. This proactive approach can lead to better health management, quicker recovery from illnesses, and the prevention of more severe health complications down the line.

In summary, the study's findings underscore the multifaceted benefits of health insurance coverage. These benefits encompass easy access to healthcare services, financial protection from medical expenses, and improved health outcomes. The graphical representation of these findings visually underscores the positive impact that insurance coverage can have on individuals' lives, health, and financial well-being.

Below is the graphical representation of the findings relating to the benefits of insurance coverage.

If yes, what were the benefits of that health insurance coverage? (5- Very high, 4- High, 3- Average, 2- Low, 1- Very low)



Source: Primary data

#### **4.6 Implications of the research objectives**

##### **4.6.1 Research Objective One**

The research findings revealed several implications for this objective.

Easy access to healthcare. Health insurance coverage ensures that both students and staff have easy access to healthcare services, promoting timely medical attention without financial barriers. This implies that

having health insurance can lead to improved health outcomes by facilitating early diagnosis and treatment.

Financial protection. Health insurance acts as a safety net, protecting individuals from the financial burden of high medical costs. This financial protection not only benefits the individuals but also contributes to their overall peace of mind, reducing financial stress. It implies that health insurance can alleviate financial strain caused by healthcare expenses.

Improved health outcomes. The study indicates that health insurance leads to improved health outcomes by providing regular access to medical services and treatments. This implies that individuals with health insurance are more likely to manage and address health conditions effectively, resulting in better health management and quicker recovery from illnesses.

#### **4.6.2 Research Objective Two**

The research provided insights into the types of health insurance coverage chosen by students and staff, leading to the following implications.

Diversity of choices. The study reveals a diversity of choices, including family insurance, employer-sponsored health insurance, individual insurance plans, and group insurance. This implies that individuals have varying preferences when it comes to health insurance, and there is no one-size-fits-all solution.

Family-oriented coverage. A significant portion of respondents opt for family insurance, indicating the importance of extending coverage to dependents. This implies that many individuals prioritize the well-being of their families when selecting health insurance.

Employer involvement. The presence of employer-sponsored health insurance suggests a strong connection between employers and their employees' well-being. This implies that employers play a crucial role in facilitating access to healthcare resources for their workforce.

#### **4.6.3 Research Objective Three**

##### **4.6.3.1 The challenges faced without health insurance coverage**

High medical costs. The study highlights the burden of high medical costs as a significant challenge. This implies a need for policies and initiatives to make healthcare more affordable and accessible, such as subsidies or government-sponsored healthcare programs.

Limited regular health checkups. The absence of insurance coverage leads to limited access to regular health checkups. Possible solutions include promoting preventive care awareness and providing affordable screening programs.

Medical debts. Accumulating medical debts is a pressing concern. Solutions could involve financial education on managing healthcare expenses and the availability of medical debt relief programs.

Delayed treatments. Delayed treatments due to financial concerns can worsen health conditions. Solutions may include expanding access to low-cost or free healthcare clinics for the uninsured and underprivileged populations.

#### **4.6.3.2 Solutions to the challenges**

The following were the possible solutions to address the challenges associated with having no health insurance coverage.

##### **High medical costs.**

Healthcare cost transparency: Promoting transparency in healthcare pricing, allowing individuals to compare costs and make informed decisions.

Subsidies and financial aid. Offering government subsidies or financial aid programs to make health insurance more affordable for low-income individuals and families.

Community health clinics: Expanding the availability of community health clinics that offer low-cost or free medical services to uninsured individuals.

##### **Limited regular health checkups:**

Health education: Increasing health education initiatives to emphasize the importance of regular checkups and preventive care.

Preventive care programs: Developing programs that provide free or low-cost screenings and checkups to underserved populations.

Telehealth Services: Promoting telephone health services for remote and underserved areas, making it easier for individuals to access healthcare advice and consultations.

##### **Medical debts:**

Medical debt relief programs through establishing programs to assist individuals in managing and reducing medical debts, possibly through negotiated settlements or debt forgiveness.

Financial counseling through offering financial counseling services to individuals facing medical debt, helping them navigate and negotiate payment plans.

Regulation of medical billing. Implementing regulations to prevent surprise medical billing and ensure fair and transparent billing practices.

### **Delayed treatments**

Free or low-cost clinics: Increasing the availability of free or low-cost healthcare clinics, especially in underserved areas, to provide timely treatment options.

Public health campaigns. Launching public health campaigns to raise awareness about the risks of delaying medical treatment and encourage early intervention.

Telemedicine expansion. Expanding telemedicine services to enable individuals to consult with healthcare professionals without the need for in-person visits.

### **Promoting Health Insurance Enrollment:**

Education and outreach through conducting educational campaigns to inform individuals about the benefits of health insurance and how to enroll.

Subsidies and incentives through providing financial incentives or subsidies for individuals to enroll in health insurance plans, particularly for those with limited financial means.

Employer involvement through encouraging employers to offer affordable health insurance options to their employees and facilitate enrollment.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter gives a summary of the entire study, draws conclusions and offers recommendations on the likely findings of the benefits of this study.

#### **5.2 Summary**

The main objective of this study was to establish the benefits of health insurance coverage amongst University students of Uganda Christian University. Other objectives were to find out the types of health insurance coverage, challenges faced and necessary solutions.

Uganda Christian University has a population of about 15,000 students. The sample size was 81 derived by purposive sampling since the Krejcie and Morgan (1970) was giving a big sample size. The questionnaire was designed on Google Forms and the link shared across all faculties and schools within UCU so as to collect primary data from respondents across the University, which data was analyzed by Google Forms in the form of descriptive statistics.

The males consisted of 40.7% whilst the females took 59.3% of the total sample size. Majority of the respondents were of the age of 18 to 25 years taking a percentage of 87.7%, respondents with ages between 25 to 32 years taking 11.1% and finally respondents of the age 32 years and above taking the least percentage of 1.8%. The highest number of respondents were Bachelors students taking a percentage of 97.5% and those doing masters taking the remaining 2.5%.

Some of the benefits of health insurance coverage were easy access to health care, financial protection and improved health. Majority of the respondents rated these benefits as being of high importance. Some of the available insurance coverage types were employer – sponsored health insurance taking 21.8%, family insurance taking 25.6%, individual insurance taking 9% and group insurance with 1.3% of the total respondents.

High medical costs, limited regular health checkups, medical debts (unpaid bills) and delayed or inadequate treatment were some of the challenges that come about as a result of not having an insurance coverage. High medical costs taking the lead. The solution therefore of preventing all these challenges was basically signing up for an insurance coverage.

#### **5.3 Conclusion**

In conclusion, this study delved into the benefits of health insurance coverage among the student population at Uganda Christian University. Through a carefully designed methodology involving a sample size of 80 respondents, representing the diverse demographics of the university, we examined the multifaceted impacts of insurance coverage on the well-being of students.

The findings from this study illuminated a spectrum of advantages tied to health insurance coverage. Among the most noteworthy benefits were easy access to crucial healthcare services, ensuring financial protection against unforeseen medical expenses, and contributing to overall improved health outcomes. The significance attributed to these benefits by the majority of respondents underscores the importance of insurance coverage in safeguarding the physical and financial health of the university's student community.

Moreover, the study revealed various types of insurance coverage prevalent among the surveyed population. These included employer-sponsored health insurance, family insurance, individual insurance, and group insurance. While the proportions varied, they collectively highlighted the diverse avenues through which students could secure their health and financial interests.

Nevertheless, challenges persist for those without insurance coverage and yet according to this study, the greatest number of respondents do not have health insurance. High medical costs emerged as the predominant concern, along with limited access to regular health checkups, medical debts, and delayed or inadequate treatment. To address these challenges, the unequivocal solution rests in the adoption of insurance coverage. By encouraging a culture of enrollment in health insurance programs, Uganda Christian University can actively mitigate the burdens that arise from these obstacles.

In essence, the exploration of health insurance coverage within the context of Uganda Christian University highlights not only the tangible advantages that such coverage brings to students but also the collective responsibility of the university to prioritize the well-being and future prospects of its student body. Through strategic action and advocacy, the university can set a precedent for comprehensive student care, enhancing the overall educational experience and nurturing a healthier, more secure academic environment.

#### **5.4 Recommendations**

In the pursuit of academic excellence and personal growth, the well-being of students is paramount. This is especially true in the realm of healthcare, where unforeseen medical expenses can pose significant challenges. The study conducted at Uganda Christian University sheds light on the benefits of health

insurance coverage among its student population. As the findings reveal the profound impact of insurance coverage, a set of necessary recommendations emerges to ensure a healthier, more secure future for the university's students.

One pivotal recommendation is the initiation of comprehensive awareness campaigns about health insurance. By leveraging various communication channels such as workshops, seminars, and social media, the university can impart vital information about the advantages of insurance coverage.

Based on the insights gleaned from this study, it is recommended that Uganda Christian University takes proactive measures to promote health insurance awareness and enrollment. Collaborations with insurance providers, informational campaigns, and offering tailored insurance plans could facilitate increased participation among students. Moreover, fostering partnerships with medical facilities to ensure affordable and accessible healthcare for insured students would reinforce the benefits of insurance coverage.

Addressing potential misconceptions and concerns will foster a clearer understanding among students, encouraging them to explore insurance options proactively.

To resonate with the diverse demographics of the student body, tailored insurance plans are essential. Collaborating with insurance providers to design plans that align with the unique healthcare needs and financial situations of students will increase the relevance of insurance offerings. By providing options that cater to different stages of life and individual preferences, the university can empower students to make informed choices about their health and financial security.

Streamlining the enrollment process for insurance coverage is a pivotal step in maximizing participation. By simplifying procedures and offering user-friendly online enrollment options, the university can remove barriers that might deter students from signing up. This seamless process will ensure that every student has equal access to insurance benefits without unnecessary obstacles.

Additionally, integration of insurance-related information into the university's orientation programs is another key recommendation. By introducing incoming students to the concept of health insurance coverage early in their academic journey, the university can instill a sense of responsibility for their health and well-being from the outset.

Partnerships with local healthcare facilities and clinics are crucial for translating insurance coverage into tangible healthcare access. Negotiating favorable rates and services for insured students will enhance the

overall value proposition of insurance. This collaborative approach ensures that insured students receive regular health checkups, timely medical interventions, and reduced medical costs when needed.

Lastly, fostering financial literacy among students is a foundational recommendation. Incorporating financial education programs into the curriculum will equip students with the knowledge and skills to manage their finances effectively. Understanding insurance premiums, deductibles, and the financial implications of medical emergencies empowers students to make well-informed decisions about their insurance choices.

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## **APPENDICES**

### **BUDGET**

| <b>MONTH</b> | <b>DETAILS</b>                        | <b>AMOUNT</b> |
|--------------|---------------------------------------|---------------|
| July         | Printing rough copy of research study | 10,000        |
| August       | Printing rough copy of research study | 25,000        |
|              | Transport costs                       | 20,000        |
| <b>TOTAL</b> |                                       | <b>55,000</b> |

## QUESTIONNAIRE

### QUESTIONNAIRE

This questionnaire is on the study of the benefits of health insurance coverage which seeks to collect your views on the subject above.

This survey should not take morethan 3 minutes to fill.

The study guarantees complete anonymity and will treat all responses with full confidentiality. I highly appreciate your time and response.

In the event you have any questions, please email me: [fbond2@bsu.edu.com](mailto:fbond2@bsu.edu.com) Thank you.

Griffin Arinaitwe Eddy Researcher, UCU.

\* Indicates required question

1. Please indicate your consent to participate in this research by selecting one of the \* options below.

*Mark only one oval.*

I agree

I disagree

2. PART A: Background information of the respondent. \*

Gender

*Mark only one oval.*

Male  Female

3. Age \*

*Mark only one oval.*

18-25

25-32

32 and above

4. Level of Education (Highest Academic Qualification) \*

*Mark only one oval.*

Bachelors  Masters  Degree  Doctorate

5. PART B: \*

Have you heard of Health insurance before?

*Mark only one oval.*

Yes  No

6. How would you rate your level of understanding of health insurance? \*

*Mark only one oval.*

Very High  High  Average  Low

Very Low

7. Have you signed up for any health insurance plan? \*

*Mark only one oval.*

Yes No

I did, but then signed out

8. If yes, what were the benefits of that health insurance coverage?

(5- Very high, 4- High, 3- Average, 2- Low, 1- Very low)

*Mark only one oval per row.*

1      2      3      4      5

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Easy access to healthcare

---

Financial protection

---

Improved health

---

9. PART C:

What health insurance plan are you on?

*Mark only one oval.*

Employer -  sponsored health insurance Family insurance

Individual  insurance Group  insurance Non

10. Is there any comment you would love to add about this research study?

---

11. PART D:

What challenges did you face before having a health insurance coverage or are you currently facing for not having a health insurance coverage?

( 5- Very high, 4- High, 3- Moderate, 2- Low, 1- Very Low)

*Mark only one oval per row.*

1      2      3      4      5

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Hiigh mediicall costts

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Liimiitted rregularr  
healltth check ups

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Mediicall debttts (unpaid  
biillls)

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Dellayed / iinadequate  
ttrreatmentt



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12. Thank you for taking time off to fill this questionnaire. Blessings.

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*Example: January 7, 2019*

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Google

**LETTER PERMITTING DATA COLLECTION**



## UGANDA CHRISTIAN UNIVERSITY

A centre of excellence in the heart of Africa

### School of Business

July 10<sup>th</sup> 2023

To whom it may concern

Name: ARINA/TWE GRIFFIN EDDY Reg. No. 520B33/001

A bachelor's student who is seeking permission from your office to collect data for his/her dissertation titled

".....ANALYSIS OF THE BENEFITS OF HEALTH INSURANCE COVERAGE."  
A CASE STUDY OF UGANDA CHRISTIAN UNIVERSITY  
We shall be grateful if you could render assistance to him/her in collecting the necessary data for his/her dissertation

The Uganda Christian University School of Business thanks you in advance

A handwritten signature in black ink.

Mukisa Simon Peter  
Research coordinator