

Moral Hazard on Free Health Care Services: A Study from Consumer's Side

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ABSTRACT

Introduction: Free Health Service is a priority program and a boon to all citizens mostly for the poor and marginalized groups. It is a timely and exemplary program of government but people are misutilizing the services as freely provided.

Methods: A descriptive cross-sectional approach was done to assess moral hazard on free health care services by consumers. An interview schedule was used to collect quantitative data and in-depth interview with health workers for qualitative data in selected eleven health facilities.

Results: The study showed the prevalence of moral hazards of free health care services by the consumers. Around one-third (33%) of respondent had self-demanded for the medicines. Two-third (65%) respondents had medicines at home. Two-third (67.6%) doesn't seek for health services during health problems. One-fourth (23.6%) had poster at home for other purpose rather than information and education. Peoples are misutilizing the services as, government bear the burden of cost. People have deviation in the normal behavior due to no registration fees and freely availability of drugs. 33% respondents self-demand for the medicines as a notion that there is a pill for every ill as a result, they self-demand for the medicines and mostly (52.2%) don't consume full dose which can develop drug resistance.

Conclusion: The presence of moral hazard in the health facilities of Kaski district is a matter of concern. Visit to health facilities to collect medicines at home have increase unnecessary burden to health facilities and also increase in morbidity status. The result can inform developing proper policy and safety measures to drop off moral hazard on free health care services.

Keywords: *Moral Hazard, Free Health Care Service, Consumer*

INTRODUCTION

Nepal, as economically least developed country has numerous challenges in order to meet the goal of Alma-Ata Declaration in 1978 i.e. "Health for all".¹ Access to basic health service was affirmed as a fundamental human right.² In the quest for increasing access to health for all, government of Nepal has introduced free health care policy.³

As the Interim Constitution of Nepal of 2015 stated, that: 'Every citizen shall have the right to get free basic health service from the State, and no one shall be deprived of emergency health services. Government of Nepal had declared in 2007 that all health posts and sub-health posts provide health services free of charge to all, so people could more easily access and use essential health care services. After in 2009, Universal free care was extended to PHCCs, free outpatient care to the targeted groups was expanded to all districts, 70 essential drugs became free of charge to all at district hospitals.⁴

Moral hazard of the free health care services operationally defined as the misutilization of the services as it is free. Accumulating medicines at home without prescription of the doctors, self-demanding of the medicines as it is free, using the posters for

different purposes in home which have been produce for giving information to the public for awareness were misutilizing of the service. Use of medicines just on the basis of information gained from neighbors, hoarding of drugs and later giving to others, taking incomplete courses of medicines, not paying attention to expiry date of medicines but practices of collecting drugs, lack of interaction between health workers and consumers had led to moral hazard of free health care services.

Careful monitoring is needed so that key information will be available to policymakers and programme managers through this research and help to determine whether some user-fees should be kept or not. The fundamental reason for conducting this research is to assess the moral hazards and its causes as well as perception of consumers regarding the free health care services. The misutilization of health services leads to low health status and considerable disparities in health. Thus, it is very important to rule out the misutilization of health services as it has public health significance. There is paucity of published literature on

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moral hazards of free health care services in Kaski. The study will support in designing appropriate strategies to promote the proper utilization of the free health care services. All these prompted the researcher to select the present study.

METHODS

A descriptive cross-sectional study design was used to study moral hazard on free health care services in Kaski district. Mixed method was used. Interview schedule as a structured questionnaire was used as data collection tools for quantitative data among the patients visiting PHCCs, HPs and SHPs. Interview guideline was used for health care providers for qualitative data.

Multistage cluster sampling was done. Kaski district was divided into four electoral-constituencies. Altogether, there were 3 PHCCs, 17 HPs, 28 SHPs in Kaski. Using simple random method among all the four electoral constituency, three primary health care centres, four health post and four sub health post were selected. For the population; Population-proportionate sampling was done with the help of client flow of previous month of every health institutions that have been chosen and samples were taken alternatively. The total sample size was 444.

After the data collection was completed and questionnaires were edited and coded, the data were entered by using EPI data and analyzed using Statistical package for social sciences (SPSS) V.20.0.

Interview schedule was translated into Nepali language and then data was checked to correct errors on the same day of data collection. In order to get exact information, questionnaire was made practicable and convenient adequate counseling was done. The study was conducted only after the approval of research committee at Department of Public health, Pokhara University.

RESULTS

Out of 444 respondents, only 420 respondent's response to all the questions. Thus, total sample for this study was 420. The analysis was done with reference to the objectives of study. The results of this study based on quantitative and qualitative data analysis are presented simultaneously.

Table 1: Socio- demographic characteristics of the respondents (n= 420)

Characteristics	Frequency	Percentage
Age group (in years)		
< 15	44	10.5
15-30	137	32.6
30-45	90	21.4

45-60	77	18.3
>60	76	17.1
Mean \pm SD = 38.47 \pm 19.41, Min= 12 Max = 79		
Sex		
Male	123	29.3
Female	297	70.7
Education		
Illiterate	130	31.0
Non-formal	35	8.3
Primary	33	7.9
Secondary	99	23.6
Higher secondary and above	123	29.3
Occupation		
Housewife	171	40.7
Students	99	23.6
Business	36	8.6
Daily-wages	19	4.5
Services	95	22.6
Monthly income		
Lowest quintile	87	20.7
Second quintile	145	34.5
Middle quintile	58	13.8
Fourth quintile	63	15.0
Highest quintile	67	16.0
Mean \pm SD =20458.3 \pm 16213.6, Min =1500, Max =80000		

Table 1 reveals demographic information of respondents. The mean age of the respondents was found 38.47 \pm 19.41 years ranging from 12 to 79. More than half (70.7%) of the respondents were female. Around one-third (31%) of the respondents were illiterate.

Table 2: Health Services related factors (n=420)

Characteristics	Frequency	Percentage
Travelling Time		
Less than 30 minutes	301	28.3
Greater than 30 minutes	119	71.7
Perception towards FHCS		
Favorable perception	371	64.5
Unfavorable perception	149	35.5
Frequency of visit to health facilities (per month)		
One-time	151	36.0
Two-times	99	23.6
Three times	46	11.0
Four times	32	7.6
Five times and above	29	6.9
One in two months	63	15.0
Reason for visiting health facility		
General checkup	408	97.1

Other services	12	2.9
Satisfaction towards services		
Yes	294	70
No	126	30
Reason for dissatisfaction		
Required medicines aren't timely available	30	23.8
Health institution is far	19	15.1
Health workers aren't available regularly and timely.	40	31.7
Behavior of health workers	6	4.8
Low quality medicines	31	24.6

Table 2 shows that most of the respondents (71.7%) had easy access to health facility i.e, less than 30 minutes. Among the total respondents, two-third (64.5%) had favorable perception and one-third (35.5%) had unfavorable perception towards free health care services. About 2.9% visit to health facility for information, counselling. Three-fourth (70%) were satisfied and one-third (30%) were dissatisfied towards the free health care services. Among the respondents who were dissatisfied, around one-third (31.7%) reported health workers aren't available timely and regularly in health facilities and one in every four (24.6%) reported dissatisfaction as low-quality medicines and waste medicine are available.

Table 3: Moral hazards of free Health care services

Characteristics	Frequency	Percentage
Health Problems		
Yes	403	96.0
No	17	4.0
Medicines prescribe by health workers		
Yes	335	79.8
No	85	20.2
Receiving medicine without prescription		
Yes	48	56.5
No	37	43.5
Prescription of medicines by health workers in previous visit		
Yes	370	88.1
No	50	11.9
Drug Compliance		
Yes	177	47.8
No	193	52.2
Status of prescription		
Prescribe by health workers	183	67
Self demand	90	33
Return medicine		
Yes	26	6.4
No	394	93.6

Available of poster		
Yes	99	23.6
No	321	76.4

Table 3 shows nearly all (96%) reported health problems. More than half (52.2%) respondents didn't consume full dose of medicines. Respondents who had medicines at home, one-third (33%) had self-demand for the medicines; without prescription people are taking medicines. Most of all (93.6%) respondents didn't return any unwanted medicine to the health facilities. Only few (6.4%) return unwanted medicines to the health facilities. About three-fourth (76.4%) didn't had poster at home and one in every fourth (23.6%) reported availability of poster at home.

QUALITATIVE RESULTS

The In-depth interviews were conducted with total 14 health workers. Two health workers (one In-charge and one working staff) of PHCCs and In-charge of all selected HPs and SHPs (8 health workers) were taken.

The main domains of findings are

- 1) Demand of the medicines -self demand and over demand of the medicines of the medicines without any health problem is misutilizing the services.
- 2) IEC materials (poster)- Poster are developed to inform, educate the community people, not to individual people to keep in home.
- 3) Free health care services by the consumers
- 6) View towards free health care services (Quality of drugs, diagnostic equipment)

Self- demand of the medicines:

Many of the health workers said that self demand for the medicines is still prevalent but the trend is decreasing. Self demand of the medicines is mostly made by the literate adult peoples ranging from (20-30) years. They demand for the Paracetamol, Ibuprofen (naming by pain killer) and Amoxicillin. Half of the health workers mentioned that mainly the elderly people over-demanded for the gastritis medicines and anti-allergic medicines. ".....Mostly the women, demand for the medicines like paracetamol, Ibuprofen, Chlorpheniramine (Mchlor) in high amount during As had and Mangsir as they will be busy on cutting rice and can't come to visit health facility so we provide them some medicine by realizing their situation....." (In charge of primary health care centres)

Free health care services.

When the service is provided free there is high chance for its disrespect. People cared and valued for those which are costly, it's the nature of humans. Moral Hazards on the free health care service is increasing, may be the reason peoples aren't aware.

Most of the health workers reported that there is moral hazard on free health care services. Peoples are misutilizing the medicines, family planning device: condom. ".....It's very sad to say and see the medicines are thrown near the well, people are-not consuming medicines as it is provided free to them, they are in doubt, I have given counseling to them but also there is no improvement in habit of some peoples....."(Health post In-charge)

Regarding the moral hazards of free health care services, one of the health-post In-charge spoke out in his local dialect, "Dukkha lagchha dekhda kati payae le yehi gate bta bahira niskina naapaudai prescription gareko paper le medicine lai roll gardai chayatera gate bahirai falera janxan" i.e. " Some of the patients rolled the medicines with the prescription card and tear it and threw them outside the gate ".

".....Mainly family planning services is being misused, peoples takes full of hands condom and found thrown on hillside, as it is kept outside as per rule and we will be unable to provide that services to the needy people due to its shortage....."
 "(Health post In-charge)

Returns Medicines:

Most of all health workers reported that the consumers do not return any medicines which are unwanted. There are no such records of returning medicines; it may be due to ignorance and lack of awareness among them about the importance of medicines. Very few health workers reported that some peoples return medicines.

View toward user-Fees

Most of the health workers told that the user-fees shouldn't be kept, if user-fee is kept, the flow of the patient will be decreased. Mostly all the consumers come here just because it is free. Some of the health workers told that if little charge will be kept on the OPD, then there may be possibility that they will keep the card properly and bring it regularly on next visit if they were charged for new cards. ".....user fees shouldn't be kept, keeping user fees will decrease the flow of patient, no one will come to this health institution"(sub health post in charge)
 ".....Because of removal of registration fees to be paid by the patients, people make unnecessary visit to collect drugs at home as it is not necessary to bring the registration slip in follow up visit. Because of this it is even quite hard to know the medical history of the patient....."(Health post In charge)

IEC Materials

IEC materials like posters, pamphlets are visual mass media used for generating health awareness. Picture posters are useful to generate awareness among illiterate peoples also. Almost all health workers reported that the posters are only provided to

FCHVs to conduct different awareness programs.

".....usually we hang the poster while conducting awareness programs and after finishing the program we keep back them safely with us....."(Female Community Health Volunteer)

".....some peoples come and ask for the poster and they are being provided as we have sufficient posters"
 "Female community Health Volunteer"

DISCUSSION

The study entitled "Moral hazard on free health care services: A study from the consumer's side" was observed in this study. The study found that utilization was higher at PHCCs (48.8%) than HPs (33.1%) and SHPs (18.1%). These findings contradict the finding of the study conducted on free health care services in Nepal, to assess the utilization which showed utilization is higher at HPs (215%) and SHPs (133%) than PHCCs (57%).⁵ The contradiction may be due to the dissimilarities in the study area.

Moral hazards have been observed from consumer's sides, most common is the self demand of the medicines by the consumers, and it may be due to limitation of knowledge about medicines among the peoples. There is also extra demand of the prescribed medicines and not following the rule of bringing the Patient OPD card in every visit. As per the rule, the medicines should be registered, the registration of the medicines may be done in the name of the people who have self demanded or extra demanded. Others include not consuming the full dose of medicines as prescribed. These may be due to skepticism towards the services. The medicines were found on the hillsides and near water sources in the villages. Some health workers also reported that prescriptions were found torn near the territory of the health facility. Excessive and unnecessary use of the Family planning device provided by the health facilities was also observed. They are thrown in the yards and way to health facilities.

CONCLUSION AND RECOMMENDATIONS

The presence of moral hazard in the health facilities of Kaski district is a matter of concern. Peoples have stock of medicines at home, self-demand of the medicines, and unnecessary visit to health facility has increased burden in health institution and also morbidity rate. Without prescription of the health workers, medicines are taken by the consumers. Posters were used for other purpose at home rather than information and education. The study had included limited number of health workers, if more health workers were incorporated it would be more effective. Adequate public information and education about medicines and services can have beneficial effect not only at individual level but also at community and national level. Raising awareness as

well as building authentic understanding and positive attitudes among consumers about the medicines and services should be done. The messages incorporating the proper utilization of the services should be disseminated.

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