

**DETERMINANTS OF UPTAKE OF NATIONAL HOSPITAL
INSURANCE FUND BY SELF-EMPLOYED PERSONS IN
KENYA: CASE OF HEALTH PROJECTS IN WAJIR COUNTY,
KENYA**

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**A Research Project Submitted in Partial Fulfillment of the Requirements for
the Award of Degree of Master of Arts in Project Planning and Management
of the University of Nairobi**

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DECLARATION

This research project is my original work and has not been presented for the award of a degree in this University or any other institution of higher learning for examination.

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L50/84969/2016

This research project has been submitted for examination with my approval as the University Supervisor

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DEDICATION

I dedicate this research study to my loving parents for always being with me throughout my academic journey. I also dedicate to my family for their constant encouragement and for being patient enough to see me go through my academic struggle in an effort to realize my long cherished academic dream.

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ABSTRACT

The assessment point was to investigate the determinants of take-up of national restorative center security support without any other person used individuals in Kenya: example of Wajir County. Unequivocally the examination reviewed the effect of financial capacity on take-up of national center security account autonomous from any other person used individuals in Kenya: occurrence of Wajir County, set up the effect of preparing level on take-up of national crisis facility assurance sponsor without any other person used individuals in Kenya: case of Wajir County, chose the effect of care level on take-up of national therapeutic center insurance support without any other person's information used individuals in Kenya: occasion of Wajir County, and assessed the effect of sexual direction perspective on take-up of national center security money without any other person's information used individuals in Kenya: example of Wajir County. The examination used entrancing investigation structure. This procedure for explore was supported because the master had the alternative to accumulate data to react to questions concerning the status of the subject of study. The target people was 4544 nuclear families who are beneficiary of the national crisis center security support. This examination got stratified testing system. The model size was 204 model masses. A review was used to assemble basic data. The data for the examination was penniless down both emotionally and quantitatively. The data assembled was entered in and explored with the guide of SPSS. The Quantitative information conveyed was introduced to the interfacing with bits of information recollect for SPSS to make mean, and standard deviation which was indicated utilizing tables, frequencies and rates. The evaluation found that the degree of pay picks the take-up of NHIF. For individuals who don't have adequate degree of pay they will be hesitant in selecting to the NHIF as they trust it to be a heap to the extent of cash they have. The evaluation found that direction is a basic interface with flourishing and its determinants including success practices, utilization of preventive associations and general habits to dangers. The evaluation found that ladies' mental improving operators, weakness and their movement as parental figures for their youngsters and got out individuals from the family causes them to have a rousing frame of mind on remedial consideration choices. The appraisal expected that the degree of pay picks the take-up of NHIF. For individuals who don't have great degree of pay they will be hesitant in deciding to the NHIF as they trust it to be a heap to the extent of cash they have. The evaluation also interpreted that family unit costs pick the joining of the National Hospital Insurance Fund. The assessment thought about that direction is a basic partner with flourishing and its determinants including success practices, utilization of preventive associations and general manners to dangers. The assessment mulled over that care level impact take-up of NHIF. The evaluation supported that the association and the improvement collaborators ought to have endeavors and experiences that are prepared for guaranteeing far reaching social restorative consideration that underlines a moderate decreasing of the premiums payable.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

The significance of Health Insurance Schemes has become an inexorably perceived factor in financing medicinal services in low salary economies as it enables people to get to opportune and excellent restorative consideration (Behrman and Knowles, 2013). Shockingly, in Kenya, medical coverage is slanted for formal division laborers as they are commanded by law to make statutory commitments to the NHIF (National Health Insurance Fund) in relation to their pay. There is confirmation that utilization of intentional medical coverage among casual area laborers and low salary workers is commonly low (Jowett, 2014).

A portion of the reasons incorporate high premiums that are not moderate opposite pay, powerlessness to acquire credit, casual informal communities that are now in presence, shaped as options in contrast to formal hazard sharing channels, new protection items, chance pooling and reluctance to pay the premiums. Different components incorporate poor use reserve funds, and acquiring as an option in contrast to protection (Alderman and Paxson, 2014). The significance of a National Health Insurance had been perceived by approach creators as basic very quickly after autonomy. This is on the grounds that it was imagined to give medical coverage by offering therapeutic spreads at costs that would be route beneath the predominant actuarially showcase costs that are distant for most financial gatherings in the nation.

Medical coverage, as different types of protections, is a type of cooperation by methods for which individuals on the whole pool their hazard, for this situation, the danger of causing therapeutic costs when and in the event that one turns out to be sick or hospitalized. The

collectivity is typically freely possessed or else is composed on a non-benefit reason for the individuals from the pool, however in certain nations, medical coverage pools may likewise be overseen revenue driven organizations (Arhin, 2016). In Rwanda, a common medical coverage was built up in 1999 the nation over to guarantee that the number of inhabitants in Rwanda especially those in country networks and the casual part had impartial access to quality wellbeing administrations. Shared medical coverage is along these lines proposed to finish the current social and private wellbeing framework (Musau, 2016).

It encourages families to put aside monetary assets to meet expenses of medicinal consideration in case of ailment. The examination via Carrin and James (2015) saw that the strategies of NHIF take into account formal division, casual part and non-utilized residents to be givers and recipients to the NHIF Cover. In any case, the reachability to the rustic families in this specific circumstance and the assurance of their take-up levels of social medical coverage plan, for example, NHIF stays a feasible research region that now needs a core interest. Against such a foundation, it was basic to examine the determinants of take-up of national clinic protection finance without anyone else's input utilized people in Kenya.

1.2. Statement of the Problem

There is negative effect on wellbeing markers when a huge extent of the populace is without medical coverage. This is the circumstance in Kenya where numerous individuals need to straightforwardly pay for wellbeing administrations at whatever point they need them; which has prompted calamitous spending to a degree of devastating the nuclear family through closeout of benefits and preoccupation of their small salary into social insurance administrations (Chuma and Okungu, 2011). This circumstance is amplified in the casual area which assumes a significant job towards age and arrangement of potential work chances to numerous Kenyans

consequently improving the personal satisfaction to the individuals who might some way or another be with no wellspring of occupation (WIEGO, 2013). An examination by Kimani et al., (2012) found that the extent of the populace in this part with no sort of protection is high, which underscores the requirement for a social medical coverage program to guarantee fair access to human services among poor people and helpless sections of this populace.

Because of its mind boggling structure and dynamic nature, the casual areas development example or pattern can't be extrapolated since most of the laborers are passing, working over the formal and casual economy (Delloite, 2011). This exhibits a test in joining them as partners in wellbeing financing both in the private and open division and calls for imaginative ways to deal with expand inclusion which may incorporate presentation of numerous medical coverage plans for different classes of laborers in this segment, which should be adaptable enough to carter for the necessities of the individuals and requires long haul arranging (Brockmeyer, 2012).

It's basic for the administration to draw in with this area when structuring mediations and activities to advance all inclusive inclusion, so as to guarantee that their inclinations are sufficiently considered particularly in the beginning periods of approach plan, in order to advance adequacy and contribute towards supportability of the program particularly during the ID period of the intercessions, where by the interests and worries of key partners who work in the casual segment should impact the origination of any tasks and mediations prompting productive and compelling usage. To address the test, the present examination targets exploring the determinants of take-up of national clinic protection subsidize independent from anyone else utilized people in Kenya.

1.3. Purpose of the Study

The purpose of the study was to investigate the determinants of uptake of national hospital insurance fund by self-employed persons in Kenya: case of health projects in Wajir County

1.4. Objectives of the Study

The study was guided by the following objectives:

- i. To assess the influence of financial capability on uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County
- ii. To establish the influence of education level on uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County
- iii. To determine the influence of awareness level on uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County
- iv. To assess the influence of gender perspective on uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County

1.5. Research Questions

The study answered the following research questions:

- i. How does financial capability influence uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County?
- ii. To what extent does education level influence the uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County?

- iii. How does awareness level influence the uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County?
- iv. How does gender perspective influence the uptake of national hospital insurance fund by self-employed persons in Kenya: case of Wajir County?

1.6. Significance of the Study

The discoveries from this examination would be important to the Ministry of Health and other improvement accomplices by recognizing the components that decide casual area representatives' enlistment in the NHIF among casual part laborers in Kenya. This would prompt a superior comprehension of the casual laborers needs directly from arrangement structure. By understanding the necessities of casual specialists, NHIF will be a vigorous plan that will provide food sufficiently and viably for the wellbeing needs of the nation. This well us assist us with accomplishing general wellbeing inclusion sooner rather than later. Hypothetically the investigation is relied upon to add to headway of information about the casual part to the legislature of Kenya all things considered during the time spent actualizing an all inclusive social medical coverage conspire. Essentially the discoveries would prompt better comprehension of components related with cooperation in the present National Hospital Insurance Fund (NHIF), especially among poor people who are found in the casual area and furthermore decided the extent of people without access to medical coverage among this statistic gathering and lead to the improvement of explicit intercession systems including venture and program plan that will empower them to completely take part in the plan.

1.7. Delimitations of the Study

The examination concentrated on the budgetary ability, training level, mindfulness level, and sex point of view on take-up of national medical clinic protection support independent from anyone else utilized people in Kenya. The respondents were recipient of the NHIF who will be examined and provided with surveys with the point of getting their perspectives in regards to the topic of the examination.

1.8. Limitations of the Study

Time might be an impediment in that the analyst may not be in a situation to enough address all issue in connection to the examination and in this way worked inside the allotted time. The examination time frame might be significantly short however this will be comprehended by distribution of more opportunity for information assortment. The respondents may not completely address the inquiries in the poll agreeably due their degree of proficiency and this may influence the examination of information. To maintain a strategic distance from this the scientist will clarify the significance of the exploration to the respondents and why they should fill in the surveys. Another confinement which might be experienced might be the absence of satisfactory assets as far as cash to do the investigation sufficiently. The specialist will address this impediment via doing the examination with the accessible fund.

1.9. Basic Assumptions of the Study

This examination depended on the accompanying presumptions: The investigation was directed under the suspicion that the respondents will be accessible and furthermore that they give legit reactions. This examination accepted that respondents have a decent comprehension of

determinants of take-up of national medical clinic protection finance without anyone else's input utilized people in Kenya: instance of wellbeing ventures in Wajir County.

1.10. Definition of Key Terms

Uptake: The quantity of individuals who utilize a help or acknowledge an intercession that is offered where in this investigation is the NHIF plot.

Self-Employed Persons: alludes to a self-employed entities or sole owners who reports pay earned from independent work. Independently employed people work for themselves at an assortment of exchanges, callings and occupations as opposed to working for a business.

Awareness Level: alludes to whether the respondent has the applicable and right data on enrollment strategies, premiums and advantages of protection.

Education Level: refers to the highest level of schooling that the respondent has attained

Gender Perspective: refers to whether the household head is male or female

1.11. Organization of the Study

The examination is formed in five segments. Section one is associate featuring establishment with the assessment, verbalization of the issue, inspiration driving the examination and objectives that guided the examination. In this part, inspect questions, enormity of the examination, controls and delimitations of the assessment are in like manner included. Also, it furthermore displays fundamental assumptions of the assessment, implications of basic terms used in the examination. Segment two discovers composing review done dependent on key examination factors. Similarly spread out in the segment are theoretical structure, applied framework, investigate openings and outline of the composing review. Area three gets ask about

way of thinking is used, portraying out introduction, investigate design, target masses, test size and test decision.

Besides, it furthermore shows data collection instruments, controlling, authenticity of the instruments and instruments' faithful quality. Additionally, it in like manner plots the frameworks used for data combination, and methods that are used for data assessment. Segment four spreads examination of the data assembled from the field. Data will be inspected using inferences, standard deviation and other data plans in addressing the researched data. The dismembered data is presented in tables. Further the part had explanation of the revelations in audit to explain the tables. Area five delineates the frameworks of revelations concerning the objectives of the examination. Basic disclosures will be discussed at long last with linkages to existing data. The area finally gives a completion of the assessment and propose possible recommendation of the examination issue.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Part two gives the writing survey of the investigation. It represents the past research and what has been discovered in the zone of study. This part for the most part centers around the determinants of take-up of national clinic protection finance independent from anyone else utilized people in Kenya: instance of Wajir County. Furthermore, the part shows the hypothetical system, reasonable structure, information hole, and rundown.

2.2. Uptake of National Hospital Insurance Fund

For outpatient organizations, both ensured and uninsured individuals uncovered about a comparable number of per capita visits (3.2 and 3.0 visits independently). In any case, for inpatient benefits, the ensured had a higher use rate (75 insistences for each 1,000 people) differentiated and the uninsured (30 affirmations for each 1,000 masses) displaying that in specific events assurance improves access to therapeutic administrations (MoH, 2014). In Kenya, the casual segment establishes 11 million laborers of which NHIF covers 6% with medical coverage. The remainder of the laborers have no type of medical coverage. As per the Insurance Regulatory Authority (IRA) 2012 report, a significant test has been incorporation of the extending casual segment and consideration of poor people. The degree of inclusion of the casual segment is thwarted by low and unpredictable pay, shaky business, unfavorable determination as participation is intentional and the conventional protection items which are unavailable by the laborers. Likewise, medical coverage is for the most part confined to urban destinations, where the private proper segment is concentrated, in this manner not improving land get to.

2.3. Financial Capability and Uptake of National Hospital Insurance Fund

Money related imperative is one of the significant hindrances of access to medicinal services for minimized segments of society in numerous nations, particularly in the provincial zones in the creating scene. In any case, clearly numerous family units stay uninsured against huge pay hazards because of different reasons. Digressing from the above depicted full-data straightforward model, unfriendly determination and good danger are to a great extent considered as potential clarifications for hindrances to protection interest. Giving protection has all the impetus issues identified with the arrangement of credit (Pauly, 2014).

Private medical coverage is additionally viewed as an extravagance decent in nations with national medical coverage plans and thusly delicate to monetary impetuses. Models of antagonistic choice and good peril are relevant to the life and medical coverage contracts. On account of miniaturized scale life protections, the protection giving foundation can't completely watch if an individual is at high or okay of death. However, the national future and wellbeing status is open data in many nations that distributes quarterly and yearly Human Health and Demographic Survey Reports, yet to watch these independently required a high and not effective exertion of time, expenses and HR. In this manner, antagonistic choice might be an issue in the protection showcase. It was apparent that this prompts issues in the protection interest practice (Pauly, 2014).

Medical coverage entrance should ascend with the degree of pay, for a few reasons. Initial, a person's utilization and human capital commonly increment alongside salary. This can make a more noteworthy interest for protection (mortality inclusion) to defend the salary capability of the safeguarded and the normal utilization of his/her wards (Höfner, 2016). Moreover, family units revealing higher human services consumptions as a level of all out-family unit use had a

higher likelihood of acquiring medical coverage. In any case, the specialists saw that the degree of pay and medical coverage relationship was nonlinear, in that as pay expanded, medical coverage expanded however after a specific point, the connection among pay and health care coverage got negative, showing that as livelihoods expanded, family units distributed their assets to different uses, acquired less health care coverage, and were eager to hold the wellbeing dangers.

2.4. Education Level and Uptake of National Hospital Insurance Fund

Planning is essential in incorporating future word related potential outcomes and developing potential by giving information and key limits that award better-showed people's approach to data and assets for advance their prospering. This is underscored by Ensor and cooper (2014) who battle that bearing, reviewed by the length of training is connected with mind blowing achievement through better ways of life and giving clients clarification behind exploring they are their wards require treatment.

Preparing in like manner impacts people's ability to modify information with arranged women, for example, being intelligently vital at improving by then guarantee flourishing and that of their family by improving their compensation checking potential, essential association opportunity, control of their own readiness and eagerness for open life. As showed by Fienstein et al (2016), course is a critical interface with progress and its determinants including flourishing practices, utilization of preventive affiliations and general falsification to dangers. Those with various imperative stretches of teaching thusly will if all else fails have better flourishing, succeeding and consistently steady practices.

The educated had more significant compensations and put assets into various strategies for hold subsidizes which would give them progressively critical yields. Curving and Arun (2011) in their examination of determinants of enrollment in little scale account associations (MFIs) and restorative inclusion in like manner found that nuclear family heads who had no customary fundamental or assistant preparing were quantifiably progressively unwilling to check out therapeutic inclusion in Sri-Lanka. On account of their lower pay rates and less pay getting openings, people with lower guidance tended to shield their families.

2.5. Awareness Level and Uptake of National Hospital Insurance Fund

Ombeline and Gelade (2012) in their assessment of imperativeness for recuperating thought in low-remuneration nations saw that the validity of assertion which wires encountering cash because of a harsh payout in future is amazingly new in low pay nations. Starting late guaranteed individuals may need to recoup their premiums when no payout or assertion happens, in that capacity the fundamental for certified security limit planning and utilization of accessories in spreading data on protection things.

Platteau and Ontiveros (2013) endeavoring to grasp the zones basic low take-up and sustaining paces of steady taking part in Maharashtra State in India enabled an evaluation valuation for affirmation examinations and the level of information that people had on assurance. The exposures of the evaluation where: low enrolment and patching up was influenced by lacking information on the working of the game-plan and poor hugeness about request thought with most respondents referring to nonattendance of information on the most ideal approach to manage direct use the security. Other than noted was that when picked people got benefits that were lower than the assurance premiums paid, they were less created to revive their security. The examination exhibited the major for productive correspondence and the imperativeness of the

physical closeness of affirmation masters in the field to give information on Insurance things through kept up thought campaigns.

Mathauer et al (2015) examined the parts influencing the imperativeness for recovering joining, focusing on enrolment into NHIF. In the assessment using exchanges with people from taxis affiliations, farmers, personal growth get-togethers from different bits of the country, it was found that nonappearance of data about enrolment frameworks and the fundamental degrees of affirmation was a goliath square to enrollment. Boundless the individuals had not thought about the accommodating association and appeared to should be dealt with the premiums of they had not fallen gotten out for a fundamental stretch, reflecting their poor centrality about therapeutic thought as a framework for pooling and sharing dangers. The researchers checked on that obliging part workers didn't consider NHIF yet were set up to enroll when right and all-around packaged information was given to individuals at different degrees clearly.

2.6. Gender Perspective and Uptake of National Hospital Insurance Fund

WHO (2008) in its key report on social determinants of thriving sees that sexual bearing inclinations and varieties are reflected in clashing access to material and non-material assets, lessened essential power control, uncalled for division of work and potential possible results of improving one's life. The report further says that in the accomplishment region sexual course control relations make a clarification of into various access to and request over prospering assets inside and outside families, clashing division of work in the formal, obliging and quietly settled bits of the human affiliations framework. Exploratory appraisals on supportive thought finished in various bits of the world clearly reflect the sexual heading isolates in access to flourishing and restorative affiliations joining.

Doyle and Panda (2011) considered the medicinal thought take-up in families which were affirmed with Community based obliging blend plots in northern India, focusing on money related, estimation nuances, family use, asset property, achievement status and choice of care parties. Intelligently undeniable families will no uncertainty on the planet purchase remedial wire, which was credited to the appearing of changed nuclear family units living independently in single homes everything considered having explicit self-directing key position units. Competently young family were will no ifs, ands or buts dismantle up medicinal association remained from nuclear family heads who were over 55 years and sorted out family heads who had gone to in any occasion grade school will motivation behind truth join, showed up contrastingly in association with those with no standard getting ready.

Savage et al (2013) got a few information about the improvement of family system, focusing on teenagers under 30 years and the effect of youths on decisions to decision into obliging partaking in Australia and found that women who required additional children later on will in reality have security showed up particularly in association with women who starting late had the perfect number of children. Requiring more children raised the probability of affirmation by 3 rate point for those without late teenagers and constantly like 5 rate trademark surroundings for the people who had youngsters in before years. Families which required additional teenagers in future were 7.4 rate sifts through dependably likely toward secure stood confined from 5.6 rate places for the women who had finished the family improvement. Various parts that influenced the affirmation were wedding status, saw access to solid obsessions and area.

2.7. Theoretical Framework

This section presents the theories applicable in the study. The study will utilize the Neoclassical Framework by Grossman (1972) which is discussed in subsequent section:

2.7.1. Neoclassical Framework Theory

This examination receives the Neoclassical Framework by Grossman (1972) which expresses that interest for wellbeing is considered to have both utilization components and venture components. This hypothesis consequently expect the assurance presence of interest for wellbeing where the customer expands a between worldly utility. A customer will subsequently interest for medicinal services, henceforth increment wellbeing stock as long as peripheral expense of interest in wellbeing is lower than the negligible pace of return. Utilization will proceed until harmony (where the negligible expense of the venture is equivalent to the peripheral pace of return) point is achieved.

For instance, paces of social insurance use are bound to be low among uninsured inhabitants of Wajir with low earnings than among protected people. Furthermore, those lacking therapeutic protection spread are bound to encounter insufficient consideration and unfriendly wellbeing results and are more averse to have a typical wellspring of care, to visit a doctor, or to be hospitalized. Basically, in neoclassical structure, the presence of medical coverage is advocated by the hazard disinclined nature of buyer and the dubious idea of social insurance. In any case, a rundown of issues that exist in the market for medical coverage are likewise ordinarily perceived by neoclassical financial specialists, these incorporate buyer flawed data, unfavorable choice, economy of scale, and so on. It can likewise be set up that out-of-pocket installments involve a significant portion of supplier salaries. In this specific circumstance, it is imperative to address

supplier motivators inalienable in direct installment as a feature of an exhaustive arrangement investigation.

For instance, on account of most inhabitants in Wajir are not secured by protection and along these lines pay for care at the hour of administration use. Social insurance financing must be proficient to permit savvy utilization of restricted assets since squandered assets lead to impoverishment and significant wellbeing needs being neglected (Liu X, 1999). This hypothesis in this manner educates how the various factors in this investigation relate. Levels of salary among Wajir occupants decide their capacity to take up medical coverage. This thusly has a course on the wellbeing results of people. That is, on the off chance that an individual can bear the cost of medical coverage, at that point they can get to human services when needing it in this way keeping up a decent wellbeing status.

Salary levels likewise decide the wellspring of medical coverage suppliers accessible to the inhabitants of Wajir for example NHIF, Private protection suppliers or Community based medical coverage plans. Information on medical coverage plans and the different sorts accessible in the market is another determinant for take-up of health care coverage. Hence, if a greater amount of the people living in Wajir don't have the correct data of accessible plans then this will likewise be a constraining component in their take-up of the medical coverage administrations.

2.8. Conceptual Framework

An applied system is a diagrammatical research device needed to help the examiner with making care and comprehension of the circumstance under investigation and to pass on this (Roberts, 2011). The speculative structure shows the relationship between the poor variable and oneself overseeing variable. A free factor is one that is attempted to affect or pick a reliant variable (Van

der Waldt, 2008). It may be changed as required, and its qualities don't address an issue requiring clarification in an appraisal, yet are taken in a general sense as given. The applied structure for this assessment will be expert based framework portrayed in figure 2.1.

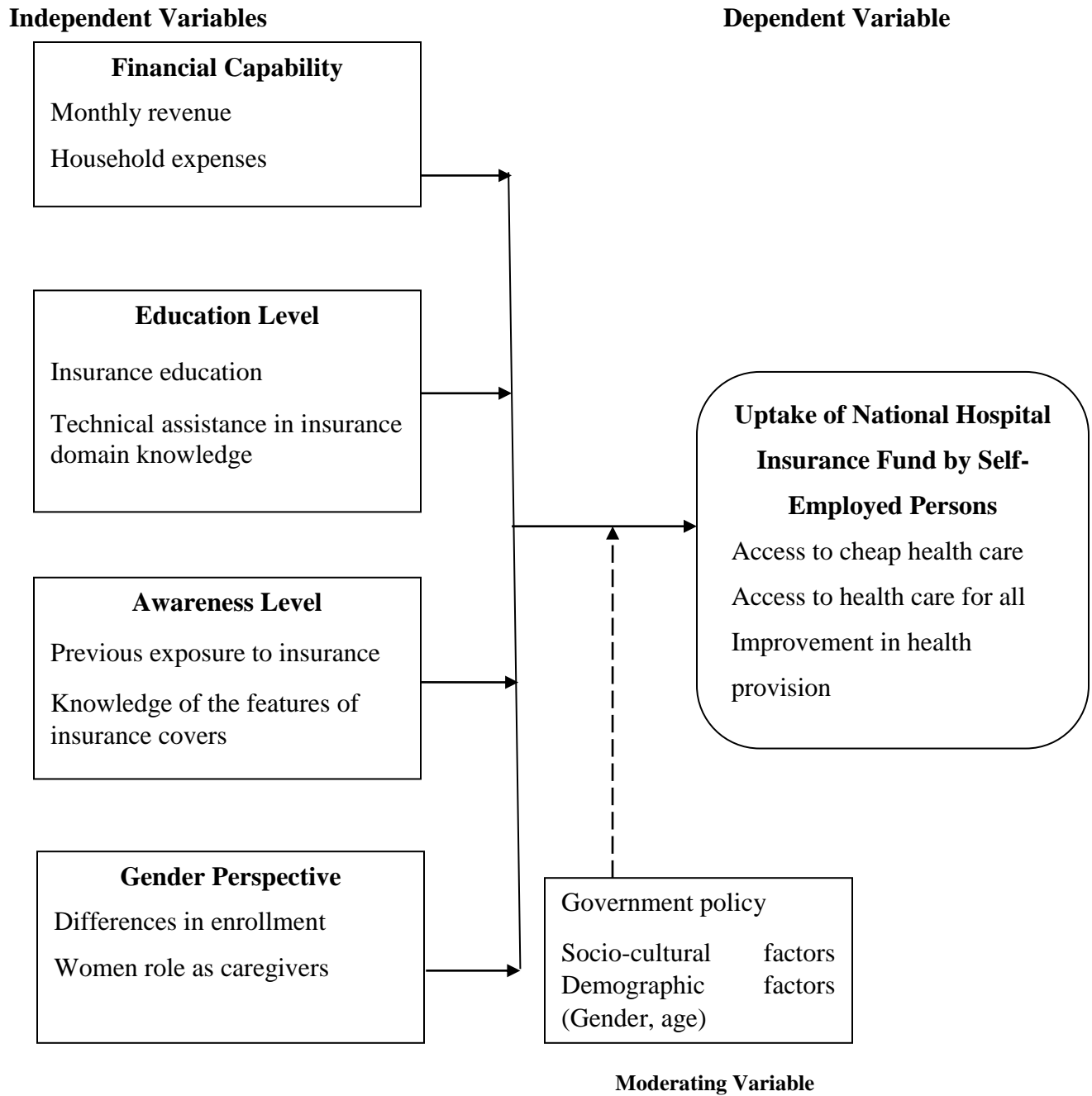


Figure 2.1: Conceptual Framework

Source: Author (2019)

2.9. Knowledge Gap

Through the investigation of the writing it has become evident that there are sure holes that are not being tended to. In spite of the fact that numerous examinations have been done on medical coverage however not many of them have been done to set up the determinants of take-up of national emergency clinic protection support. The previous audit affirms the presence of generous writing on the proposed examination. It is clear from the survey that different wellbeing activities can be utilized as an instrument of cultivating the take-up of medical clinic protection subsidize. In any case; the greater part of the examinations checked on were directed in created nations whose key methodology is unique in relation to that of Kenya. The couple of neighborhood contemplates evaluated either centered around the entire nation as a unit or in different locales other than Wajir County. There is thusly a writing hole on the determinants of take-up of national clinic protection subsidize which the examination tries to fill by exploring the determinants of take-up of national emergency clinic protection finance independent from anyone else utilized people in Kenya: instance of wellbeing ventures in Wait County.

2.10. Summary of Literature Review

The section surveys existing writing on the determinants of take-up of national emergency clinic protection support independent from anyone else utilized people in Kenya: instance of wellbeing ventures in Wait County. The idea of take-up of national emergency clinic protection support has additionally been clarified. The hypothesis under which the examination is based, has been talked about. The part additionally displayed a calculated structure mirroring the connection among free and ward factors.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This section shows the examination structure, the objective populace, the testing plan, the example, information assortment instruments, systems and the information investigation procedures that was utilized in the investigation.

3.2 Research Design

The investigation utilized expressive research plan. This technique for look into is favored in light of the fact that the scientist can gather information to address questions concerning the status of the subject of study. Spellbinding exploration decides and reports the state of affairs done and furthermore encourages a specialist to depict a marvel as far as mentality, qualities and attributes (Mugenda and Mugenda, 1999). As indicated by Orodho (2003), spellbinding overview is a technique for gathering data by talking or controlling a survey to an example of people.

3.3. Target Population

The objective populace was families of Wajir County who are recipient of the national emergency clinic protection subsidize. Wajir County is evaluated to have 4544 family units who are recipient of the national medical clinic protection finance. This made an all out target populace of 4544 family units (Wajir County, 2018).

3.4. Sample Size

A model is a more diminutive assembling or sub-bundle got from the accessible people (Mugenda and Mugenda, 1999). This assessment grasped stratified examining technique. Stratified analyzing is a probability reviewing framework wherein the master parcels the entire

people into different subgroups or strata, by then discretionarily picks the last subjects generally from the different strata. The explanation behind the decision of the testing strategy was on the grounds that it empowered the scientist to representatively test even the littlest and most unavailable subgroups in the populace. This enabled the scientist to test the uncommon boundaries of the given populace. Also, the examination utilized the accompanying equation proposed by Using Yamane (1973) to decide the example size;

Using Yamane (1973) formulae

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

Where

n = sample size

N = the population size

e = the acceptable sampling error (7%) at 93% confidence level

Thus;

$$n = 4544 / (1 + 4544 * (0.07)^2)$$

$$n = 204$$

Therefore, the sample population size (n) was 204 households

3.5. Sampling Procedure

Testing is the way toward choosing the individuals who will partake in an investigation. This examination received stratified testing method. From the conceivable objective populace of 4544, stratified irregular examining was utilized to choose an aggregate of 204 example populace.

3.6. Data Collection Methods

A poll was utilized to gather essential information. The survey involved inquiries, which tries to address addresses identified with the goals of this investigation. The inquiries involved both shut finished inquiries to improve consistency and open finished to guarantee most extreme information assortment and age of subjective and quantitative information. The poll was separated into two segments, the foundation data area and the exploration addresses segment. Moreover, the examination addresses area was partitioned to areas as indicated by the exploration goals.

3.7. Research Instruments

A poll was utilized to gather essential information. The survey involved inquiries, which tries to address addresses identified with the goals of this investigation. The inquiries involved both shut finished inquiries to improve consistency and open finished to guarantee most extreme information assortment and age of subjective and quantitative information. The poll was separated into two segments, the foundation data area and the exploration addresses segment. Moreover, the examination addresses area was partitioned to areas as indicated by the exploration goals.

3.8. Pilot Study

Steering encourages the analyst to create a comprehension of the idea of the individuals being met. In leading the pilot study, the specialist was keen on building up whether the respondents had a similar comprehension of the inquiries and in this way would offer the data required. Mugenda and Mugenda (2003) set that "even the most deliberately built instrument can't ensure to acquire 100% unwavering quality". Guiding is significant as it helps in deciding the

unwavering quality of the instrument. In this examination, 20 respondents were picked to contribute and were excluded from the example picked for the investigation. During guiding the analyst directed the survey to an alternate arrangement of respondents who are not part of the gatherings of examined respondents, however comparative in attributes to those inspected for the examination. The steering procedure assumed the significant job of checking the respondents for their reasonableness, clearness, importance of data and suitability of the language utilized.

3. 9. Validity of the Instruments

Authenticity is how a lot of an instrument gauges what it infers to check (Mugenda and Mugenda, 2003). It is the precision and reality of inferences, which rely upon the assessment results. In such way, pros in the field of endeavors achieved the substance authenticity through an appraisal of the substance. The instruments were given to two social events of authorities, one get-together was referenced to assess what thought the instrument is endeavoring to evaluate and the other get-together was requested to choose if the set from things correctly addresses the thought under assessment.

3.10. Reliability of the Instruments

Unwavering quality alludes to the consistency of information emerging from the utilization of a specific research technique. A test estimates what it is estimating to the degree. Mugenda (2003), states that unwavering quality is the proportion of how much an examination instrument yields a similar outcome after rehashed preliminaries over a period. In such manner, test-retest was utilized to beware of dependability. This included managing similar instruments twice to a similar gathering of subjects, however after some time. Thus, to decide soundness, a measure or test will be rehashed regarding the matter at a future date. Results were contrasted and associated

and the underlying test to give a proportion of security. Reactions acquired during the directing were utilized to ascertain the unwavering quality coefficient from a relationship lattice.

3.11. Data Collection Procedure

Information was gathered from the objective family units for a time of multi week. Three research collaborators supported in information assortment in the wake of preparing for two days. The instructional courses included preparation on the reason for the investigation, which means of terms utilized in the examination and the significance of keeping up moral norms when gathering information from the respondents. The scientist and associates visited the residence in advance and solicitation the family head to affirm the helpful time and date for the meeting and finishing of the poll. At the delegated time, the polls were controlled. The collaborators were procured from the network in order to decrease doubt and provide food for the correspondence boundaries.

3.12. Data Analysis Techniques

The information for the investigation was dissected both subjectively and quantitatively. The information gathered was entered in and investigated with the guide of SPSS. The Quantitative information produced was exposed to the elucidating insights highlight in SPSS to create mean, and standard deviation which was displayed utilizing tables, frequencies and rates.

3.13. Operationalization of variables

Operationalization is the strategy of cautiously portraying elements into quantifiable parts. The system describes cushioned thoughts and empowers them to be evaluated, tentatively and quantitatively. The operational implications of elements for the present assessment was showed up in the table 3.3.

3.14. Ethical Considerations

The interview with the respondents commenced through an introduction from the researcher to the respondents. The researcher was true to his/her word and aimed at collecting the truthful information only.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This part shows the information that was found on determinants of take-up of national office affirmation subsidize with no other person's data utilized people in Kenya: event of Wajir County. The examination was driven on an instance of 204 respondents to which audits were overseen. The region presents with evaluation of respondents' precious data, and a brief span later investigates the assessment of the assessment targets. Revelations from open-finished solicitations were indicated recorded as a printed version.

4.2 Questionnaire Return Rate

This part analyzes information on the questionnaires that were returned from the field. Findings on filled in questionnaires and unreturned questionnaires are presented in Table 4.1.

Table 4.1: Response Rate

Response	Frequency	Percentage
Filled in questionnaires	170	83.3
Un returned questionnaires	34	16.7
Total Response Rate	204	100

Out of the examined populace, 170 surveys were returned appropriately filled in making a reaction pace of 83.3%. The reaction rate was agent and was satisfactorily used to respond to the

exploration questions. As per Mugenda (2003) that a reaction rate above half is sufficient for examination and revealing; a pace of 60% is great and a reaction pace of 70% and over is superb.

4.3. Demographic characteristics of the respondents

The respondents' personal information included gender, age, level of education, the period of time the respondent has known National Hospital Insurance Fund.

4.3.1. Distribution of Respondents by Gender

The respondents were mentioned to demonstrate their sex. As needs be, the discoveries are as exhibited in the Table 4.2.

Table 4.2: Distribution of Respondents by Gender

	Frequency	Percentage (%)
Male	100	58.8%
Female	70	41.2 %
Total	170	100.0%

From the discoveries, dominant part (100) of the respondents were male and 70 of the respondents were female. This suggests despite the fact that the vast majority of the reactions exuded from guys there was sex balance.

4.3.2. Distribution of Respondents by Age

The study sought to establish the age of the respondents and the findings are as shown in Table 4.3

Table 4.3: Distribution of Respondents by Age

	Frequency	Percentage (%)
24 years and below	6	3.4%
25-29 years	36	21.1%
30-34 years	74	43.6%
35-39 years	30	17.6%
40-44 years	12	6.9%
45-49 years	8	4.9%
Above 50 years	4	2.5%
Total	170	100%

As indicated by the discoveries, 74 of the respondents were between 30-34 years, 36 were 25-29 years, 30 were 35-39 years, 12 were 40-44 years, 8 were 45-49 years, 6 were beneath 24 yrs and 4 respondents were over 50 years of age. This portrays the greater part of the respondents were sufficiently matured and accordingly could offer excellent data as a result of their experience.

4.3.3. Distribution of participants by Level of Education

The respondents were mentioned to show their degree of training. The discoveries on examination of respondent's degree of instruction has been introduced on Table 4.6.

Table 4.4: Distribution of participants by Level of Education

	Frequency	Percentage (%)
Secondary	46	27.0%
Certificate/Diploma	60	35.3%
Graduate	44	26.0%
Post Graduate	20	11.7%
Total	170	100%

From the discoveries, generally (60) of the respondents had authentication/recognition level of instruction, 46 had auxiliary training, 44 were graduates, while 20 were postgraduate. This suggests respondents were well learned and consequently higher odds of getting solid information.

4.3.4. Distribution of participants by Knowledge of National Hospital Insurance Fund

The respondents were mentioned to show the period of time they have known National Hospital Insurance Fund. The discoveries on examination of respondent's information on National Hospital Insurance Fund has been introduced on Table 4.5.

Table 4.5: Distribution of participants by Level of Education

	Frequency	Percentage (%)
Less than 1 year	15	8.8%
1-3 years	45	26.5%
4-6 years	85	50.0%
7 years and above	25	14.7%
Total	170	100%

From the discoveries, greater part (85) of the respondents had known National Hospital Insurance Fund for a term of 4-6 years, 45 demonstrated 1-3 years, 25 showed 7 years or more, while 15 showed under 1 year. This suggests respondents were well learned on National Hospital Insurance Fund and thus higher odds of getting dependable information.

4.4. Financial Capability and Uptake of NHIF

This section presents findings on financial capability and uptake of NHIF. The findings are shown in the following subsequent sections:

4.4.1. Income and Uptake of NHIF

The respondents were mentioned to demonstrate whether level of pay decide the take-up of NHIF. The discoveries are appeared in table 4.6.

Table 4.6: Income and Uptake of NHIF

	Frequency	Percent
Yes	103	60.3%
No	67	39.7%
Total	170	100%

From the discoveries, 103 of the respondents concurred that degree of pay decide the take-up of NHIF while 67 of them were of the opposite assessment. This infers the degree of salary decides the take-up of NHIF. The respondents further demonstrated that for individuals who don't have sufficient degree of salary they will be hesitant in enlisting to the NHIF as they consider it to be a weight to the measure of cash they have.

4.4.2. Extent of Agreement on Financial Factors and National Hospital Insurance Fund

The respondents were mentioned to demonstrate the degree to which they concede to budgetary factors in deciding their joining of the National Hospital Insurance Fund. The discoveries are as appeared in the table 4.7.

Table 4.7: Extent of Agreement on Financial Factors and National Hospital Insurance Fund

Statements	Mean	Std Dev.
Monthly revenue	3.89	0.1569
Number of household members employed	3.72	0.2378
Household expenses	4.12	0.1872
Access to Credit Extension	3.65	0.1734
Access to Business Opportunities	3.60	0.2109

From the findings the respondents agreed that household expenses determine their joining of the National Hospital Insurance Fund (mean=4.12), followed by monthly revenue (mean=3.89), number of household members employed (mean=3.72), access to credit extension (mean=3.65), and access to business opportunities (mean=3.6). This depicts that household expenses determine the joining of the National Hospital Insurance Fund.

4.4.3. Extent of Agreement on financial capability and uptake of NHIF

The respondents were mentioned to demonstrate the degree to which they concur with different explanations on monetary ability and take-up of NHIF. The discoveries are as appeared in the table 4.8.

Table 4.8: Extent of Agreement on financial capability and uptake of NHIF

Statements	Mean	Std Dev.
giving protection has all the impetus issues identified with the arrangement of credit	3.66	0.2569
private medical coverage is viewed as an extravagance decent in nations with national medical coverage plans and in this manner delicate to monetary motivating forces	3.72	0.2378
money related imperative is one of the significant boundaries of access to human services for underestimated areas of society in numerous nations	3.86	0.2109
interest for life coverage is decidedly identified with salary	3.57	0.2245
medical coverage entrance should ascend with the degree of pay	3.52	0.2135

From the discoveries the respondents concurred that money related imperative is one of the significant boundaries of access to human services for underestimated areas of society in numerous nations (mean=3.86), trailed by private medical coverage is viewed as an extravagance decent in nations with national medical coverage plans and in this manner delicate to monetary motivating forces (mean=3.72), giving protection has all the impetus issues identified with the arrangement of credit (mean=3.66), interest for life coverage is decidedly identified with salary (mean=3.57), medical coverage entrance should ascend with the degree of pay (mean=3.52).

This delineates money related imperative is one of the significant boundaries of access to human services for minimized segments of society in numerous nations.

4.5. Education Level and Uptake of NHIF

This section presents findings on education level and uptake of NHIF. The findings are shown in the following subsequent sections:

4.5.1. Extent of Agreement on Education Level and uptake of NHIF

The respondents were mentioned to demonstrate the degree to which they concur with explanations on training level and take-up of NHIF. The discoveries are appeared in the table 4.9.

Table 4.9. Extent of Agreement on Education Level and uptake of NHIF

Statement	Mean	Std. Dev
training is significant in giving information and fundamental abilities that permit better-taught people's entrance to data and assets to advance their wellbeing	3.95	0.1834
instruction is a significant connect to wellbeing and its determinants including wellbeing practices, utilization of preventive administrations and general demeanors to dangers	4.12	0.1324
training level decide singular tendency to guarantee their families	3.73	0.2081
instructed individuals are more averse to pay higher sums for medical coverage	3.80	0.2189

From the disclosures the respondents agreed that guidance is a huge interface with prosperity and its determinants including prosperity rehearses, use of preventive organizations and general airs to threats (mean=4.12), preparing is huge in giving data and central capacities that license better-showed individuals' passageway to information and advantages for advance their prosperity

(mean=3.95), taught people are increasingly unwilling to pay higher aggregates for restorative inclusion (mean=3.8), and that preparation level choose solitary propensity to ensure their families (mean=3.73). This portrays preparing is a critical interface with prosperity and its determinants including prosperity rehearses, use of preventive organizations and general attitudes to perils.

4.6. Awareness Level and Uptake of NHIF

This section presents findings on awareness level and uptake of NHIF. The findings are shown in the following subsequent sections:

4.6.1. Aware of NHIF

The respondents were approached to demonstrate whether they know about NHIF. The discoveries are as arranged in table 4.10.

Table 4.10: Aware of NHIF

	Frequency	Percent
Yes	158	93.1%
No	12	6.9%
Total	170	100%

From the discoveries, 158 of the respondents showed that they knew about NHIF while 12 of them were of the opposite feeling. This infers the respondents knew about NHIF and subsequently could offer dependable data as to the plan.

4.6.2. Source of Information on NHIF

The respondents were mentioned to show the wellspring of data on NHIF. The discoveries are appeared in table 4.11.

Table 4.11: Source of Information on NHIF

Source	Frequency	Percent
Radio	58	34.3%
TV	37	21.5%
Newspaper	13	7.4
Employer	45	27.0
Family friends	17	9.8
Total	170	100%

From the discoveries generally (58) of the respondents showed that they got data on NHIF from the radio, 45 demonstrated bosses, 37 showed TV, 17 demonstrated family companions, while 13 demonstrated papers. This delineate the respondents acquired data on NHIF from the radio.

4.6.3. Awareness Level and Uptake of NHIF

The respondents were approached to demonstrate whether mindfulness level impact take-up of NHIF. The discoveries are as classified in table 4.12.

Table 4.12: Awareness Level and Uptake of NHIF

	Frequency	Percent
Yes	147	86.3%
No	23	13.7%
Total	170	100%

From the discoveries, 147 of the respondents showed that mindfulness level impact take-up of NHIF while 23 of them were of the opposite sentiment. This infers mindfulness level impact take-up of NHIF.

4.6.4. Extent of Agreement on Awareness Level and Uptake of NHIF

The respondents were mentioned to show the degree to which they concur with explanations on mindfulness level and take-up of NHIF. The discoveries are appeared in the table 4.13.

Table 4.13: Extent of Agreement on Awareness Level and Uptake of NHIF

Statement	Mean	Std. Dev
all Kenyans more than 18 years can join NHIF plans	3.52	0.8901
Contributions are not refundable when one withdraws from scheme	3.68	0.7723
NHIF does not cover out-patients medical care for self-employed contributors	3.58	0.9240
Family can use the card for maximum of 180 days in a year(6 months	3.72	0.8245
All NHIF contributors are issued with a photo card after submitting passport	3.79	0.8112

From the findings the respondents agreed that all NHIF contributors are issued with a photo card after submitting passport (mean=3.79), followed by family can use the card for maximum of 180 days in a year (6 months) (mean=3.72), contributions are not refundable when one withdraws from scheme (mean=3.68), NHIF does not cover out-patients medical care for self-employed contributors (mean=3.58), and that all Kenyans more than 18 years can join NHIF plans (mean=3.52). This depicts that all NHIF contributors are issued with a photo card after submitting passport.

4.7. Gender Perspective and Uptake of NHIF

This section presents findings on awareness level and uptake of NHIF. The findings are shown in the following subsequent sections:

4.7.1. Gender Influence on uptake of NHIF

The respondents were approached to demonstrate whether sexual orientation impact take-up of NHIF. The discoveries are as arranged in table 4.14.

Table 4.14: Gender Influence on uptake of NHIF

	Frequency	Percent
Yes	112	65.6%
No	58	34.4%
Total	170	100%

From the discoveries, 112 of the respondents demonstrated that sexual orientation impact take-up of NHIF while 58 of them were of the opposite sentiment. This infers sex impact take-up of NHIF.

4.7.2. Extent of Agreement on statement on Gender Perspective and Uptake of NHIF

The respondents were mentioned to show the degree to which they concur with explanations on sex point of view and take-up of NHIF. The discoveries are appeared in the table 4.17.

Table 4.15: Extent of Agreement on statement on Gender Perspective and Uptake of NHIF

Statements	Mean	Std. Dev
prosperity territory sexual direction control relations make an understanding of into different access to and order over prosperity resources inside and outside families	3.87	0.1384
women's psychological beautifying agents, defenselessness and their activity as parental figures for their children and cleared out people from the family makes them have a helpful mood on therapeutic inclusion decisions	4.12	0.1529
women with low capability rely upon their mates for decisions on enrolment and use of their assurance cards	3.62	0.1723
marital status and having youths influences the probability of being covered in medicinal inclusion plans	3.79	0.2001

From the exposures the respondents concurred that ladies' mental improving specialists, vulnerability and their action as parental figures for their kids and got out individuals from the family causes them to have an accommodating mind-set on remedial incorporation choices (mean=4.12), thriving region sexual bearing control relations make a comprehension of into various access to and request over flourishing assets inside and outside families (mean=3.87), conjugal status and having young people impacts the likelihood of being shrouded in restorative consideration plans (mean=3.79), and that ladies with low capacity depend upon their mates for choices on enrolment and utilization of their confirmation cards (mean=3.62). This delineates ladies' mental beautifiers, weakness and their movement as parental figures for their kids and got out individuals from the family causes them to have a moving emanation on helpful consideration choices.

4.8. Discussion of Findings

This section presents discussion of findings as discussed in the following subsections:

4.8.1. Financial Capability and Uptake of NHIF

The investigation found that the degree of salary decides the take-up of NHIF. For individuals who don't have satisfactory degree of salary they will be hesitant in enlisting to the NHIF as they consider it to be a weight to the measure of cash they have. The examination found that family unit costs decide the joining of the National Hospital Insurance Fund. The investigation likewise found that monetary requirement is one of the significant obstructions of access to medicinal services for minimized segments of society in numerous nations. The disclosures agree with an assessment by Bhat and Jain (2016) who dismembered the enthusiasm for private therapeutic inclusion among lower and focus pay social events and found that families with Insurance had

more significant compensations than those which were not ensured. In like manner, nuclear families uncovering higher human administrations utilizations as a degree of complete family utilize had a higher probability of getting restorative inclusion.

4.8.2. Education Level and Uptake of NHIF

The assessment found that preparation is a huge associate with prosperity and its determinants including prosperity rehearses, usage of preventive organizations and general attitudes to perils.

4.8.3. Awareness Level and Uptake of NHIF

The assessment found that the respondents thought about NHIF and thusly could offer trustworthy information regarding the arrangement. The examination in like manner found that the respondents procured information on NHIF from the radio. The assessment found that care level effect take-up of NHIF. Platteau and Ontiveros (2013) attempting to fathom the components key low take-up and restoration paces of therapeutic inclusion in Maharashtra State in India coordinated an examination perception of insurance thoughts and the level of information that people had on assurance. The revelations of the assessment where: low enrolment and reclamation was affected by lacking information on the working of the arrangement and poor perception of security thought with most respondents refering to nonappearance of information on the most ideal approach to use the insurance. The assessment in like manner found that all NHIF suppliers are given with a photo card resulting to submitting ID.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This part introduces synopsis, exchange, end and suggestions on determinants of take-up of national emergency clinic protection support without anyone else's input utilized people in Kenya: instance of Wajir County.

5.2. Summary of findings

This section presents the summary of the findings and they are discussed in subsequent headings:

5.2.1. Financial Capability and Uptake of NHIF

The study found that the level of income determines the uptake of NHIF. For people who do not have adequate level of income they will be reluctant in enrolling to the NHIF as they see it as a burden to the amount of money they have.

5.2.2. Awareness Level and Uptake of NHIF

The study found that the respondents were aware of NHIF and thus could offer reliable information with regard to the scheme. The study also found that the respondents obtained information on NHIF from the radio. The study found that awareness level influence uptake of NHIF. The study also found that all NHIF contributors are issued with a photo card after submitting passport.

5.2.3. Gender Perspective and Uptake of NHIF

The assessment found that sexual direction sway take-up of NHIF. The assessment found that women's psychological beautifying agents, powerlessness and their activity as parental figures for their youths and cleared out people from the family makes them have an elevating outlook on medicinal inclusion decisions.

5.3. Conclusion of the Study

The examination presumed that the degree of salary decides the take-up of NHIF. For people who do not have adequate level of income they will be reluctant in enrolling to the NHIF as they see it as a burden to the amount of money they have. The study also concluded that household expenses determine the joining of the National Hospital Insurance Fund. The study also found that all NHIF contributors are issued with a photo card after submitting passport. The study concluded that gender influence uptake of NHIF.

5.4. Recommendations of the Study

Based on the findings the study made the following recommendations:

1. The government should carry out an advocacy campaign aimed at educating them of the need of social health insurance and how they can contribute
2. The amount of premium should be reduced
3. Officials of the NHIF should go for a recruitment mission in the community
4. The corrupt management at the NHIF should be removed to enhance transparency
5. The government and the development partners should have programmes and projects that are aimed at ensuring universal social health insurance that emphasizes a gradual scaling down of the premiums payable.

5.5. Suggestions for Further Studies

This investigation concentrated on determinants of take-up of national medical clinic protection support without anyone else utilized people in Kenya: instance of Wajir County, this exploration prescribes that future research should investigate determinants of take-up of national emergency clinic protection subsidize independent from anyone else utilized people in Kenya in different districts for speculation and correlation purposes. This would likewise be critical to give more data on how different provinces are embraced the medical coverage plans and whether there can be issues to benchmark on.

REFERENCES

- Adu-Arkodie Y, May J, Schwarz G (2010). National Health Insurance Coverage and Socio-economic Status in a rural district of Ghana. *Tropical Medicine and International Health* ,2010 Vol.15.No 2 PP.191-197.
- Akwasi, K. and Joshua A. (2013). Effects of Spacial location and Household wealth on health Insurance subscription among women in Ghana. *Bmc health service research*, 2013, 13,221
- Alderman, P. and Paxson, W. (2014). Willingness to pay for health financing in a developing economy: a pilot study of the informal sector of Ghana using contingent valuation. *Health Policy* 42: 223–37.
- Arhin, D. C., (2016). Health Insurance Demand in Ghana: Contingent Evaluation. Conference Paper presented at the International Health Economics Association (IHEA) Conference, Vancouver, Canada.
- Behrman, M. and Knowles, R. (2013). Determinants of Self-Rated Private Health Insurance Coverage in Jamaica. *Health* 2 2010 541-550
- Bending M. and Arun B. (2011). Enrollment in Micro life and Health Insurance: -Evidence from Sri-Lanka. IZA DP NO 5427
- Bhat R. and Jain. N. (2016). Factors influencing the demand for health insurance in a micro insurance scheme. Indian Institute of Management. Working Paper, no 2006-07-02
- Boateng and Awunyor-Victor (2013). Health Insurance in Ghana: An evaluation of policy Holder's perceptions and factors influencing policy renewal in the Volta region. *International Journal for equity in health* 2013, 12:50.
- Brockmeyer, T. (2012). The impact of a health insurance programme. Evidence from a Randomized controlled trial in Kenya. ILO Research Paper No. 24.
- Carin, G. and James, C. (2015). Key Performance Indicators for the Implementation of Social Health Insurance. *Applied Health Economics and Health Policy* forthcoming.

- Chandra, P. (2007). Project planning, analysis, selection, financing, implementation and review (6th ed). New Delhi: Tata McGraw-Hill
- Chankova S., C. Atim, and L. Hatt, (2009) Ghana's National Health Insurance Scheme, in the impact of health insurance in low-and middle –income countries. Brookings institution press. Washington DC
- Chuma, P. & Okungu, W. (2011). Analysis of the Industry and the strategic choices adopted by private hospitals in Nairobi. (MBA Project, University of Nairobi, 2011)
- Churchill, M. and Cohen, J. (2015). Gender difference in healthcare access indicators in urban low income community. American Journal of public health, June 2000, Vol 90, No 6
- Deloitte (2011). A Strategic Review of NHIF and Market Assessment of Private Prepaid Health Schemes. Deloitte Consulting Limited, Nairobi
- Doyle c. and Panda P, (2011). Factors Influencing Uptake of Micro Insurance Products in Rural India. Micro insurance Academy (MIA).2011
- Ebenazar Owusu-Sekyere and Anthony Chiaraah (2014). Demand for Health Insurance in Ghana: What Factors Influence Enrollment? American Journal of Public Health Research, 2014, vol 2, No. 1,27-35
- Edward Nketiah-Amponsah (2009) Demand for health insurance among women in Ghana: - Cross Sectional Evidence. International Journal of Finance and Economics – issue 33-2009
- Ensor T. and Cooper S. (2014). Overcoming barriers to health services, influencing the demand side. Health policy and planning 19(2)
- Feinstein L, Ricardo S, Tashweka M, A, Annik S and Cathie H (2006). Effects of Education on Health. Accessed from <http://www.oecd.org/edu> on 12/12/2013
- Ghosh, M. (2013). Perception of micro insurance in southern Ghana. The Role of information and Peer effects. DP 1194

- Gina, L. and Sapna, S. K. (2013). Overcoming the challenges of scaling Voluntary risk pools in Low-income settings. Results for Development Institute. Technical Paper No.6.
- Gine X, Townsend R, Vickery J (2012) Patterns of rainfall insurance participation in rural India. World Bank Economic Review 22(3): 539-566.
- Harmon C. and., Finn C. (2013). A Dynamic Model of Demand for Private Health Insurance in Ireland. IZA DP No.2472.
- Höfner, R. (2016). Social Health Insurance for Developing Nations. The World Bank Institute, Washington D.C,2016
- Jahangir A.M (2012). impact of Education on informal worker's willingness to pay and knowledge of Health insurance. ILO Research Paper NO 16.
- Jahangir A.M Khan and S. Ahmed (2013). Impact of educational interaction on willingness to pay for health insurance. A study of informal sector workers in urban Bangladesh. Health Economics Review 2013 3:12
- Jangati, Y (2012). Awareness of health Insurance in Andra Pradesh. International Journal of Scientific and Research Publications, Vol 2, issue 6.
- Jowett, R. (2014). Health Insurance in Sub-Saharan Africa: A Survey and Analysis. Africa Technical Department of the World Bank. Washington, DC.
- Khan and Ahmed (2013). The impact of educational intervention on willingness to pay for Health Insurance: A case study of informal sector workers in Bangladesh. Health economics review 2013, 3:12.
- Kimani, D. N., Mutheka, D. I., and Manda, D., (2012). Health Financing through Health Insurance in Kenya. Social Sector Division, Kenya Institute for Public Policy Research and Analysis (KIPPRA). A shift to a National Social Health Insurance Fund.
- Kirigia J, Lsambo, Benjamin N. Germano'Rufaro C.and Takondwa M. (2015). Determinants of health insurance ownership among South Africa Women. BMC health services Research 2005.5:11

- Mathauer I Schmidt J, and Wenyaa M (2013). Extending Social health insurance to the informal sector in Kenya. Assessing factors affecting demand. *The international Journal of Health Planning and Management*; 23(1) 51-68
- Mathauer I Schmidt J, and Wenyaa M (2013). Extending Social health insurance to the informal sector in Kenya. Assessing factors affecting demand. *The international Journal of Health Planning and Management*; 23(1) 51-68
- Mhere Francis (2013). Health Insurance determinants in Zimbabwe: A case of Gweru Urban. *Journal of Applied Business and Economics* Vol.14 (2) 2013.
- Musau, S. (2016). Community-Based Health Financing: Experience and Lessons Learned from East Africa. Technical Report No. 34. Partnerships for Health Reform Project, Abt Associates Inc., Bethesda, MD
- Nitayarumphong, M. & Mills, R. (2015). Employers' Willingness to Pay: The Case for Compulsory Health Insurance in Tanzania. *Health Policy and planning* (p.409-418)
- Ombeline De Bock and Woulter Galade (2012). The demand for micro insurance a literature review –ILO micro-insurance facility research paper no 26-Geneva.
- Pauly, M. (2014). The economics of moral hazard: comment. *American Economic Review* 58: 531-537.
- Platteau. J P. and Ontiveros D.U. (2013). Understanding and Information Failures: Lessons from a Micro Insurance Program in India. Research Paper No.29. Micro insurance Innovation Facility. ILO, Geneva
- Sabine cerceau (2012) Gender Equality in Access to Healthcare: The role of social health protection. A case study of RSBY scheme. Giz Discussion Papers. On Social Protection
- Savage E. and Wright D (2013). Health Insurance and Health Utilization: Theory and Evidence from Australia 1989-1990. Sydney: University of Sydney:2013
- Stefan Dercon Jan G, Andrew Z Simon L (2012). The impact of a health insurance programme. Evidence from a Randomized controlled trial in Kenya. ILO Research Paper No. 24.

- Sudharshan C and S.V Sethuraman (2011). Social protection and the informal sector in Developing countries: challenges and opportunities-The World Bank
- Wagstaff A (2010): Social Health Insurance Re-examined. *Health Economics*, 19:503–517
- Wang, Hong and Nancy Pielemeier (2012). Community Based Health Insurance; A revolutionary Approach to achieving universal coverage in low- income Countries. *Journal of life sciences* 320-329
- WHO (2008): Closing the gap in a generation. Commission on Social Determinants of Health, Final Report. Retrieved from www.who.org on 01/09/2013
- WHO (2010) Sustainable health financing, universal coverage, and social health insurance, In: 58th World Health Assembly. Agenda Item 13.16 Edition. Geneva: WHO.
- WIEGO, (2013). Determinants of Rural Households Willingness to Participate in Community Based Health Insurance Schemes in Edo State, Nigeria. *Ethno med*,6(2):95-102(2013)
- Yellaiah. J and G. Ramakrishna (2012). Social Economic determinants of health insurance in India .The case of Hyderabad city. *International Journal of Development and sustainability*. Vol No 2 (2012)111-11

APPENDICES

Appendix I: Introductory Letter

P.O BOX
WAJIR, KENYA
THE GOVERNOR
WAJIR COUNTY
KENYA.

Dear Sir,

REF: REQUEST FOR USE OF INFORMATION

I am a master of arts in project planning and management student at the University of Nairobi and in the partial fulfillment of the requirements of the degree; I wish to undertake a research study on the determinants of uptake of national hospital insurance fund by self-employed persons in Kenya: case of health projects in Wajir County.

The purpose of this letter is to request your permission to collect data through interviewing the respondents dealing with performance of health projects in the county. Your support and responses will be helpful in the study as I will be able to summarize, conclude the findings and help me come up with the right recommendations.

I take this opportunity to ensure that the data obtained will be used for academic purposes only and your identity will be held confidential.

Your cooperation will be highly appreciated.

Yours Faithfully,

Appendix II: Questionnaire

Dear respondent. The researcher is a student of Project Planning and Management at University of Nairobi and the research is for academic purpose only and will be treated with outmost confidentiality. The research seeks to investigate the determinants of uptake of national hospital insurance fund by self-employed persons in Kenya: case of health projects in Wajir County. Kindly provide correct and useful data and fill appropriately as logically guided. (This questionnaire has been provided as a word document that can be filled out in soft copy and returned via e-mail; or printed, filled out and mailed).

Section A: General Information

1. Gender of the respondent

- a) Male () b) Female ()

2. Indicate by ticking your age bracket

- a) 24 yrs. and below [] b) 25-29 []
c) 30-34 [] d) 35-39 []
e) 40-44 [] f) 45-49 []
g) 50 and above []

3. Kindly indicate your highest level of educational qualification (tick)

- a) Secondary education [] c) Certificate or diploma []
d) Graduate [] e) Postgraduate []

4. How long have you known National Hospital Insurance Fund?

- a) Less than 1 Year [] b) 1-3 Years []
c) 4-6 Years [] d) 7 Years and above []

SECTION B: Financial Capability and Uptake of NHIF

5. Does the level of income determine the uptake of NHIF?

Yes []

No []

If no explain

.....

.....

.....

6. To what extent do agree with the following financial factors in determining your joining the National Hospital Insurance Fund (NHIF)?

Statement	S.D	D	N	A	S.A
Monthly revenue					
Number of household members employed					
Household expenses					
Access to Credit Extension					
Access to Business Opportunities					

7. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following statement on financial capability and uptake of NHIF

Statement	S.D	D	N	A	S.A
Providing insurance has all the incentive problems related to the provision of credit					
Private health insurance is considered to be a luxury good in countries with national health insurance schemes and therefore sensitive to fiscal incentives					
Financial constraint is one of the major barriers of access to healthcare for marginalized sections of society in many countries					
Demand for life insurance is positively related to income					
Health insurance penetration should rise with the level of income					

SECTION C: Education Level and Uptake of NHIF

8. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following statement on education level and uptake of NHIF.

Statement	S.D	D	N	A	S.A
Education is important in providing knowledge and life skills that allow better-educated persons' access to information and resources to promote their health					
Education is an important link to health and its determinants including health behaviours, use of preventive services and general attitudes to risks					
The education level determine individual inclination to insure their families					
Educated people are less likely to pay higher amounts for health insurance					

SECTION C: Awareness Level and Uptake of NHIF

9. Are you aware of NHIF?

Yes []

No []

10. What is the source of your information on NHIF?

Radio [] T.V [] Newspaper [] Employer [] Family/friends [] Others (specify).....

11. Does awareness level influence uptake of NHIF?

Yes []

No []

12. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following statement on awareness level and uptake of NHIF.

NKJKJ	S.D	D	N	A	S.A
All Kenyans over 18 years can join NHIF schemes					
Contributions are not refundable when one withdraws from scheme					
NHIF does not cover out-patients medical care for self-employed contributors					
Family can use the card for maximum of 180 days in a year(6 months					
All NHIF contributors are issued with a photo card after submitting passport					

SECTION E: Gender Perspective and Uptake of NHIF

13. Does gender influence uptake of NHIF

Yes [] No []

14. Using a scale of 1-5, where 1= strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; Please indicate the extent to which you agree with the following statement on gender perspective and uptake of NHIF.

Statements	S.D	D	N	A	S.A
Health sector gender power relations translate into different access to and control over health resources within and outside families					
Women's psychological makeup, vulnerability and their role as care-givers for their children and sick members of the family makes them have a positive attitude on health Insurance decisions					
Women with low literacy rely on their husbands for decisions on enrolment and utilization of their insurance cards					
Marital status and having children has an effect on the probability of being covered in health insurance schemes					

THE END

THANK YOU

Appendix III: Nacosti

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 699778	Date of Issue: 23/October/2019
RESEARCH LICENSE	
	
This is to Certify that Mr. MOHAMED ABDUL of University of Nairobi, has been licensed to conduct research in Wajir on the topic: DETERMINANTS OF UPTAKE OF NATIONAL HOSPITAL INSURANCE FUND BY SELF-EMPLOYED PERSONS IN KENYA: CASE OF WAJIR COUNTY, KENYA for the period ending : 23/October/2020.	
License No: NACOSTI/P/19/2360	
699778 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Appendix IV: Research Authorization from Ministry of Education

**MINISTRY OF EDUCATION
STATE DEPARTMENT OF EARLY LEARNING AND BASIC**

Telegrams: "Education Wajir"
Telephone: 046-421029
When replying please quote



COUNTY DIRECTOR OF EDUCATION
P.O. BOX 31-70200
WAJIR

REF: EDW/VOL.I/ADMIN

Date 24/10/2019

**MOHAMED ABDUL
UNIVERSITY OF NAIROBI
P O BOX 30195-00100
NAIROBI**

Dear Sir,

RE: RESEARCH AUTHORIZATION

In reference to letter ref NACOSTI/P/19/2360 dated 23rd OCTOBER 2019 from the National Commission for Science, Technology and innovation granting you authority to undertake research on "Determinants of uptake of National Hospital Insurances fund by self-employed persons in Kenya ; A case study of Wajir County," for the period ending 23rd October. 2020.

This is therefore to inform you that this office has no objection and has granted you authority to conduct your research in Wajir County.

Wish you all the best in your undertaking.

**SAADIA ABDIKHEIR
FOR COUNTY DIRECTOR OF EDUCATION
WAJIR COUNTY.**



Jur

Appendix V: Research Authorization from Ministry of Interior and Coordination of National Government

