

Perception of Health Insurance of Khon Kaen University Students

Bundit Sawunyavisuth*, and Porramin Photipatphiboon.

Department of Marketing, Faculty of Management Sciences, Khon Kaen University, Khon Kaen, Thailand. Bundit Sawunyavisuth, BA,MBA,DBA, Department of Marketing, Faculty of Management Sciences, Khon Kaen University, Khon Kaen, Thailand.

*Corresponding author: sbundi@kku.ac.th, Tel: 66-43-202-401 Fax: 66-43-202-402

Abstract

Background: There are three main types of health insurance system in Thailand including universal coverage (UC), social security insurance, and civil servant medical benefit system. Students at Khon Kaen University (KKU) are automatically received the UC coverage. This study aimed to evaluate if KKU students know their rights for health insurance.

Methods: This study was a survey research conducted on undergraduate students at KKU. An open-ended questionnaire was used to assess if subjects were known and knowledgeable regarding their health insurance during the study at KKU.

Results: There were 400 students participated the study. Almost half of students (189 subjects; 47.25%) were 19 years of age with the range of 18-23 years. Of those, 122 students (30.50%) did not know if they had health insurance or not. Only 26 students (6.50%) knew details of the health insurance for KKU students, while 289 students (72.25%) did not know whether KKU students have health insurance.

Conclusions: Undergraduate KKU students were not knowledgeable about their health insurance. Further campaigns regarding student health insurance should be performed to educate students' rights in health insurance.

Key words: health insurance, universal coverage, college, perception

Introduction

Health insurance is one of important factor for human lives. Uninsured persons may face with both physical and mental issues including delayed treatment [1-4]. Additionally, persons without health insurance tend to use health service fewer than insured persons [5]. In China, elderly disable patients used healthcare service only 36.6% and no medical insurance

coverage was one factor associated with low healthcare use [5].

Healthcare system among countries is different. In the US, co-pay for healthcare service may be needed, while universal drug plan is implemented in Canada [2]. The universal drug plan has been beneficial in terms of increase drug coverage [2]. In Thailand, there are three main health insurance coverage [6]; civil servant

medical benefit system (CSMBS); social security (SS); and universal coverage (UC). The CSMBS is for government employees and their dependents including parents, spouses and up to two children aged <20 years, while the SS is for private sector employees, excluding their dependents. The UC covers the rest of population who are not covered by SS and CSMBS third system and accounted for 75.2% of Thai population.

The UC system has been introduced in Thailand in 2001 [7]. The UC reform has been shown to increase numbers of insured people for at least 13.6 million people [8]. Khon Kaen University (KKU), a leading university in the northeastern Thailand, also provides the UC health insurance coverage for all new students. The data regarding perception of KKU students on their health insurance are limited. This study aimed to evaluate if KKU students know their rights for health insurance.

KKU undergraduate students may have several health insurance including UC, CSMBS, or SS. If students move to the university address, they will be automatically received UC health insurance. These students will use the health care service at KKU university hospitals. Students with other types of health insurance will use any health care facilities according to their insurances.

Methods

This study was a survey conducted at KKU on undergraduate students between April and September

2015. Eligible subjects were undergraduate students who were currently enrolled at KKU. Subjects were randomly enrolled to the study by a convenience sampling method. An open-ended questionnaire was used to assess if subjects were known and knowledgeable regarding their health insurance during the study at KKU. The questionnaire was piloted on 30 students and adjusted afterward. The questionnaire comprised of baseline characteristic data, current health insurance, knowledge of KKU health insurance, and perception of KKU health insurance.

Sample size calculation was performed based on the survey formula. Under the 5% of margin of error, 95% of confidence interval, 50% of response distribution, and the KKU student population of 39,164, the required sample size was 381 [9]. Data were analyzed and presented by descriptive statistics.

Results

During the study period, there were 400 subjects enrolled in the study. The most common age of participated subjects was 19 years (189 subjects; 47.25%). The age range was between 18 and 23 years as shown in table 1. There were 122 subjects (30.50%) did not know their health insurance, while 135 subjects (33.75%) knew that they had the UC health insurance (Table 2). Only 26 subjects (6.50%) heard and knew about health insurance information (Table 3). There were only 111 subjects (27.75%) knew KKU student health insurance (Table 4).

Table 1. distribution of age of all participated undergraduate KKU students.

Age (years)	Number	Percentage
18	38	9.50
19	189	47.25
20	105	26.25
21	29	7.25
22	28	7.00
23	11	2.75
Total	400	100.00

Table 2. Current health insurance of all participated undergraduate KKU students.

Type of health insurance	Number	Percentage
Universal coverage	135	33.75
KKU student health insurance	99	24.75
Civil servant medical benefit system	31	7.75
Social security	6	1.50
Private health insurance	7	1.75
Did not know	122	30.50
Total	400	100.00

Table 3. responses to question if you have ever received information regarding KKU health insurance; if so, do you remember details or information of KKU health insurance.

Responses to questions	Number	Percentage
Yes and remember the information	26	6.50
Yes but partly remember	163	40.75
Yes but do not remember at all	67	16.75
Never	144	36.00
Total	400	100.00

Table 4. perception of KKU health insurance.

Perception of KKU health insurance	Number	Percentage
Yes	111	27.75
No	289	72.25
Total	400	100.00

Discussion

This study showed that undergraduate KKU students were not knowledgeable about health insurance; 30.50% of students did not know their current health insurance (Table 2), 36.00% never heard about KKU student health insurance (Table 3), and 72.25% did not perceive KKU student health insurance (Table 4).

Even though health insurance does not have significant effects on health [10], uninsured people tended to have fewer hospital visits by 7% and spent money on health service more than insured people (\$305 versus \$235). Additionally, delayed medical care was more common in uninsured patients by 12 times resulting in longer lengths of hospital stay [11]. Self reported poor health status was also higher in uninsured people (9.5% vs 3.6%; p < 0.05) in midlife subjects [12].

There are some limitations in this study. First, due to method of sampling, most subjects had age between 19 and 20 years. The results of this study therefore may not reflect the overall population of KKU undergraduate students. Second, some personal factors are not included in the study such as history of co-morbid diseases, or history of hospital visits. These factors may affect perception of student right on healthcare. Third, major of study may also influence the perception; health science students may be more alert regarding insurance perception.

KKU has a health policy of universal coverage for all undergraduate students. Health insurance has been shown to improve access to healthcare [13]. The main issue for KKU students is knowledgeable of their health insurance provided by the

school (Table 2-4). This may be explained by low awareness of health status. Unlike the mid-age adults who are more health concern, students are young and healthy. The importance of health insurance for students is for accidents or emergency illnesses. Students therefore should be knowledgeable of this health coverage. KKU should emphasize the importance and availability of the health insurance system for undergraduate students such as health campaigns or conferences. Further qualitative studies on perceptions of student health insurance may be needed.

References

- (1) Levy H, Meltzer D. The impact of health insurance on health. Annu Rev Public Health. 2008;29: 399-409.
- (2) Wang C, Li Q, Sweetman A, Hurley J. Mandatory universal drug plan, access to health care and health: Evidence from Canada. J Health Econ.;44:80-96.
- (3) McLaughlin CG. Delays in treatment for mental disorders and health insurance coverage. Health Serv Res. 2004;39(2):221-4.
- (4) McWilliams JM. Health consequences of uninsurance among adults in the United States: recent evidence and implications. Milbank Q. 2009;87(2):443-94.
- (5) Guo C, Du W, Hu C, Zheng X. Prevalence and factors associated with healthcare service use among Chinese elderly with disabilities. J Public Health (Oxf). 2015. pii: fdv120. (in press).

(6) Kongbunkiat K, Kasemsap N, Thepsuthammarat K, Tiamkao S, Sawanyawisuth K. National data on stroke outcomes in Thailand. J Clin Neurosci. 2015;22(3):493-7.

- (7) Hughes D, Leethongdee S. U n i v e r s a l c o v e r age in the land of smiles: l e s s o n s f r o m T h a i l a n d's 30 B a h t h e a l t h reforms. Health Aff (Millwood). 2007;26(4):999-1008.
- (8) Damrongplasitn K, Melnick GA. Early results from Thailand's 30 Baht Health Reform: something to smile about. Health Aff (Millwood). 2009;28(3):w457-66.
- (9) http://www.raosoft.com/ samplesize.html
- (10) Card D, Dobkin C, Maestas N. The Impact of Nearly Universal Insurance Coverage on Health Care Utilization: Evidence from Medicare. Am Econ Rev. 2008;98(5):2242-2258.

- (11) Weissman JS, Stern R, Fielding SL, Epstein AM. Delayed access to health care: risk factors, reasons, and consequences. Ann Intern Med. 1991;114(4):325-31.
- (12) Johnson RW, Crystal S. Uninsured status and out-of-pocket costs at midlife. Health Serv Res. 2000;35(5 Pt 1):911-32.
- (13) Roby DH, Kominski GF, Cameron ME. Improving access through health insurance coverage and safety net expansion: a review of the literature. Policy Brief UCLA Cent Health Policy Res. 2007;(PB2007-10):1-6.