



**iHE**

**INSTITUTE OF HEALTH ECONOMICS  
UNIVERSITY OF DHAKA**

# **Bachelor Final Year Survey**

**A Report on**  
Health Insurance Scheme for the students of the University of Dhaka

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## **Acknowledgement**

While invaluable experience enriches our understanding, true knowledge flourishes through its practical application. Within the ever-evolving healthcare landscape, Health Economics takes center stage, offering potent insights into the intricate puzzle of resource allocation for optimized outcomes. The Institute of Health Economics at the University of Dhaka, in dynamic partnership with the health ministry, stands as a torchbearer in cultivating this crucial comprehension. Through its diverse portfolio of undergraduate programs, various assignments and tasks are given to the student from time to time to understand the mechanism of Health Economics, laying the groundwork for their development in this prestigious field.

To ensure first-hand experience in the field of health insurance, a survey assignment is given on the topic of “Health Insurance Scheme for the Students of the University of Dhaka”, by the Institute of Health Economics as a part of undergraduate program completion. I wish to express my deepest gratitude to Professor Dr. Syed Abdul Hamid for entrusting me with this valuable assignment. His generosity in providing this opportunity has profoundly enriched my learning experience and fueled my academic journey.

I also extend my sincere appreciation to Md. Mahfujur Rahman for his dedicated mentorship during the research process. His expert guidance not only improved learning experience but also equipped me with a comprehensive understanding of health insurance schemes in University of Dhaka. His contributions have been crucial in expanding my knowledge and enriching research journey.

In conclusion, my gratitude extends to all personnel who played a role in facilitating this task. This report serves as a testament of knowledge and experience gained, which will certainly help in my future endeavors.

## **Introduction:**

Without a well-functioning healthcare financing system, timely access to health services cannot be achieved for the majority of the population. The system itself determines whether people can afford to use health services without any financial hardships when they need them. Thus, recognizing the importance of equitable health systems financing (HSF), the World Health Organization (WHO) committed and recommended that countries develop a financing system so that all people have access to services and do not suffer financial hardship paying for them. Health Insurance is one of the most vibrant mechanisms towards robust health care financing which has substantial importance i.e. to enhance the utilization of health care, to leverage economic efficiency, to improve the quality of care, to have better health related outcomes, to motivate, to seek care timely, etc. (Hamid et al. 2015, Randall R. Bovbjerg and Jack Hadley, 2007). Developing nations like Bangladesh are facing the pressing challenge of coming up with creative ways to deal with the rising expense of healthcare and lessen the burden of out-of-pocket payments in the ever-changing landscape of healthcare financing and access. In Bangladesh, the introduction of health insurance has been marked by a cautious and gradual evolution, with the first Group Hospitalization Insurance (GHI) being launched in March 1994 by a leading private life insurance company (Chowdhury, 1999). Despite this initiative, Bangladesh has yet to establish health insurance as a widely accepted mechanism. The absence of a viable health insurance mechanism places a heavy burden on individuals, with out-of-pocket (OOP) expenditures constituting a significant share of the total health expenditure (THE). In light of this, the University of Dhaka's Institute of Health Economics (IHE) launched a ground-breaking experiment in 2018 to create a Group Health Insurance (GHI) program designed especially for university students. This innovative project, the first of its kind in the nation, aims to assess the viability and efficacy of a health insurance program for a subset of students. While health insurance plans are ubiquitous in developed countries, the lack of such plans in many developing nations—including Bangladesh—raises concerns about the feasibility of putting comprehensive healthcare solutions into place. Bangladesh's healthcare system is characterized by a per capita spending far less than that recommended by the World Health Organization, and a startling 74% of medical costs are paid for out of pocket, which is a higher percentage than in nearby nations like Sri Lanka (51%) and India (63%). This reliance on out-of-pocket expenses, especially for noncommunicable diseases, puts initiatives aimed at reducing poverty in real danger by placing millions of people in financial risk and, in the worst-case scenario, impoverishing them. In this challenging scenario, the introduction of a health insurance scheme becomes a critical strategy for making modern healthcare facilities accessible across all socio-economic classes. While debates persist about the viability of implementing social health insurance covering the entire population, the IHE's pioneering step to extend a GHI scheme to university students offers a microcosmic perspective on the potential benefits and challenges of such initiatives.

This article delves into the unique experiment, shedding light on its origins, objectives, and the anticipated impact on students' health and financial well-being. With approximately 1 million students studying at different public and private universities, including Dhaka University, this initiative sets the stage for exploring the transformative potential of health insurance schemes

within the university setting. As I navigate through the rationale behind this innovative approach, will examine the prevailing challenges in the broader insurance sector, including negative attitudes towards insurance, insufficient insurance education, and the absence of innovative insurance products. This experiment aims not only to mitigate these challenges but also to leverage the positive aspects, such as the youth's generally better health status and the expected lower incidence of noncommunicable diseases within this demographic.

## **Literature Review:**

This study examines 180 students' viewpoints on health insurance from a variety of angles, carefully considering multiple aspects with a well-crafted questionnaire. The questionnaire is divided into five sections, each of which sheds light on a different aspect of the experiences and opinions of the respondents. The initial segment explores the socioeconomic status of the participants, gathering significant information that establishes a fundamental comprehension of their history and places their viewpoints on health insurance in context. The second section of our questionnaire intricately examines participants' knowledge and awareness of essential aspects related to the health insurance system. This segment is designed to gauge the depth of their understanding regarding key features, coverage details, and operational mechanisms of the health insurance scheme. The third and fourth sections examine the healthcare utilization behaviors of the participants, making a distinction between inpatient and outpatient care. A more thorough investigation of their beliefs and behaviors regarding the various healthcare services that the insurance plan covers is made possible by this segmentation. In the penultimate section, the participants' perceived experiences with health insurance are examined, with a focus on the concrete benefits they attribute to being covered by such a scheme. The objective of this segment is to record both the qualitative and quantitative aspects of their experiences.

## **Scheme description:**

Health Insurance Initiative for University Students

### **1. Policy Structure and Key Partnerships:**

Under the pioneering initiative facilitated by the Institute of Health Economics (IHE), the policyholder, and Jamuna Life Insurance Company Limited (JLICL) as the insurer, collaborate to offer a comprehensive health insurance scheme. This unique arrangement establishes a compulsory and yearly renewable insurance policy where coverage commences on the first day of enrollment.

### **2. Eligibility and Coverage:**

The insurance scheme is designed for university students aged between 17 and 28 years at the time of enrollment, provided they possess valid proof of student status. In total, 368 regular

students of IHE benefit from this health insurance program, which encompasses both inpatient and outpatient care, as well as life insurance coverage.

### **3. Premium Structure:**

The annual premium per student stands at BDT 330 (USD 3.01), with a balanced contribution mechanism.

### **4. Benefit Package:**

The comprehensive benefit package spans both inpatient department (IPD) care and outpatient department (OPD) care. Coverage includes various medical conditions, with the exception of mental, emotional, or psychiatric disorders, alcoholism, or any other narcotic addiction.

### **5. Inpatient Department (IPD) Care:**

Each student is eligible for an annual reimbursement of up to BDT 70,000 (USD 637.56) for IPD care, at a rate of BDT 10,000 (USD 91.08) per day. This coverage encompasses room rent, hospital services, surgical expenses, consultation fees, diagnostic bills, and medication during the hospitalization period. Claimants are required to submit essential documents, including hospital discharge certificates, physician's prescriptions, diagnosis reports, and hospital bills.

### **6. Outpatient Department (OPD) Care:**

For OPD care, students are entitled to an annual reimbursable coverage of BDT 10,000 (USD 91.08). This covers physician consultancy fees, medical investigations, prescriptions (with fixed fees), and diagnostic bills. In case of purchase of medicines prescribed by the doctor, one month bill will be given for the first time, thereafter as per the advice of the doctor.

### **7. Life Insurance Coverage:**

In the unfortunate event of a student's demise due to reasons other than suicide or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), the family receives a lump sum amount of BDT 100,000 (USD 910.81) from the insurance company.

### **8. Administration and Claim Process:**

The benefit ceiling and premium rate were established through consultations with the students, ensuring alignment with their needs. The premium rate was determined through competitive bidding, fostering transparency and efficiency. Claimants submit their claims to their respective department/institutes' desk officer, who facilitates the insurance initiative. The insurance company's designated official collects and processes claims through the mobile banking system, streamlining the reimbursement process.

This scheme not only prioritizes the health and well-being of university students but also demonstrates a collaborative effort between the academic institution and the insurance provider to foster a robust and accessible healthcare framework.

## **Rationale of the Study:**

**University students aged 18-27 represent a critical demographic for achieving sustainable development in Bangladesh.** Their health security directly impacts their individual productivity and community engagement, vital factors in propelling economic growth. Dhaka University students, in particular, boast a diverse socioeconomic, religious, and regional composition, making them ideal catalysts for social change.

**Robust health care financing is a cornerstone of Universal Health Coverage (UHC).** Health insurance is a key component in fostering financial access to healthcare and ultimately achieving UHC. Bridging the knowledge gap surrounding health insurance and cultivating a positive public perception are crucial for its widespread adoption.

**Targeting university students, influential within their communities, emerges as a strategic approach for effective health insurance dissemination and mobilization.** Their receptiveness to new ideas and potential for peer-to-peer outreach make them ideal ambassadors for this cause. By empowering and equipping these students with knowledge and resources, we can leverage their social capital to drive impactful change and propel Bangladesh towards UHC.

## **Scope of the study:**

This research, undertaken at Dhaka University, aimed to explore the perceptions and attitudes of students towards health insurance as a robust method for healthcare financing. It is noteworthy that such introspective studies could be extended to encompass students in various public and private universities throughout Bangladesh, which collectively represent approximately 3 million students pursuing undergraduate or graduate programs (according to the UGC report of 2014).

Moreover, beyond the borders of Bangladesh, the age group of 18 to 27 in university settings, particularly in developing nations or those grappling with fragile healthcare financing systems, could serve as a target demographic. The objective would be to include them in a framework that ensures equitable, affordable, accessible, and high-quality healthcare services—a fundamental universal human right. This can be achieved by not only disseminating information but also implementing health insurance mechanisms, with a strong emphasis on translating policies into actionable measures.

**Description of Study Area:** Dhaka University, the nation's premier public research institution, served as the setting for this investigation. With an astounding 83 departments, 13 institutes, 37018 students, 56 research centers and bureaus, and one medical center, it is now Bangladesh's biggest public research university. Investigating the opinions of students on the university-provided health insurance programme was the goal of this study. Understanding the concerns of university students, who may be seen as the country's future growth leaders, is essential when it comes to health insurance. Current students from several departments and institutes, ranging from first-year undergraduates to master's degree candidates, voluntarily filled out questionnaires to help with this research.

### **Challenges and Limitations:**

Embarking on the data collection journey for a Health Insurance Scheme among the students of University of Dhaka we have got to unfurl a tapestry of challenges. Those challenges and limitations include –

- 1. Limited Awareness:** Many of the students have lack awareness about the importance of health insurance, which led us to challenges in collecting data due to low participation.
- 2. Inadequate Health Education:** Limited access to health education programs also might contribute to a lack of understanding about the benefits of health insurance.
- 3. Cultural Stigma:** Cultural beliefs and stigmas surrounding health discussions also a limitation that can lead to hesitancy among students to disclose personal health information, impacting the reliability of collected data.
- 4. Limited Healthcare Facilities:** Insufficient access to healthcare facilities near the university may result in delayed or less effective healthcare facilities/insurance coverage. That's why most of the students have preferred taking care from private clinics or somewhere else.
- 5. Privacy Concerns:** Concerns about the privacy and security of personal information have discouraged students from actively participating in data collection initiatives for health insurance.
- 6. Unstable Conditions:** Students face various kinds of unstable conditions in their regular life which may also make it difficult to have the proper cooperation from their sides. That can be impacting the accuracy of the data collected.

Addressing these challenges involves targeted awareness campaigns, financial support programs, culturally sensitive approaches, can tailor an unique circumstance regarding the Health Insurance Scheme for the students of the University of Dhaka. These limitations and challenges may vary depending on the specific context and methodology of the research:

- **Sample Representativeness:**
  - Challenge: The sample may not accurately represent the entire student population of Dhaka University.

- Limitation: Limited generalizability of findings to the broader student community or other demographic groups.
- **Self-Report Bias:**
  - Challenge: Reliance on self-reported data may introduce biases such as social desirability bias or recall bias.
  - Limitation: Inaccurate or skewed responses may affect the reliability and validity of the study's results.
- **Causation vs. Correlation:**
  - Challenge: Establishing a causal relationship between variables can be challenging in observational studies.
  - Limitation: The study may be limited in drawing definitive conclusions about the factors influencing perceptions and attitudes towards health insurance.
- **Response Rate and Non-Response Bias:**
  - Challenge: Low response rates or selective non-response can introduce bias.
  - Limitation: The study results may not accurately reflect the views of non-responders, potentially leading to an incomplete picture.
- **Limited Scope of Variables:**
  - Challenge: The study may focus on a limited set of variables, potentially overlooking other relevant factors influencing perceptions.
  - Limitation: The analysis may not capture the full complexity of factors shaping attitudes towards health insurance.
- **Social Desirability Bias:**
  - Challenge: Respondents may provide answers that they perceive as socially acceptable rather than their true opinions.
  - Limitation: The findings may be skewed if respondents feel pressured to conform to societal expectations.

## **Methodology:**

**Objective:** The following study aims to exhibit how much information the students of the University of Dhaka have about health insurance and their viewpoint regarding the whole system. It will be beneficial for us to make any further policy implication and developing the sector further.

**Data Collection:** The data have been collected primarily through an annual survey. Total 180 students took part in the survey in order to show their perspective on the insurance system. I took the students from various departments to complete the study apart from Institute of Health Economics to get an overview on how much idea about insurance the students from other departments possess. To avoid biased result, I avoided taking more than 5 students from a specific department. In the survey, attempts were made to interview all of the undergrad (first year through fourth year) and master's students of the University.

The provided questionnaire for the survey elicited some specific areas such as data about socioeconomic status, information regarding health insurance scheme, taking inpatient and outpatient care within a particular time and the attitude towards insurance. The annual survey was administered within the second week of December. A bunch of students declined to be a part of the survey as they thought the questionnaire provided was too lengthy and time consuming. While a lot of them reciprocated and some were curious about the whole system. Few of them had ideas about insurance precisely and they made a conversation with us regarding the process about what can possibly be done to expand the sector. A large number of the students had no clue that insurance is a thing in the University.

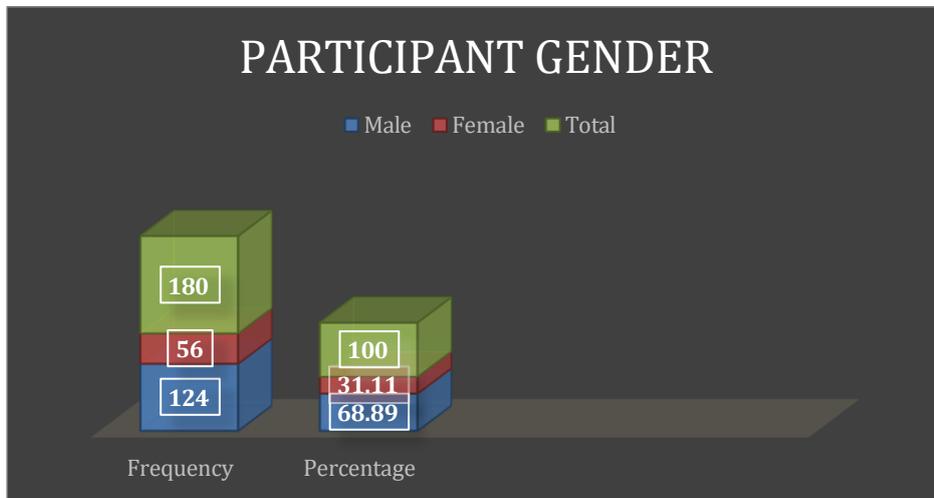
**Data Analysis:** Both qualitative and quantitative data was analyzed using simple statistical methods like frequencies, percentages, discussions using MS Excel and Stata. All of the data are reported in tables and shown through graphs. Afterwards narrative descriptions of the results have been provided specifically for each different research question. The results are further discussed to understand the pattern of the data and to summarize the study findings. Based on the results an appropriate recommendation is given.

### **Findings of the Study:**

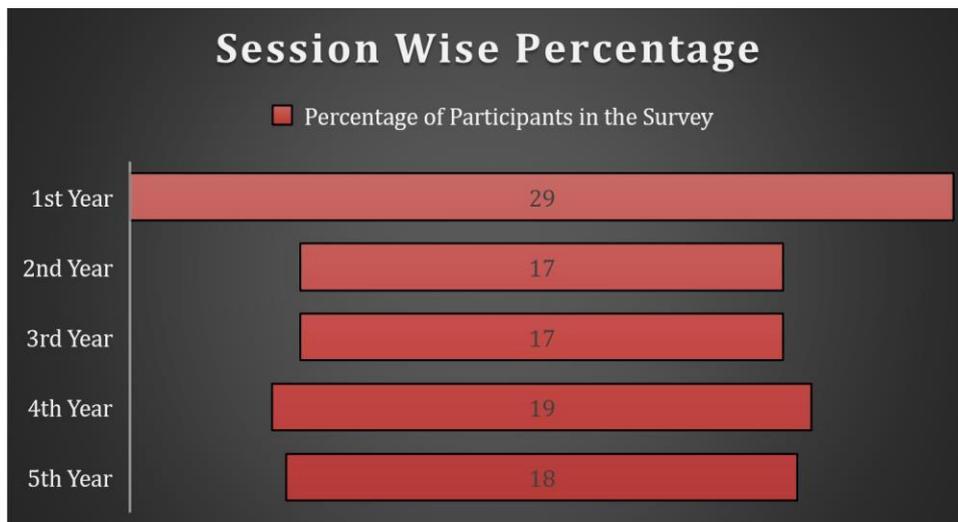
The study was based on some various significant socio-economic factors as well as factors like students' academic session, Religion, Socio-economic/Financial status, Gender etc. Like for the first point as I addressed here socio-economic status of the students which relies on participants Gender, as we see data shows among 180 participants, 124 were male and the rest 56 females. The data indicates the proportion of males and females in the sample, with males comprising nearly 69% of the total and females making up about 31%. It's a straightforward distribution that provides a clear overview of the sex distribution in the dataset. In the very next we see the highest number of the interviewed recipients were from first year, with 29 percentage. 19% of the students **were** from fourth year and they were second in number. Masters' students' participation rate was 18% and lastly both second- and third-years students participating were 17%.

## 1. Socio economic status of the students:

### □ Participant gender:



- **Session Wise Participants:** Let's see the percentages of interviewed participants session-wise.

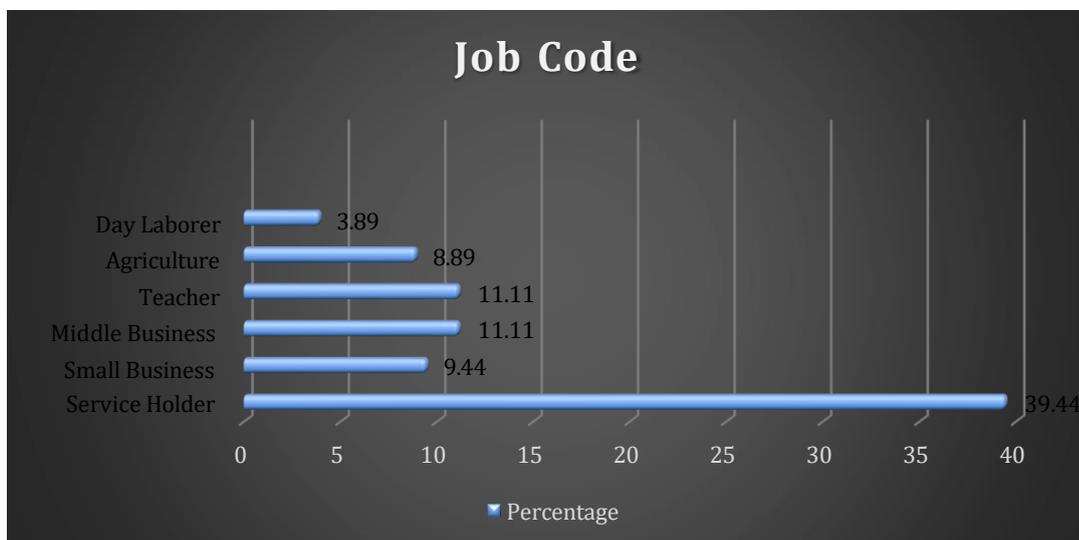


### □ Family expense and income:

The students from different socioeconomic status were included for the interview. Where, there were students whose monthly family income is only 6000 BDT (\$54.72) and expense 4000 BDT and also some whose family earn more than 200000 BDT and spends almost 150000 BDT. Approximately half of the population falls below the income threshold of 30000, while the other half falls above it. The income value of 4000 occurs with the highest frequency, appearing just 5 times, which accounts for 2.8% of the total observations. In general, the data indicates an unequal distribution of income, with most persons falling within the 30000-35000 income range and a small number of outliers earning significantly higher earnings.



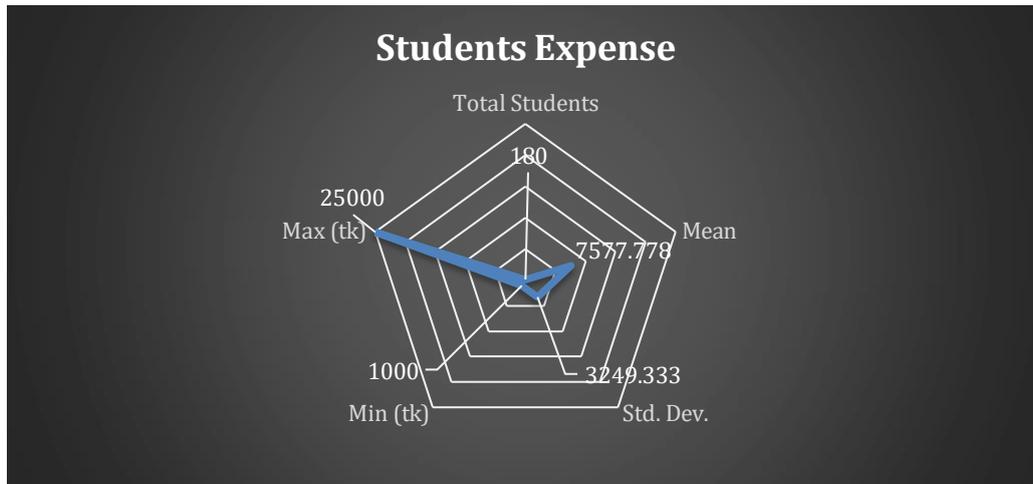
Here are some of the professions that I got from the survey. These results provide insights into the distribution of job codes within the study. The percentages indicate the proportion of each job category relative to the total number of individuals. The majority of individuals are service holders (39.44%), followed by middle business and teachers, both with 11.11%. Agriculture and small business account for 8.89% and 9.44%, respectively. Day laborers represent the smallest percentage at 3.89%. The results give a clear picture of the occupational distribution within the data.



#### □ Student's expense:

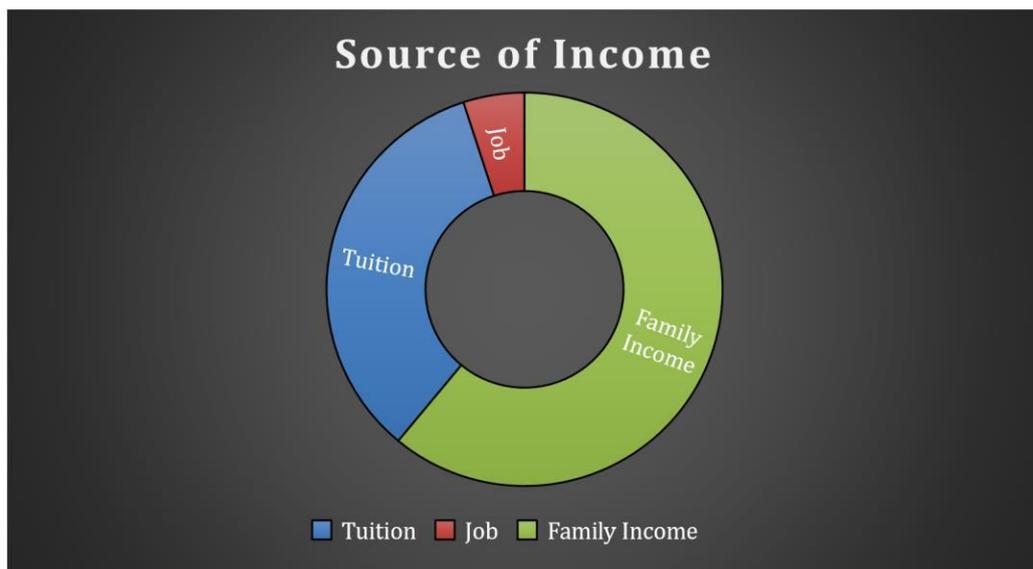
This information gives a summary of the distribution of student expenses. The mean provides an average spending value, while the standard deviation indicates the degree of variability around that average. The minimum and maximum values give insights into the range of expenses observed in the dataset. In summary, on average, students in the dataset spend around 7577.778 BDT with a standard deviation of 3249.333 BDT, suggesting some variability in

spending patterns. The range of individual student expenses spans from a minimum of 1000 BDT to a maximum of 25000 BDT.



**Source of income (student): total student= 180**

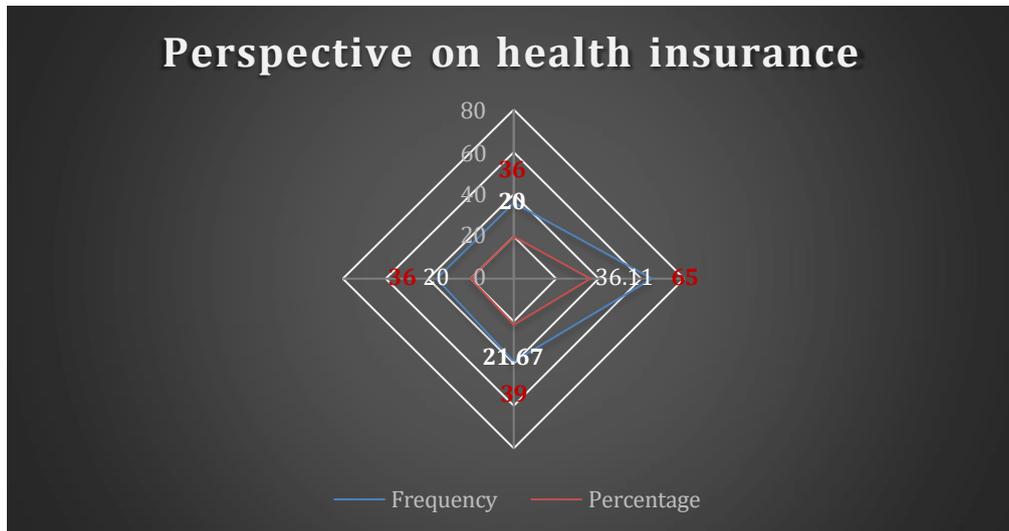
The main source of income of the selected students were mostly the income of family. **61%** of the students go by the income of family. Although **34%** of the students do tuition for their source income and **5%** some job.



## 2. Views on Health Insurance:

Now while conducting the survey, we found that, 119 (66.11%) students knew about the health insurance scheme in University of Dhaka and 61 (33.89%) had no idea about it. And out of that 66.11%, 54.4% knew where to reach to get information about the health insurance.

### □ Perspective on health insurance:



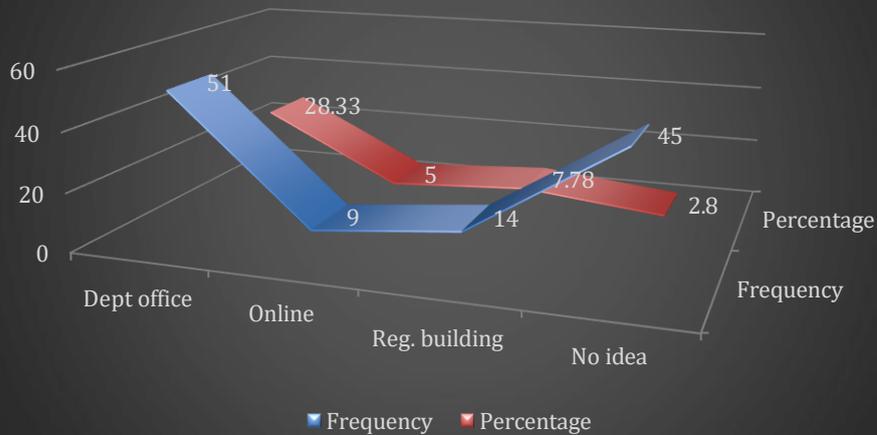
36.11% of respondents, who make up the largest group, believe that health insurance is fair. 20% of those surveyed think health insurance is helpful. A further 21.67% of participants believe that health insurance is somewhat helpful. Twenty percent of those surveyed say they know nothing about health insurance.

These results point to a diverse range of opinions regarding health insurance among the sample, with a sizable fraction expressing a fair view and those who find it fairly useful and useful coming in second and third. Notable is the group of respondents who had no idea what health insurance was, suggesting that some of them might benefit from additional information or education on the subject.

### □ Information about Health Insurance:

A sizable percentage of people favor or are used to submitting papers straight to the department or institute office which is the most common. The proportion of respondents who choose to submit their papers online is lower (5.00%). This could point to a move toward electronic submission techniques. 7.78% of respondents say they turn in their papers at the registrar building, which may be a dedicated paper-submission administrative hub. A sizeable percentage of respondents (25.00%) say they are unaware of the submission procedure. This could indicate a lack of knowledge or understanding of the available submission methods.

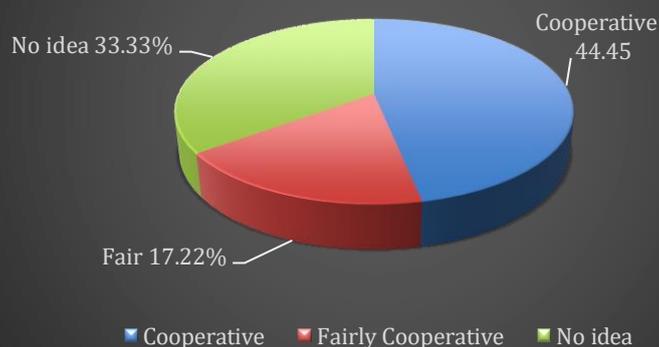
## Information about Health Insurance



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Also, while filing papers, 17.22% students said their department/institute are fairly cooperative. 33.33% student never claimed insurance or doesn't know about how their dept or institutes cooperates.

## Department/Institute's Cooperativeness



▪ **Yearly Premium for Health Insurance:**

Premium (BDT)	Frequency	Percentage (%)
200	1	0.56
250	4	2.22
270	7	3.89
274	1	0.56
275	2	1.11
277	2	1.11
278	1	0.56
279	1	0.56
283	1	0.56
300	2	1.11
315	2	1.11
320	12	6.67
325	2	1.11
330	8	4.44
334	5	2.78
335	1	0.56
350	1	0.56
374	4	2.22
99	62	34.44

While asking about the premium amount for health insurance, 34.44% have no idea about it. Only 4.44% wrote the exact amount and another 2.78% gave the correct answer but they included the mobile banking payment fee. Which leaves at that 62.78% of the recipients don't know about the appropriate insurance premium amount.

**The WTP Premium Amount if more than 330 BDT:**

Premium (BDT)	Frequency	Percentage %
1000	2	1.11
300	4	2.22
330	1	0.56
350	6	3.33
380	1	0.56
390	1	0.56
400	7	3.89
450	1	0.56
500	11	6.11

After asking about the premium amount 330 BDT, the suggested amount the students gave is in the table above.

400-500 BDT seemed a feasible amount as most of them preferred this amount. Although some were willing to pay 1000 BDT also which is the ceiling amount.

### 3. IPD care:

Hospital admission	Frequency	Percentage %
Admitted	23	12.78
Not admitted	157	87.22

The distribution of people in the study according to their hospital admission status is shown by these results. Of the people in the sample, 12.78% have hospital admissions under their names. 82% of the people in the sample, the majority have not been hospitalized.

- **Cost in IPD care:**

Cost (BDT)	Frequency	Percentage (%)
10,000	2	1.11
12,000	1	0.56
1,500	1	0.56
20,000	1	0.56
20,000	2	1.11
27,000	1	0.56
3,000	3	1.67
30,000	2	1.11
4,000	1	0.56
40,000	1	0.56
4,500	2	1.11
500	1	0.56
50,000	1	0.56
70,000	1	0.56
80,000	1	0.56
8,000	2	1.11

The dataset shows the range of costs related to In-Patient Department (IPD) care from 500 BDT to 200,000 BDT. It contains multiple instances of costs such as 10,000 BDT, 20,000 BDT,

3,000 BDT, 8,000 BDT, and 4,500 BDT. IPD care came at an average cost of 35,031.25 BDT. It had a median cost of 16,000 BDT. Three times, the most common expense for IPD care was 3,000 BDT. Some costs in the dataset have a frequency of 1, which suggests that they are less frequent. It shows representations of a range of amounts, indicating a diverse cost distribution.

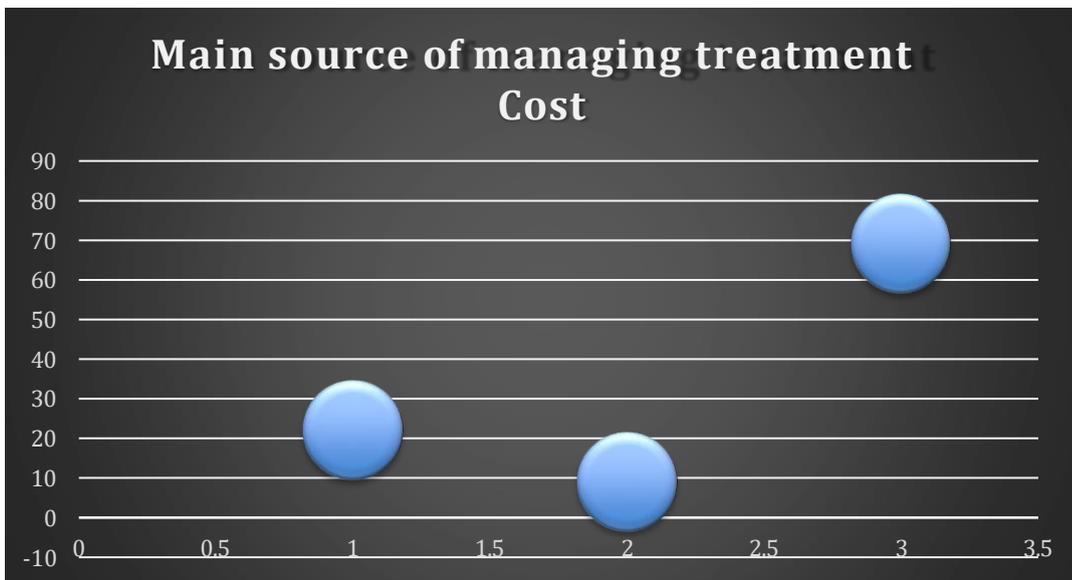
This data sheds light on how the expenses of In-Patient Department care were allocated within the sample.

- **Source of managing expenses for IPD:**

Category	Frequency	Percentage
Family income	16	8.89%
Family Savings	5	2.78%
Loan	2	1.11%

8.89% of the recipients managed the expense of the hospital care through the running family income. Whereas, 2.78% had family savings to bear the cost. Only 1.11% had to take loan in order to receive the care.

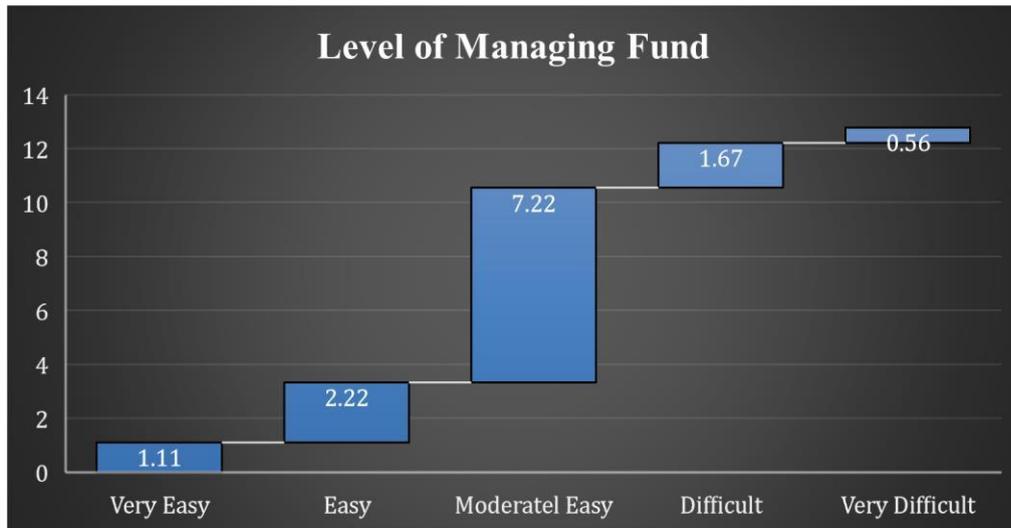
Although most of the recipients, around 87.22% did not even avail IPD care.



- **Level of managing fund for treatment:**

The data shows that for most of the recipients that took the IPD care, it was moderately easy to manage the fund. 7.22% reported this. It was easy for 2.22% and difficult for 1.67%. The people

financially stable, 1.11% had no problem bearing the cost. For a small number which is 0.56% bearing the cost was really difficult for unstable financial condition.



#### Claimant and Non-Claimant of insurance for IPD care:

Insurance (IPD care)	Frequency	Percentage%
Claimant	14	7.78
Non-claimant	9	5.00

7.78% of the people did claim for insurance while receiving IPD care. 5% didn't ask for it. But the majority claimed before 1 July of 2023.

#### 4. OPD Care:

The data reveals insights into the healthcare status of a given population based on Outpatient Department (OPD) care.

OPD care	Frequency	Percentage%
Sick	79	43.89
Not sick	101	56.11

Nearly half of the people, or 43.89% (79 individuals), say they are ill and have visited the OPD. Conversely, 56.11% (101 individuals) of the population has not used OPD services and is not ill at this time.

<b>Disease</b>	<b>Frequency</b>	<b>Percentage</b>
1	39	21.67
10	2	1.11
11	7	3.89
13	1	0.56
14	1	0.56
16	1	0.56
17	1	0.56
19	2	1.11
21	3	1.67
3	4	2.22
4	6	3.33
6	1	0.56
7	5	2.78
8	2	1.11
9	2	1.11

The information shows how different diseases, each denoted by a unique code, are distributed within a given population. With 21.67% of the cases, Disease Code 1 (fever, cold and cough)

is the most common, suggesting a comparatively higher frequency than other illnesses. A variety of diseases are also highlighted in the dataset, with frequencies ranging from 0.56% to 3.89%. Despite the prevalence of Code 1, the variety of illnesses points to a complex health picture among the population.

**OPD Treatment:**

<b>Treatment</b>	<b>Frequency</b>	<b>Percentage %</b>
Taken	59	32.78
Did not take	20	11.11

The table presents information on the treatment status within a given population, indicating the frequency and corresponding percentages. Specifically, 32.78% of individuals have taken treatment, amounting to 59 cases, while 11.11% have chosen not to undergo treatment, totaling 20 cases.

**Cost in OPD:**

<b>Cost</b>	<b>Frequency</b>	<b>Percentage%</b>
0	2	1.11
100	1	0.56
1000	8	4.44
10000	3	1.67
1500	2	1.11
15000	1	0.56
16000	1	0.56
175	1	0.56
18000	1	0.56
2000	4	2.22
225	1	0.56
300	3	1.67
3000	3	1.67
3400	1	0.56
3500	2	1.11
4000	5	2.78
4500	1	0.56
50	2	1.11
500	2	1.11
5000	8	4.44
5100	1	0.56
6000	2	1.11
8000	2	1.11

The dataset presents a wide range of financial considerations and provides a detailed breakdown of treatment costs within the surveyed population. Interestingly, a significant portion of cases (1.11%) include people who were treated for free, indicating that free or subsidized healthcare services may be available. On the other hand, a sizable fraction of cases (4.44%) had treatment costs exceeding BDT 1000, suggesting a moderate financial commitment for a sizeable segment of the population. Furthermore, there is variation in the distribution, with several cases covering a broad range of price points, from BDT 50 to BDT 18,000. This diversity highlights the disparities in healthcare spending across the community and emphasizes how critical it is to recognize and remove financial barriers to healthcare.

**Doctors fee:**

Fee	Frequency	Percentage
0	12	6.67
10	1	0.56
1000	11	6.11
1500	1	0.56
20	1	0.56
200	2	1.11
2000	2	1.11
2400	2	1.11
2500	1	0.56
30	1	0.56
300	4	2.22
4000	1	0.56
50	1	0.56
500	9	5.00
5000	1	0.56
700	3	1.67
800	1	0.56

A detailed breakdown of fees associated with healthcare services, presenting the frequency and corresponding percentages for various fee categories can be seen on the above table. A substantial portion of cases (6.67%) indicates healthcare services provided with no associated fees, possibly reflecting instances of free or subsidized medical care. Various fee categories are represented, with a range of values from BDT 10 to BDT 5000, illustrating the diversity in healthcare costs within the community. Notably, BDT 1000 emerges as a common fee category, with 6.11% of cases falling into this bracket.

**Cost of medicine OPD:**

<b>Cost</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Cum.</b>
.	126	70	
0	3	1.67	71.57
1000	8	4.44	76.11
1200	1	0.56	76.67
1500	5	2.78	79.44
1600	1	0.56	80.00
175	2	1.11	81.11
1800	1	0.56	81.67
200	3	1.67	83.33
2000	9	5.00	88.33
300	3	1.67	90.00
3000	3	1.67	91.67
4000	1	.56	92.22
4500	1	.56	92.78
50	1	.56	93.33
500	4	2.22	95.56
5000	3	1.67	97.22
600	2	1.11	98.33
700	2	1.11	99.44

900	1	0.56	100.00
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The data presents a wide range of financial considerations and paints a detailed picture of healthcare costs within the surveyed population. Interestingly, a sizable percentage of cases (70.00%) show no associated costs, indicating that most people have access to free or subsidized healthcare services. There is a large range of brackets in the cost distribution, from 50 BDT to 6000 BDT, and different percentages for each category. Cumulatively, the data demonstrates a progressive coverage of cases, with 92.78% of instances covered within the first 20 cost brackets.

### Cost of diagnosis:

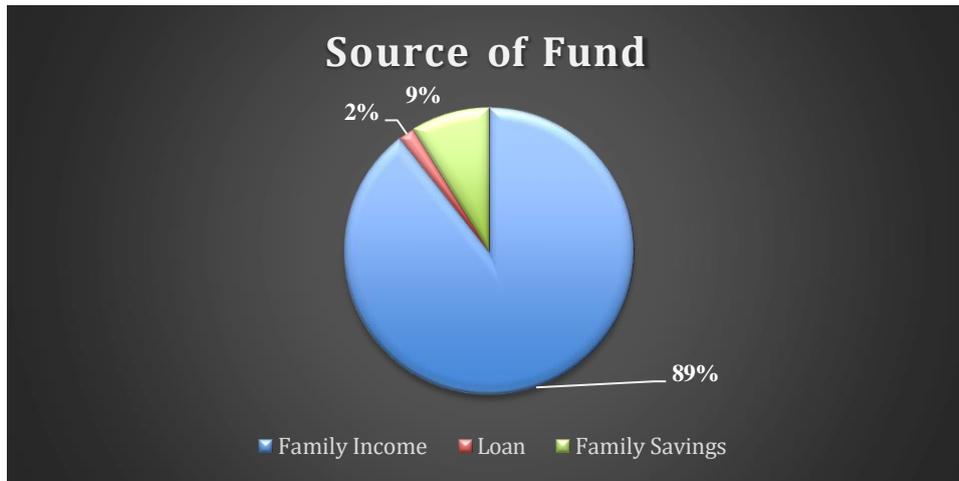
Fee	Frequency	Percentage
0	12	6.67
100	11	6.11
1000	8	4.44
120	2	1.11
200	8	4.44
300	3	1.67
40	1	0.56
400	2	1.11
50	2	1.11
500	5	2.78
80	1	0.56

The information gives a thorough picture of healthcare costs in the population surveyed, including information on the frequency and matching percentages of different fee categories. Interestingly, the most common fee category is 0 BDT, which represents 6.67% of cases. This suggests that a sizeable percentage of people receive free or subsidized medical care. Other well-known fee ranges are 100 BDT (6.11%) and 1000 BDT(4.44%), indicating that different people have different financial obligations for healthcare.

The range of fees from 40 BDT to 1000 BDT illustrates the variety of financial factors that people consider when seeking medical care. Notable examples of 200 BDT and 500 BDT fees, which account for 4.44% and 2.78% of cases, respectively, contribute to the nuanced understanding of the financial landscape.

**Source of fund OPD:** The information on the sources of funding for care provided by Outpatient Departments (OPDs) reveals a complex financial environment among the population surveyed. In particular, family income (Source 1) accounts for 28.33% of cases and is the most common funding source. This emphasizes how much OPD care costs are paid for out of personal financial resources. Family savings (Source 2) only contributes 2.78% of the total cost of healthcare, suggesting that outpatient services are not frequently paid for with

saved money. Similarly, loans (Source 3), which represent 0.56% of total loans, show that OPD care is largely paid for with borrowed money.



OPD insurance Claim:

Insurance Claimed	Frequency	Percentage
Yes	3	1.67
No	39	21.67

Out of the surveyed population, 1.67% of individuals have claimed insurance for their OPD expenses, while the majority, representing 21.67%, have not made any insurance claims.

**Insurance service grant:**

Grant	Frequency	Percentage
Yes	2	1.11
No	1	.89

A small percentage of the surveyed population, specifically 1.11%, has received insurance service grants, while 0.89% have not.

Money granted: 10000 BDT, 4500 BDT. Money granted after 25 and 38 days.

**Reason for failing to claim:**

Issues	Frequency	Percentage
No idea about insurance	9	5.00
Unaware of the process	12	6.67
Necessary papers not kept	17	9.44
Disease not in list for claim	1	.56

Several contributing factors are revealed by the data on the reasons why outpatient department (OPD) expenses are not claimed by insurance. Notably, 5 percent of respondents said they didn't know anything about their insurance, and 667 percent said they didn't know how the claims process worked. Furthermore, a sizable portion of respondents (9.44%) stated that they were unable to file an insurance

claim because they lacked the required paperwork. These results highlight the significance of improving insurance policy communication and education, as well as the necessity of maintaining organized records of all necessary information. Moreover, a smaller proportion (0.56%) reported that the insurance claim list did not cover their particular disease, indicating the need for people to be aware of the extent and limitations of their coverage.

### 5. Implementation of Health insurance and its future:

Level of health care if insurance is implemented:

Opinion	Frequency	Percentage %
Very easy	18	10.00
Easy	61	33.89
Moderately easy	38	21.11
Somewhat easier	28	15.56
Hard	6	3.33
No answer	29	16.11
Total	180	100.00

A questionnaire was provided to gather the students' perspectives on the extent to which their level of concern has been altered when utilizing the health insurance program. The options are categorized into six sections: very easy, easy, moderately easy, considerably easier, hard, and no answer. The majority of students chose the first, more straightforward option, indicating that the insurance is already seen positively by students. Insurance would enhance students' accessibility to medical care, even in the event of illness, by increasing their affordability. This could lead to earlier diagnosis and treatment of diseases, which could improve overall health outcomes.

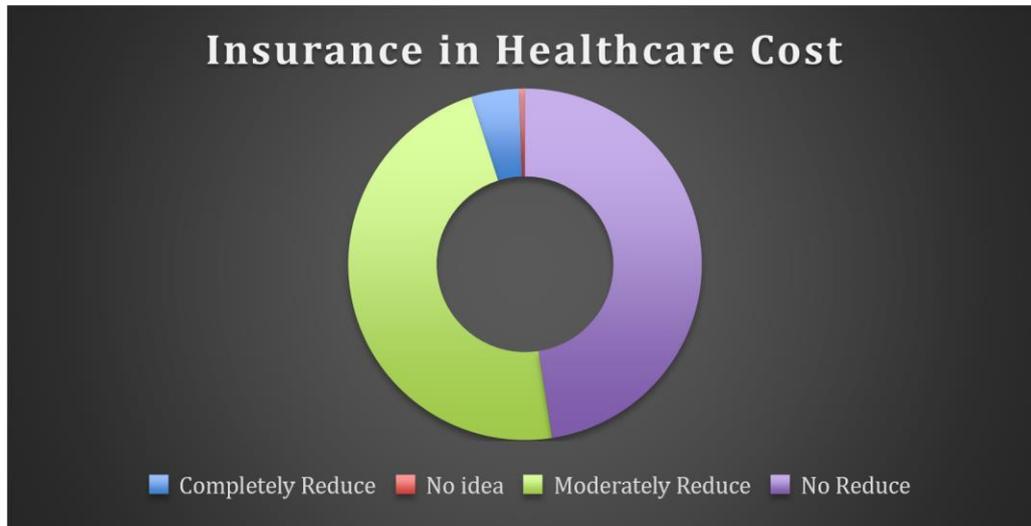
### Level of health care cost when insurance is implemented:

View	Frequency	Percentage %
Very easy	16	8.89
Easy	52	28.89
Moderately easy	48	26.67
A little bit easy	31	17.22
Hard	6	3.33
No answer	27	15.00
Total	180	100.00

The table presents survey data on the difficulty levels of managing health care costs when insurance is implemented. The most common difficulty level is "easy", with 28.89% of respondents stating it is easy to manage. The next most common difficulty level is "moderately easy", with 26.67% stating it is moderately easy. A smaller percentage of respondents rated it

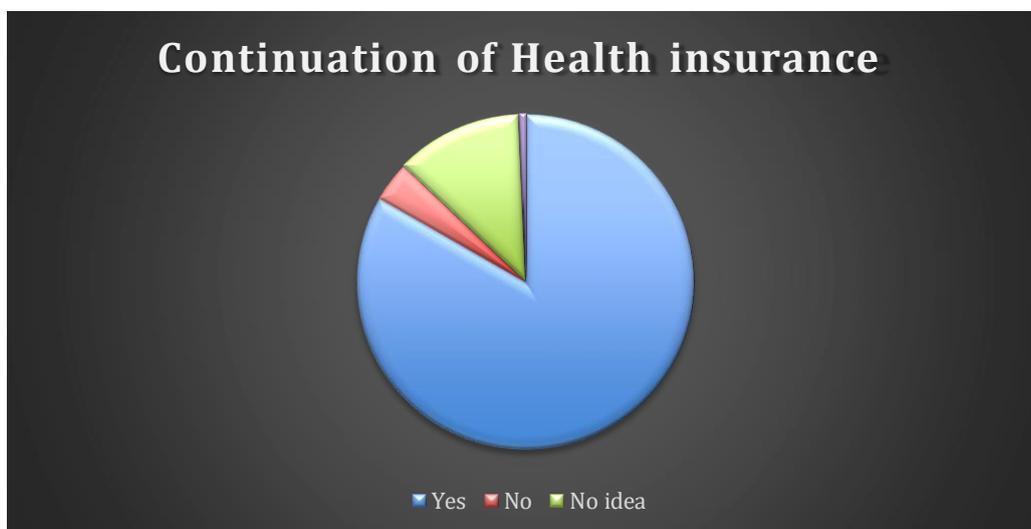
as "very easy", 17.222%, or "hard", while 15% did not answer the question. The data is self-reported and may not be representative of the population as a whole.

**DU health insurance scheme in reducing healthcare cost:**



The pie chart gives information regarding the assessment of the effectiveness of the health insurance system in reducing healthcare costs for students at the University of Dhaka. The results showed that 87% of respondents believe the program has significantly reduced their healthcare costs. The remaining 4% believe it has not reduced their healthcare bills at all. The remaining 1% are unsure about the program's impact. The majority of respondents (87%) believe the health insurance program has substantially reduced their healthcare costs, while only a small minority (8%) believe it has not. This indicates that the health insurance system positively impacts the financial well-being of students at the University of Dhaka. The pie chart shows that the majority of respondents believe the program has significantly reduced their healthcare costs.

**Opinion on continuation of Health insurance in University of Dhaka:**



The pie chart shows that the Dhaka University students delivered a resounding endorsement for the existing health insurance scheme, with a nearly overwhelming majority (78.7%) expressing their desire to continue the program. This outcome sheds light on student priorities and their perceived value of the healthcare initiative. The minuscule proportion of dissenting votes (3.7%) pales in comparison to the resounding positive sentiment. Interestingly, 11.6% of students chose not to voice their opinion, prompting further investigation into potential reasons for this neutrality. The sample size, presumably reflecting a specific student segment, may not fully capture the diversity of opinion within the larger university population.

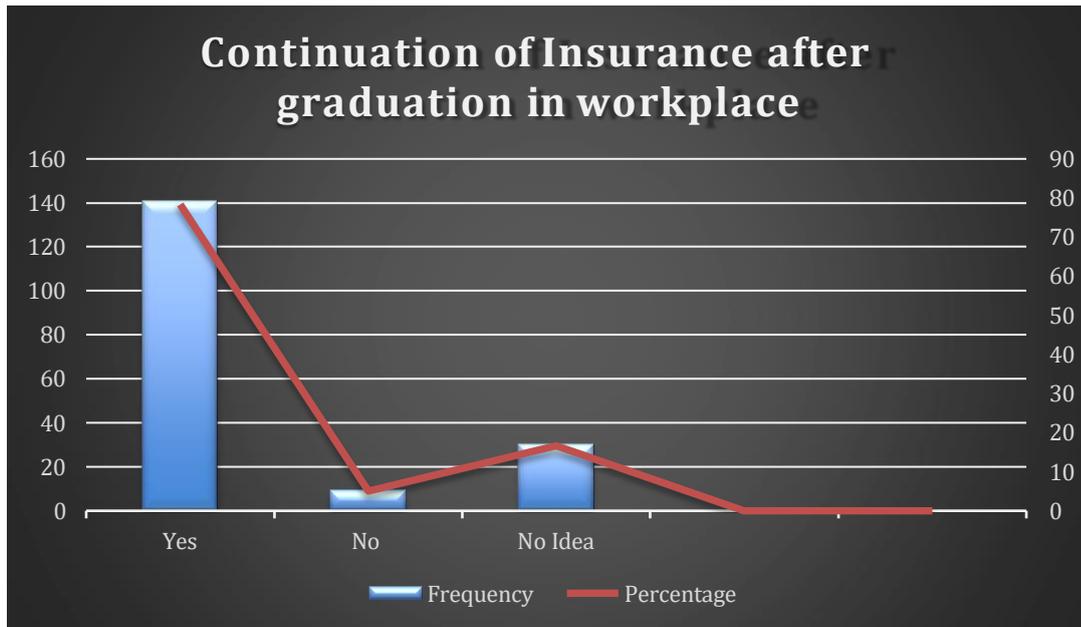
**Insurance scheme in other universities:**

Opinion on if other universities should implement this health insurance scheme for students. A vast majority of students, 84%, voted in support of introducing a health insurance program in other colleges. Only 2% voted against the idea, and 14% had no opinion. The pie chart suggests that a small minority of students oppose it, and a small percentage are unsure. The support for the plan is strongest among students who have already used it, with 90% backing it. However, support is lower among those who have not used it, with 78% backing it. This shows that students with experience with the system are more likely to support it. The overall pie chart reveals substantial support for the health insurance program, suggesting its potential appeal among students.



**Continuation of Insurance after graduation in workplace:**

Opinion	Frequency	Percentage %
Yes	141	78.33
No	9	5.00
No idea	30	16.67



This data presents the opinions of 180 individuals (presumably graduates) regarding the continuation of their health insurance upon entering the workplace. The opinions are categorized into three options: "Yes," "No," and "No idea." Here's a breakdown of the key observations:

- A strong majority (78.33%) favor continuing their health insurance in the workplace. This suggests a clear preference for maintaining medical coverage and potential recognition of its importance.
- A comparatively small group (5.00%) expresses an active opposition to continuing their insurance. This could be due to various factors, such as perceived affordability concerns or alternative coverage options already secured.
- A notable percentage (16.67%) remains unsure about their stance on continuing their insurance. This could indicate a lack of awareness about workplace options, affordability concerns, or simply needing more time to make an informed decision.

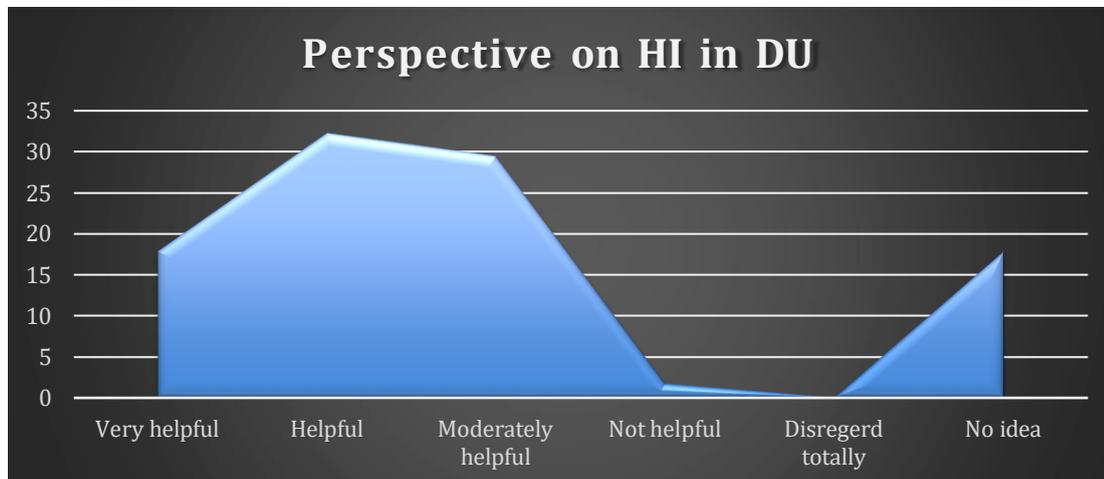
#### Starting insurance for family:

Opinion	Frequency	Percentage %
Yes	145	80.56
No	10	5.56
No idea	25	13.89
total	180	100

This table revealed a high majority of respondents (85.56%) in favor of starting family insurance, indicating a universal understanding of the need for financial protection against medical risks and the desire to protect their loved ones' well-being. However, a small minority (5.56%) expressed opposition due to existing coverage, financial limits, or concerns about

specific insurance plans. Additionally, 13.89% remained unsure, possibly due to lack of information or budget concerns. Future research could explore demographic factors, reasons for opposition and uncertainty, awareness of insurance options, and perceptions of affordability.

### Perspective on Health Insurance scheme for students in DU:



A survey at Dhaka University reveals a resounding endorsement of the existing health insurance scheme, dispelling doubts about its reception among students. The pie chart paints a clear picture:

- Overwhelming Majority Appreciates Value: 77.52% of respondents find the scheme at least helpful, with **29.44%** deeming it "very helpful." This significant portion highlights the positive impact the program has on some students.
- Neutral Stance Minimal: Only 3.20% remain undecided, suggesting most have formed an opinion about the scheme's merit.
- Dissenting Voices Faint: A mere 2.88% find the scheme unhelpful or advocate for its complete dismissal, solidifying the overall positive sentiment.

In conclusion, the data paints a clear picture of student satisfaction with the Dhaka University health insurance scheme. The overwhelming majority find it valuable, indicating its successful implementation and potential for further progress.

### Results:

Despite offering a valuable glimpse into student demographics, income, and expenses, a Dhaka University survey conducted among 180 students reveals a surprisingly low engagement with health insurance. While the sample size limits generalizability, the data suggests potential challenges in data collection and highlights the need for broader research involving the university and insurance companies.

Female students comprise only 31% of the sample, raising concerns about gender disparity in survey participation. Privacy and questionnaire length are mentioned as possible deterrents for

both genders. This underscores the importance of designing sensitive surveys that respect student time and privacy.

The data sheds light on diverse living arrangements, with almost half residing in university halls and 35.56% living with family. The average monthly household income (48966.67 BDT) indicates a range of socioeconomic backgrounds within the sample. Nearly 34.4% of students earn income, primarily through private tuition, highlighting their reliance on personal resources to supplement living expenses (avg. 7577.778 BDT monthly).

A strikingly low number of students reported using health insurance, and most claims predated July 1, 2023. Additionally, most claims were for OPD care. This raises questions about awareness and accessibility of health insurance options for students, requiring further investigation. The limited sample size and sole focus on students emphasize the need for a cross-sectional approach. Incorporating data from the university and insurance companies could help understand factors influencing student health insurance awareness, accessibility, and utilization.

This study offers a preliminary look into Dhaka University students' lives and financial realities. While revealing a diverse student population, it highlights the limited engagement with health insurance. Further research, employing a broader approach, is necessary to gain a deeper understanding of this issue and develop strategies to improve student access to and utilization of health insurance benefits.

## **Recommendations:**

### **1. Increase Premium Amount:**

It could be beneficial to explain the premium increase in detail, mentioning things like increased coverage, better services, or rising healthcare costs. To lessen the financial impact on policyholders, a phased approach to the premium increase may be taken into consideration. It is imperative to guarantee transparency in the computation of premiums and incorporate policyholders into the decision-making procedure via feedback mechanisms.

### **2. Mobile Banking for Easy Processes:**

It is important to highlight the benefits of mobile banking and to streamline the procedures for paying premiums, filing claims, and receiving reimbursements. Encouraging policyholders to adopt mobile banking methods and investing in user-friendly digital interfaces will improve the overall digital experience.

### **3. Promotion Through Donations:**

Donation-based promotion is one way to foster a feeling of community among policyholders. As every year one or two students face grave health danger. At that time if the insurance company donates a certain amount, which will come from the premium. A

positive outlook can be achieved for the insurance scheme. Ensuring transparency requires that the contribution of these donations to aid underprivileged patients be made understandable. Providing policyholders with regular updates on the impact of donations will preserve their trust.

#### **4. Departmental Seminars:**

It would be beneficial to hold seminars within particular departments to give targeted information regarding the health insurance plan. In order to continuously improve the content, interactive discussions should be encouraged, and feedback from seminars should be gathered both during and after.

#### **5. Dental and Eye Care Inclusion:**

The extension of insurance coverage to include dental and eye care to address holistic health needs should be considered.

#### **6. Feedback Mechanism and Surveys:**

The establishment of a systematic feedback mechanism to collect insights from policyholders is recommended.

### **Conclusion:**

So, from the study it can be seen health insurance is essential for a number of reasons, not the least of which is that it protects participants and their families from the high cost of medical care. For university going students it is much needed as it ensures financial Protection which cover almost everything like prescription drugs, hospital stays, surgeries, and other medical treatments are all covered financially by health insurance. Without insurance, participants could have to cover these expenses themselves, which can be extremely expensive, particularly in the event of serious illnesses or accidents as per as the socioeconomic aspects concern.

Health insurance ensures access to Medical Services where insured with health insurance can receive a variety of medical services, including as regular checkups, specialty treatments, and preventive care. Those with insurance are more likely to seek prompt medical assistance, which improves overall health outcomes. The institute of Health Economics, University of Dhaka is the pioneer of the health insurance revaluation in Bangladesh. Primary they are running health insurance program successfully among Dhaka University students primarily.

From the beginning it has been playing important part to ensure the medical access to the students of the university. From the study I have found that 87 percent of the participants want to continue the insurance claiming even after the graduation. That's the scenario

which portrays how much successful it is. It also has the opposite side of the coin. Complexity and Confusion: It can be difficult to comprehend the terms, conditions, and fine print of health insurance coverage. People may struggle to completely understand their coverage due to the intricacy of insurance contracts and the usage of medical jargon.

Participants claim to face administrative difficulties: Handling paperwork, claims, and other administrative procedures related to health insurance can be exasperating and time-consuming. For some therapies, people may have to work their way through bureaucracy to receive approval, and the claims procedure can be difficult.

In conclusion, health insurance plays a critical role in promoting preventive health practices, guaranteeing access to essential healthcare services, and shielding individuals and families from the financial burdens associated with receiving medical care. It enhances people's general well-being and works to build a healthcare system that is more equal.