Journal of Policy and Development Studies

[ISSN 2958-1141]
Volume: 05 Issue: 01 | April-2026

JPDS

Determinants of the Uptake of Social Health Insurance (SHI) in Mombasa County: A Case of Coast General Teaching & Referral Hospital

Authors

Zephania Chemjor [1]; Emily Tialal [2]; Kazungu Wilfred Charo [3]; George Ochoki [4]; Enock Ruttoh [5]; Eliud Ngoba [6]; Eusebius Muchiti [7]

Main author's email: chemjor07@yahoo.com

(1) Jomo Kenyatta University of Agriculture and Technology, Kenya; (2.3.4.5.6.7) Kenya School of Government, Kenya.

Cite this article in APA

Chemjor, Z., Tialal, E., Charo, K. W., Ochoki, G., Ruttoh, E., Ngoba, E., & Muchiti, E. (2026). Determinants of the uptake of social health insurance (SHI) in Mombasa County: A case of Coast General Teaching & Referral Hospital. *Journal of policy and development studies, 5*(1), 94-114. https://doi.org/10.51317/jpds.v5i1.913

OPEN ACCESS

A publication of Editon Consortium Publishing (online)

Article history

Received: 2026-02-14
Accepted: 2026-03-22
Published: 2026-04-15

Scan this QR to read the paper online

Abstract

The purpose of this study is to identify determinants of uptake of Social Health Insurance (SHI) in Mombasa County and Kenya in general. The objective of the study was to assess the factors determining the uptake of Social Health Insurance (SHI) in Mombasa County, with a special study of The Coast General Teaching & Referral Hospital. The study addressed four specific objectives: the effects of socioeconomic and institutional factors, socio-cultural perceptions, and the identification of strategies to improve SHI uptake. The study used a descriptive cross-sectional survey. Convenience sampling was used to select the respondents interviewed. Data analysis revealed that the majority of respondents earned less than 10,000 Kenya shillings per month, further confirming that they cannot afford the SHI Premiums. The study revealed that the majority of respondents (84%) enrolled in SHI have attained secondary or higher levels of education. A significant majority, 68 per cent, reported that cultural and religious beliefs do not influence their uptake of SHI. The study concludes that while socioeconomic and institutional factors considerably affect uptake of SHI in Mombasa County, cultural and religious factors have a minor influence. The study is significant in contributing to the body of knowledge available to researchers on the determinants of SHI uptake. It also provides policymakers with information to develop strategies to improve SHI uptake.

Keywords: Healthcare access, health equity, social health insurance, sociocultural factors, universal health coverage.

INTRODUCTION

According to the Kenya Demographic and Health Survey conducted by the Kenya National Bureau of Statistics (KNBS, 2022), the uptake of health insurance in Kenya is low (26%). The report further indicates that the uptake of health insurance in Mombasa County was at 29 per cent. Although Kenya's Social Health Authority (SHA) aims to provide affordable health insurance, several barriers hinder widespread enrollment, particularly among the informal sector, which constitutes a substantial portion of the population. The KNBS (2022) report links an increase in universal health coverage with higher wealth, indicating that socioeconomic factors play a key role in its uptake.

According to Amoth (2024), the Government of Kenya has invested significant effort in popularising healthcare, with little success in terms of uptake, including in Mombasa County. This study intended to explore the reasons for the gap between government efforts to increase social health coverage and the actual uptake of health insurance, including factors that determine the uptake of Social Health Insurance (SHI) in Mombasa County, Kenya, and enablers of SHI enrollment and suggest measures to address the challenges in the uptake of social insurance.

By addressing these gaps, the research aims to provide valuable insights for policymakers, healthcare providers, and stakeholders to design more effective strategies that can enhance SHI uptake, ensure better health outcomes, and ultimately contribute to achieving Universal Health Coverage (UHC) in Mombasa CountyTo To examine the factors influencing the uptake of Social Health Insurance (SHI) in Mombasa County and provide recommendations for increasing enrolment and utilisation. Specific Objectives of the study were: to assess the influence of socioeconomic factors on the uptake of SHI in Mombasa County, to evaluate the role of institutional factors in determining SHI adoption in Mombasa County, to explore the socio-cultural perceptions that influence individuals' decisions to enroll in SHI in Mombasa County, and to identify potential strategies and interventions for improving SHI uptake in Mombasa County.

The study sought to answer the following research questions: how do socio-economic factors affect the uptake of SHI, what is the role of institutional factors in determining SHI enrolment, how do socio-cultural perceptions influence individual decisions to enrol in SHI, and what strategies and interventions can be implemented to enhance the uptake of SHI in Mombasa County.

The study relied on the assumption that respondents would provide honest and accurate responses, that the sample was representative of the broader population, and that the hospital would have a sufficient number of clients during data collection.

The study justified its focus on the need to establish the reasons for the low uptake of SHI in Mombasa, with a view to providing avenues to reverse this trend.

The study is significant because it will provide insights into socioeconomic, institutional and sociocultural factors that influence uptake of SHI. The findings will guide interventions to increase enrolment and contribute to Kenya's goal of achieving Universal Health Coverage (UHC). The study further proposes strategies to make SHI affordable and efficient for the population, as well as to provide a body of knowledge available to policymakers, administrators of healthcare institutions, and researchers.

This study examined the factors influencing the uptake of Social Health Insurance (SHI) in Mombasa County, Kenya. Specifically, it investigated key variables, including socioeconomic factors (income level, education, employment status), socio-cultural perceptions (cultural attitudes towards health insurance, traditional healthcare practices), and institutional factors (access to healthcare services, trust in SHI providers, government policies). The research covered individuals and families enrolled or eligible for SHI. The study was conducted at Coast General Teaching & Referral Hospital in Mombasa County. The research took place from 3rd March to 25th March 2025, providing a comprehensive examination of current SHI enrollment trends, barriers, and potential strategies to improve participation.

This study faces several limitations, including potential sampling and respondent biases, and a limited scope due to focusing solely on Mombasa. Also, the findings may be influenced by respondents' varying levels of SHI awareness. Additionally, time constraints, political affiliations and cultural sensitivities may impact the depth of the research. These limitations should be kept in mind when interpreting the study's results.

Operational Definition of Terms

Social Health Insurance (SHI)

A health financing system where individuals contribute to a collective fund, typically through premiums or taxes, to cover the cost of healthcare services.

Uptake of SHI

Refers to the rate at which individuals or households enrol in and actively participate in Social Health Insurance programs.

Socioeconomic Factors

The social and economic conditions that affect individuals' ability to access or afford health insurance. Key factors include income, education level, employment status, and occupation type. In the context of SHI, these factors influence an individual's decision to enrol in a health insurance program.

Socio-cultural Perceptions

The cultural beliefs, values, and social norms that influence an individual's attitudes and behaviours towards health insurance. These perceptions may include trust in formal healthcare systems, preference for traditional medicine, and social influences from family, friends, or community.

Institutional Factors

The policies, governance structures, and organisational processes that impact the provision and accessibility of SHI. These include the role of government policies, the quality and accessibility of healthcare services, institutional trust, and the efficiency of SHI schemes.

Enrollment Process

The procedure by which individuals or households sign up for SHI programs. This includes the steps involved in registration, submission of necessary documents, and obtaining coverage under the SHI scheme.

Health Equity

The principle of ensuring that all individuals, regardless of their social, economic, or demographic background, have equal access to quality healthcare services. In the context of SHI, health equity refers to the fair distribution of healthcare services and financial protection to all segments of the population.

Government Policies

The government's laws, regulations, and initiatives guide the implementation of SHI programs.

The study was expected to identify the impact of socioeconomic factors on SHI uptake in Mombasa County, ascertain the role of institutional factors in determining SHI adoption, explore the socio-cultural perceptions that influence individuals' decisions to enrol in SHI in Mombasa County, and provide potential strategies and interventions to improve SHI uptake.

LITERATURE REVIEW

Theoretical Framework

The theoretical framework in this study is designed to provide a conceptual understanding of the factors influencing the uptake of Social Health Insurance (SHI) in Mombasa County. This framework draws on multiple well-established theories to explain how socio-economic, behavioural, and institutional factors shape individuals' decisions to enrol in and utilise SHI.

The Social Determinants of Health (SDH)

The Social Determinants of Health (SDH) framework, as described by Marmot and Wilkinson (2005), is central to understanding how socioeconomic factors influence health outcomes and, in this case, the uptake of SHI. The SDH framework posits that a person's health is determined not only by medical care but also by the conditions in which they are born, grow, live, work, and age.

Key components of SDH relevant to SHI Uptake include income, education, which plays a critical role in individuals' awareness of SHI and their ability to navigate the enrollment process, and employment status, which shows that those in the informal sector often face challenges related to the affordability and accessibility of SHI. These factors underscore the importance of the broader social and economic

environment in shaping access to SHI and participation in the program.

This study sought to determine whether, as posited by Marmot and Wilkinson (2005), social factors, such as levels of education and the kinds of work people do, play a role in the uptake of SHI in Mombasa County and Kenya in General.

Institutional Theory

Institutional Theory, as proposed by Scott (2008), focuses on the role of institutions and the normative frameworks they create in shaping individual and organisational behaviour. This theory is especially relevant for understanding how healthcare institutions, government policies, and insurance providers influence SHI uptake. The study sought to determine whether the prevailing legal and regulatory frameworks in Mombasa County affect the uptake of SHI.

Key components of Institutional Theory relevant to SHI Uptake include Institutional legitimacy and trust in SHI healthcare institutions. If people perceive these institutions as legitimate and trustworthy, they are more likely to participate in SHI.

Government Policy as a key component of Institutional Theory implies that policies, such as subsidies, regulations, and incentives, play a critical role in shaping the affordability and accessibility of SHI. Government initiatives that reduce the financial burden of SHI premiums or simplify the enrollment process can encourage more people to join.

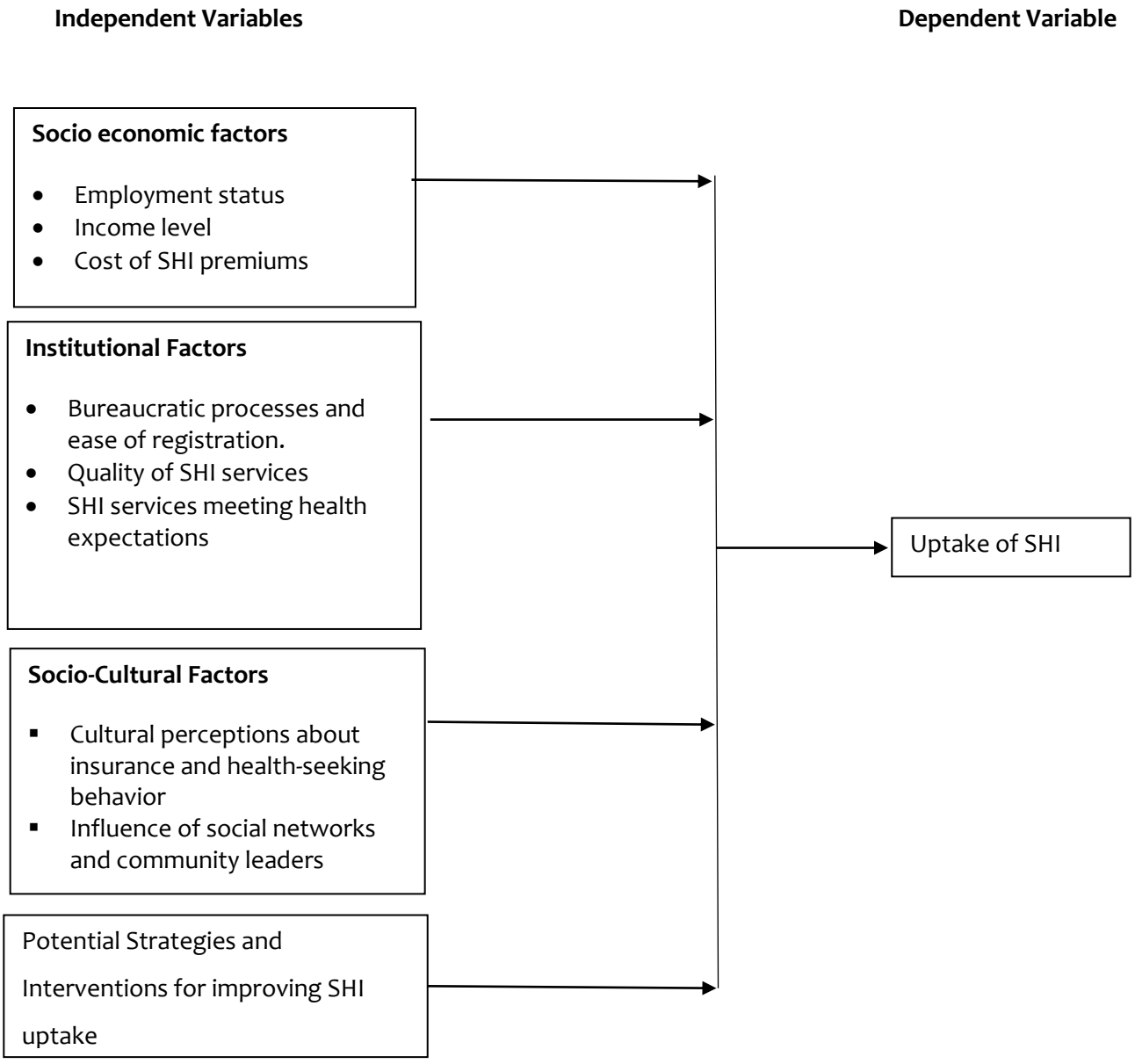
Institutional Theory helps explain how the actions of institutions and government policies, alongside their perceived legitimacy and support, shape individuals' behaviour and the broader acceptance of SHI. This study, therefore, sought to establish whether institutional factors have affected the uptake of SHI in Mombasa County. Theory of Planned Behaviour (TPB)

Theory of Planned Behaviour (TPB)

Ajzen's (1991) Theory of Planned Behaviour (TPB) posits that human behaviour is influenced by three key factors: attitudes, subjective norms, and perceived behavioural control. This theory is widely used to predict and understand behavioural intentions, including health-related behaviours such as enrolling in SHI. Key components of TPB relevant to SHI Uptake include attitudes which affect perception and uptake of SHI, subjective norms, such as the influence of family, peers, and the broader community, which play a role in shaping attitudes toward SHI and Perceived Behavioral Control, where perceived ease or difficulty of enrolling, affordability of premiums, complexity of the enrollment and responsiveness of SHI providers impact this perception. If individuals feel that they have the resources and support needed to enrol in SHI, they are more likely to take action. This study sought to determine whether the ease or difficulty of use of the SHI system, attitudes, and family and peer group influences influenced the uptake of SHI in Mombasa County.

Conceptual Framework

The term conceptual framework describes the overall scheme of ideas, theories, models, methods, and procedures that guided the execution of the study (Ravitch & Riggan, 2017).



Source: Author

Figure 1: Conceptual Framework

Empirical Literature

Socioeconomic Factors

Considerable body of research indicates that one of the most significant determinants of SHI enrolment is the income level of individuals, as those with lower incomes face substantial challenges in affording the premiums required for coverage, which, in turn, leads to lower levels of participation, particularly within the informal sector where contributions are often voluntary and not mandated (Kimani et al., 2012). While this study used interviews as a data collection method, Kimani et al (2012) relied on desk research with a review of data from 60,000 individuals. However, the location of both studies is similar as they are both set up in urban areas. This, therefore, makes it possible to generalise the findings as a representation of factors affecting the uptake of healthcare in Kenya. Chauluka et al. (2022), in their study on the ownership of health insurance among 24,562 women in Malawi, found that there was a significant ownership of insurance among respondents with high education, occupation and wealth. Other studies found that the majority of respondents could not afford to pay SHI premiums

due to low economic levels (Kimani et al 2012; Macharia, G, B. 2017).

Furthermore, the type of employment plays a key role, with individuals in formal employment being far more likely to enrol in SHI schemes compared to their counterparts in the informal sector, who do not have compulsory access to these insurance plans as enforced in government policies and thus may opt out (Barasa et al., 2018). Barasa et al. (2018) confirmed that economic variables are determinants of uptake of SHI. Although Barasa et al. (2018) studied income factors as reforms in healthcare as a determinant of uptake of SHI, the point of divergence with this study is in the scope of study, with Barasa et al. (2018) focusing on government reforms, while this study focused on consumers of the SHI.

According to Maina and Kariga (2019), most people enrolled in health insurance spent a lower share (12.4%) of their household budget on healthcare as opposed to those who were not enrolled (23.2%). This study sought to compare findings on expenditure on health and establish if there is any association.

Chuma and Okungu (2011) further noted that the health insurance sector in Kenya relied primarily on out-of-pocket payments by consumers. This is relevant to this study because the study sought to establish whether the respondents' level of income determined their enrollment in the SHI.

Moreover, the affordability of premiums, along with the perceived quality of the services covered by SHI programs, remains a crucial factor in determining whether individuals choose to participate in and remain committed to the system, with many opting out due to concerns over the cost relative to the quality of healthcare provided (Maina & Kirigia, 2019).

Institutional Factors

Macharia, G.B. (2017) stated that confidence in a scheme and uptake of SHI had an association with the respondents who had no cover, as well as non-confidence in the scheme, cited as a factor negatively affecting enrolment. This is a point of convergence which this study sought to test.

The perceived quality of healthcare services covered by SHI has a direct influence on individuals' decisions to enrol, as many are hesitant to join or utilise the insurance if they perceive the services provided to be insufficient in terms of coverage (Barasa et al., 2018). Barasa et al. (2018) further stated that the improvement of the quality of services improves the likelihood of SHI. This study sought to establish whether the perceived quality of services is a significant factor in Mombasa County.unty.

Nyagero et al. (2012) found that political affiliations and the position of power influence health financing in Kenya, leading to inefficiencies amid slow bureaucratic procedures. This is a point of divergence with this study because it did not seek to establish the impact of political affiliations on healthcare insurance uptake. However, this factor may have its roots in policies concerning health insurance, which are influenced by the political class, a factor that is within the scope of this study.

Chelogoi et al (2020) noted that the majority of respondents in their study did not like or understand the regulations related to healthcare and, by extension, healthcare insurance. This is a policy issue that this study sought to establish if and how it affects the respondents' chances of enrolling with SHI in Mombasa County. Chelogoi et al (2020) further noted that the majority of the respondents in their study conducted in Nairobi City County were not satisfied with the services offered by the government hospitals. This is a significant finding that we sought to test in this study to establish if the perception and attitudes of the respondents affected their uptake of SHI, which is mainly administered by government hospitals.

Cultural and Behavioural Factors

Cultural attitudes and beliefs about health insurance also play a notable role in determining SHI uptake, as certain communities may regard health insurance as unnecessary unless one is seriously ill, while others may prioritise traditional medicine over formal healthcare, thus diminishing the perceived need for SHI (Nyagero et al., 2012). This assertion is in line with the objectives of this study, where the impact of culture is tested to determine if it affects uptake of SHI. Additionally, trust in the government and the institutions that manage SHI funds is a critical factor, as scepticism about the transparency and management of these funds can lead to reluctance in

enrolment, as individuals may fear mismanagement or misuse of their contributions.

Chelogoi et al (2020) established that culture had a significant positive correlation with access to healthcare in Kenya. Culture, therefore, affects whether the respondents will accept buying health insurance or not, a key factor that this study sought to establish.

In conclusion, the uptake of Social Health Insurance (SHI) in Kenya is shaped by a complex web of interconnected factors that include individuals' socioeconomic status, the accessibility and quality of healthcare services, institutional inefficiencies, and cultural beliefs. Addressing these challenges through targeted policy reforms, enhancing service delivery, and conducting comprehensive awareness campaigns that highlight the benefits of SHI could help increase enrolment and ultimately contribute to the achievement of universal health coverage in Kenya. While the literature underscored the importance of communication in the success of health insurance, there is a gap in the clarification of the specific channels and media that can be used to increase the success rate. This study sought to establish and recommend the best approach to communication in social health.

Culture is also identified in the various studies as a factor affecting the uptake of social insurance. However, the studies do not highlight which aspects of culture are responsible for the low uptake; thus, the study sought to dissect and highlight the specific cultural aspects and perceptions that hinder the progress of social insurance. The study also sought to fill the gap in the income distribution among respondents and its relation with enrolment, which the literature review did not indicate. This study aimed to address these gaps by providing new insights into the challenges and opportunities for improving SHI uptake in Mombasa County, ultimately enhancing the effectiveness and inclusivity of health insurance programs in the region.ion.

Summary

This Chapter reviewed existing research on the uptake of Social Health Insurance (SHI), focusing on socio-economic, cultural, and institutional factors that influence SHI enrollment, particularly in Mombasa County. The chapter concludes by noting gaps in the literature, such as the lack of local studies on Mombasa County, specific data on sociocultural factors affecting enrolment, and lays the groundwork for the current research to address these issues and improve SHI uptake.

METHODOLOGY

Research Design

The study used a descriptive cross-sectional survey research design. This design is fast and cost-effective and can be used to describe the characteristics of the respondents and identify correlations. Mathers et al. (2009) advanced that it enables the study of the attitudes, values, beliefs, motives and opinions of a given community.

The target population in this study were the residents of Mombasa County who sought medical services at The Coast General Teaching and Referral Hospital. The sample size for this study was 96 respondents who were present during the time of data collection. Convenience sampling was used to select participants who were accessible. Golzar et al. (2022) postulate that convenience sampling is cost-effective and less time-consuming, although it may be subject to bias. The respondents were interviewed following the interview schedule.

The research tool was piloted by being administered, and the results were used to eliminate duplication. The data collection procedure involved using the KoboCollect tool. Interviews with patients were conducted using mobile devices, with responses entered directly into the tool, ensuring real-time and accurate data capture. The data was edited, coded, classified and analysed using MS Excel as it is appropriate in presenting percentages and tables, producing charts and graphs which are better in highlighting findings.

Procedural ethics were observed through seeking informed consent, voluntary participation, right to privacy and confidentiality in the way research participants are involved (Homan, 1991; Coady and Bloch, 1996; Creswell, 2011).

FINDINGS AND DISCUSSION

Questionnaire's Response Rate

A total of 96 questionnaires were distributed to respondents. Out of these, 96 questionnaires were returned, representing a response rate of 100 per cent. The response rate and usability of the questionnaires are summarised in the table below.

Table 1: Questionnaires' Response Rate

Category	Frequency	Percent (%)
Questionnaires Distributed	96	100%
Questionnaires Returned	96	100%
Questionnaires Useable	96	100%
Questionnaires Unusable	0	0%

The overall response rate indicates that the majority of the targeted respondents engaged with the study, with a high proportion of usable responses enabling meaningful data analysis.

Demographic Characteristics

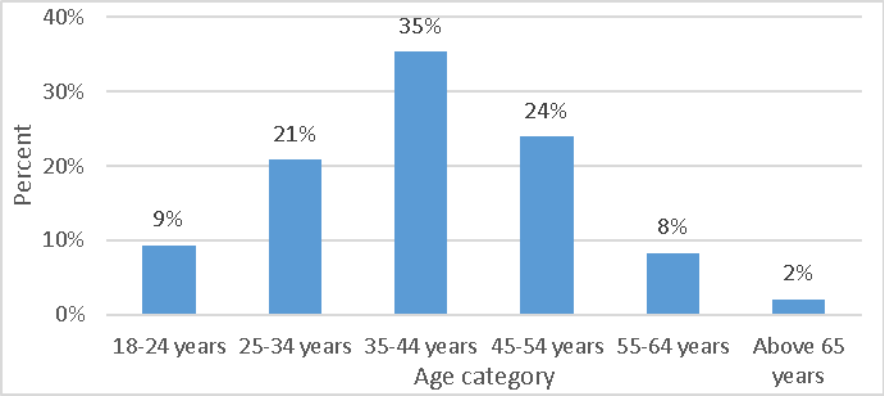


Figure 2: Distribution of Respondents (Patients) by Age n= 96

Figure 2 above shows that 9 per cent of the respondents were aged between 18 and 24 years. The largest responses were garnered from respondents aged 35-44 years (35%). This means that most of the respondents were of prime age, making the research achieve its goals. More than half (59%) of the respondents fall between 35 and 54 years, which is the prime age, while only 2 per cent were above 65 years. This implies that most of the senior citizens may not be attending medication in the health facility for reasons which may be related to socioeconomic factors.

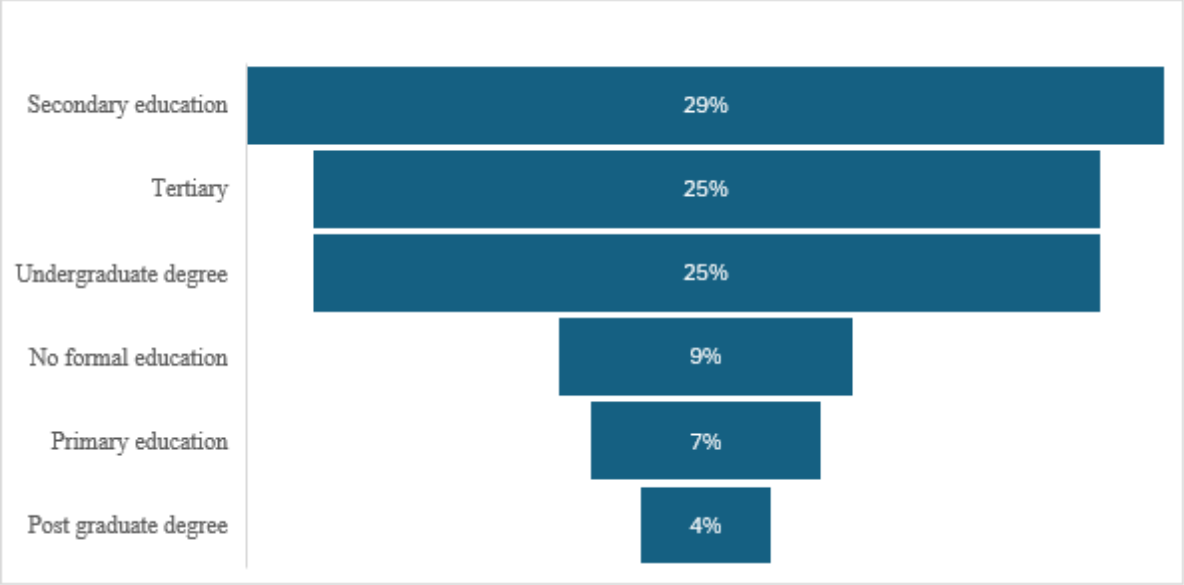


Figure 3: Level of Education (Patients) n= 96

Figure 3 above shows the education level analysis. It indicates that the majority of respondents (29%) had attained secondary education, followed by (25%) with tertiary education, and undergraduate education. The majority of the respondents (83%) had attained above secondary education. This may explain the high awareness levels on SHI and implies that efforts to popularise or socioeconomic factors may be disadvantaging the less educated category. As such, the findings highlight a need for special attention to the minority (16%) who have primary education and no formal education at all. This distribution suggests that individuals with higher education levels were more engaged or accessible for participation in the study, thus confirming the finding that there is significant enrollment among people with higher education (Chauluka et al., 2022).

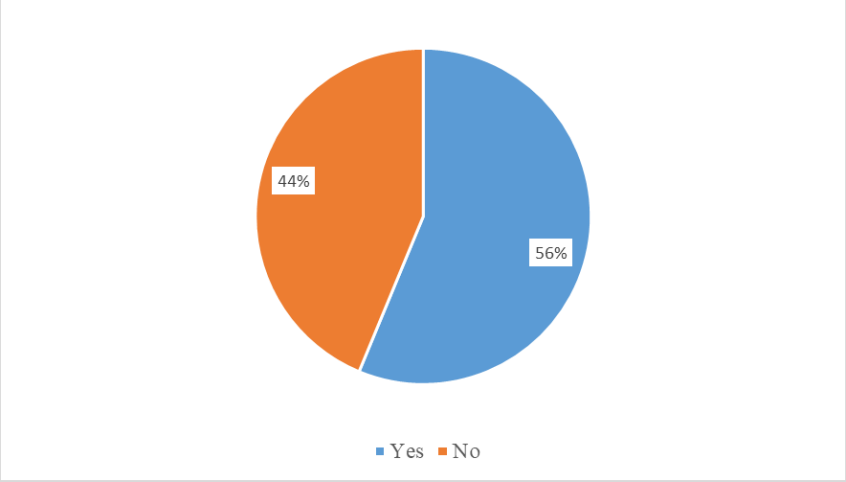


Figure 4: Whether Respondents are Enrolled with Social Health Insurance (n=96)

The data reveals that a slight majority of respondents (56%) are enrolled in Social Health Insurance, while 44 per cent are not. This indicates a relatively balanced divide, suggesting significant portions of the population remain uninsured. Efforts to expand coverage and awareness could help bridge this gap, ensuring broader access to healthcare services. According to KNBS (2022), the enrolment rate in Mombasa County was 29 per cent, which therefore makes the findings of this study a doubling in

enrolment over a period of about two years between the two studies.

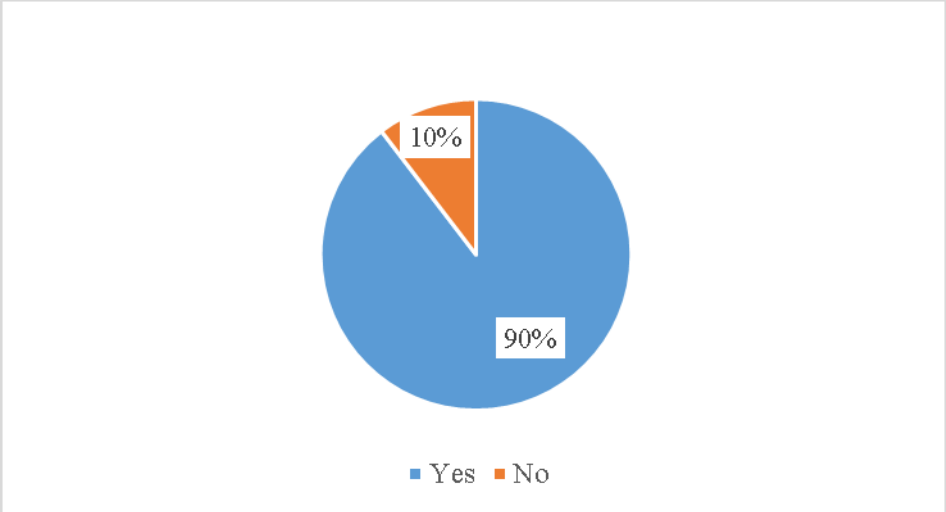


Figure 5: Whether Respondents are Familiar with Social Health Insurance (n=96)

Figure 5 above shows that 90 per cent of the respondents agree that they fully have knowledge about SHI, while only 10 per cent don't know about it. According to Chelogoi et al. (2020), awareness of social health was low, thus low enrolment, which is contrary to the findings of this study that indicated that there were high awareness levels, even though enrolment was low. This finding can be explained by the result that the majority of the respondents (84) have above secondary school education. This implies that there is a positive correlation between the level of formal education and awareness of SHI in Mombasa County. According to Abuya et al. (2015), appropriate communication strategies used create awareness, thereby leaving no vacuum which would have affected enrolment. The findings thus speak to an adoption of appropriate communications strategies to popularise SHI.

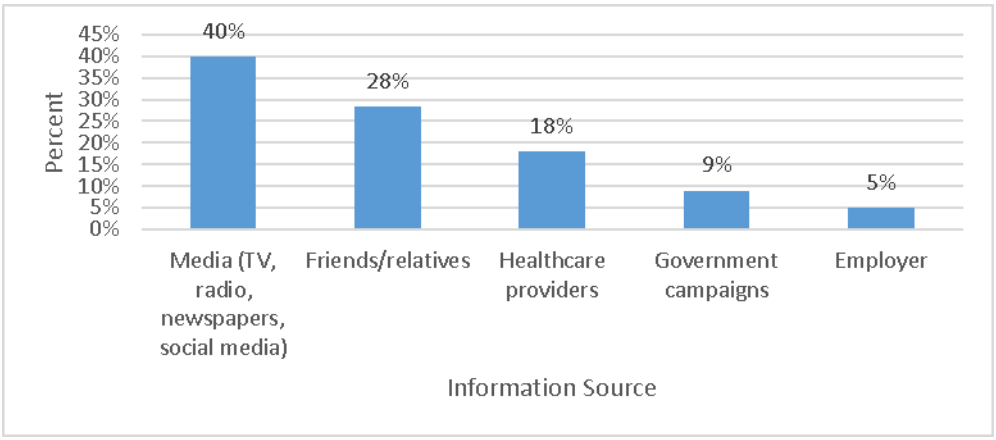


Figure 6: Responses of Patients on Sources of Information About SHI (86)

Figure 6 above shows that 40 per cent of the respondents' sources of information about SHI are the Media, 28 per cent reported their source of information was friends and relatives, (18%) from healthcare workers, 9 per cent through government campaigns, and only (5%) attested to having received the knowledge from their employer. According to Macharia, G. B. (2017), inadequate communication strategies to articulate policy create a vacuum that affects enrolment. The findings of this study suggest that media (TV, radio, newspapers, social media), and friends and relatives were the most commonly used

sources of information, and thus suggest that they were adequate and effective in policy communication, leading to the high awareness levels. The findings also validate the Social Determinants of Health framework as posited by Marmot & Wilkinson (2005)

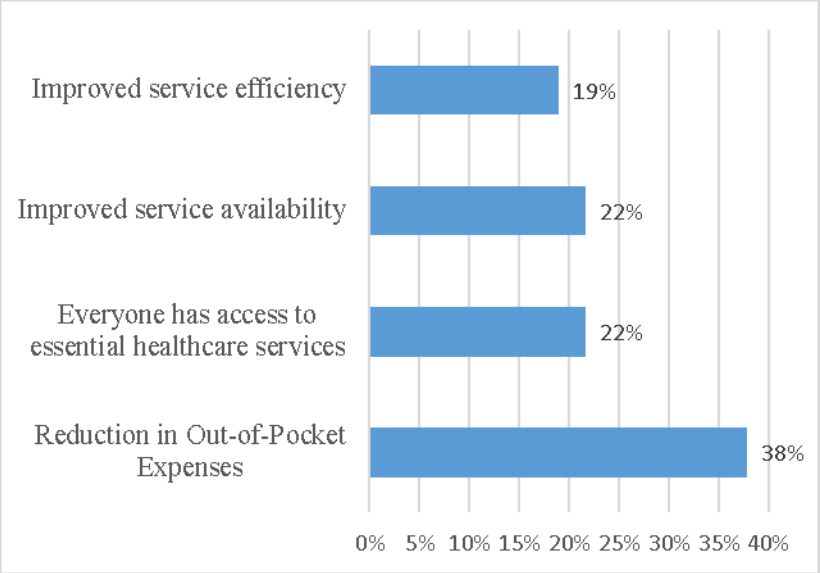


Figure 7: Responses of Patients on the Main Benefits of SHI (86)

Figure 7 above shows that 38 per cent of the respondents agreed that SHI had reduced out-of-pocket expenses. These findings corroborate the findings that many users of insurance relied on out-of-pocket (Chuma & Okungu, 2011) and thus the high ranking of reduction of out-of-pocket as the main benefit of enrolling on SHI. The study also established that 19 per cent agreed that the new system has improved service delivery. According to Maina and Kirigia (2019), quality of services is critical in enrolment to health insurance. This corroborates the findings of this study since quality is determined by efficiency, access and availability. The findings therefore confirm the importance of reduction of out-of-pocket expenditure and quality of services as factors determining enrolment to SHI.

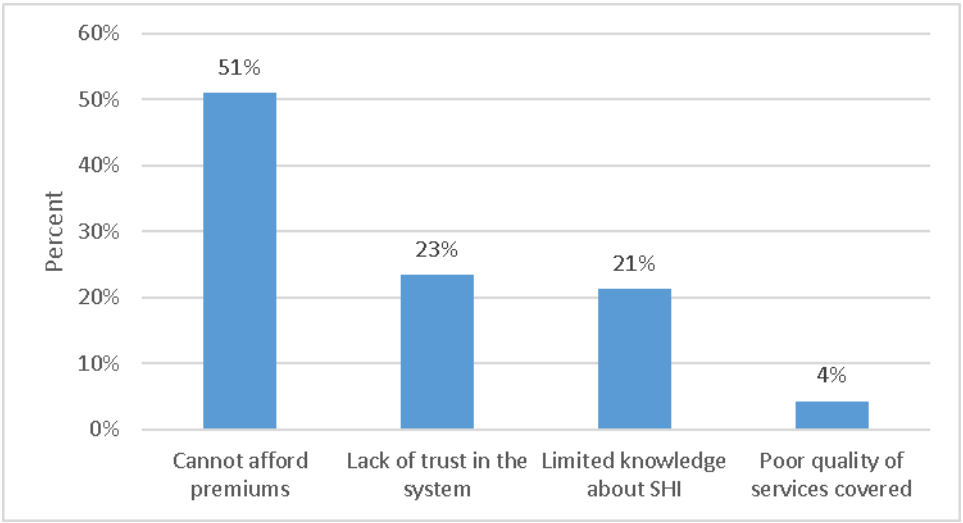


Figure 8: Responses by Patients on Why They are not Enrolled on SHI (n=42)

Figure 8 above shows that the primary reason patients are not enrolled in Social Health Insurance (SHI) is the inability to afford premiums, cited by 51% of respondents. Other significant barriers include lack of trust in the system (23%) and limited knowledge about SHI (21%). Only 4% attribute their non-enrollment to poor service quality, highlighting affordability and awareness as key challenges. Addressing these issues through subsidised premiums, education campaigns, and system transparency could improve enrollment rates. Kimani et al. (2012) & Chauluka et al. (2022) both posited that families with low income levels faced challenges in enrolment into health insurance, a fact that is corroborated by the findings of this study, thus cementing the place of cost of premiums as key in enrolment. The 23 per cent of respondents who cited lack of trust in the system as a reason for lack of enrolment corresponds with the finding that trust is crucial in enrolment (Nyagero et al., 2012). The major findings point to the need to address cost and trust in elevating enrolment in health insurance in Mombasa County.

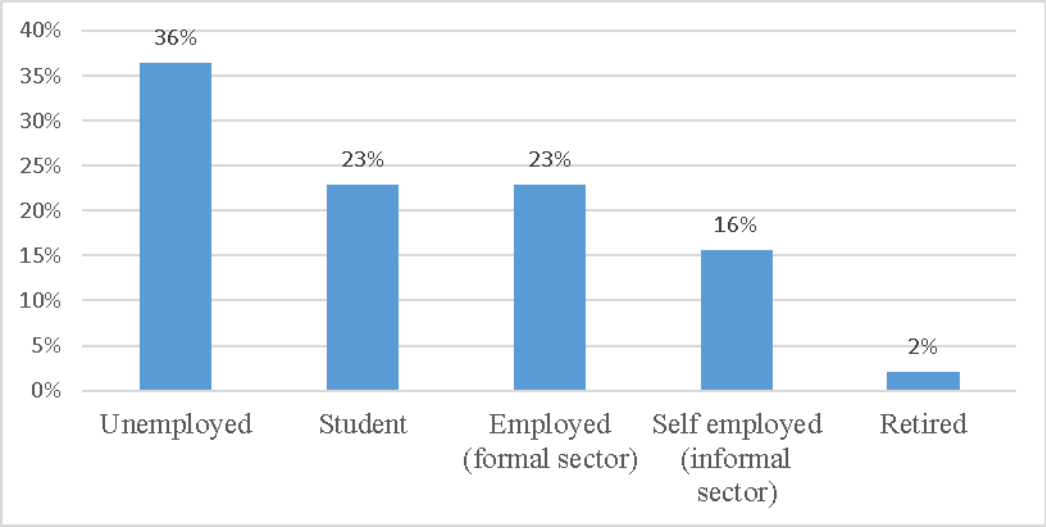


Figure 9: Distribution of Respondents (Patients) by Employment Status (n=96)

Figure 9 above shows the distribution of respondents by employment status reveal that (36%) are unemployed, the largest group, followed by students and formal sector employees at 2(3%) each. Informal sector workers account for (16%), while only (2%) are retired. This highlights a significant portion of economically vulnerable individuals, emphasising the need for targeted support and inclusive policies. Chauluka et al (2022) & Barasa et al. (2018) both established that employment status, especially formal employment, was a significant determinant of enrollment in health insurance. However, the findings of this study reveal that the majority of (59%) respondents were either unemployed or students, while a mere 23 per cent were in formal employment, a contradiction of both findings. This, therefore, implies that most of the users of public health facilities are the unemployed and students, and thus there is a need to make public health facilities more attractive to the formally employed.

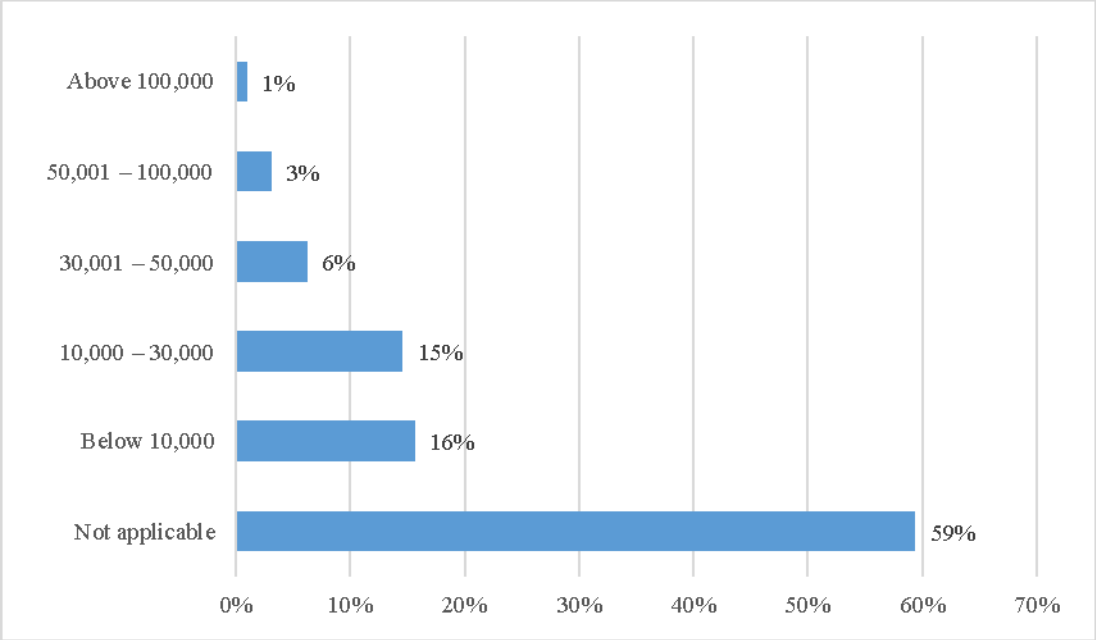


Figure 10: Respondents' Estimated Monthly Income (Ksh) n=96

Figure 10 above shows data on respondents' estimated monthly income reveals that (59%) fall under the "not applicable" category, likely including unemployed individuals, students, or retirees. Among the remaining, (16%) earn below 10,000, and (15%) earn between 10,000 and 30,000. This indicates a significant portion of the population with limited or no income, underscoring potential financial barriers to accessing services like Social Health Insurance. This finding corroborates the finding that the majority of the respondents (59%) were either unemployed or students. Chauluka et al. (2022) stated that there is significant ownership of health insurance among the high-income bracket in society, a gain that may not be attained given the low income levels among the respondents in this study, carried out in Mombasa County. This speaks to the need to address income inequalities as a way to enhance uptake of health insurance.

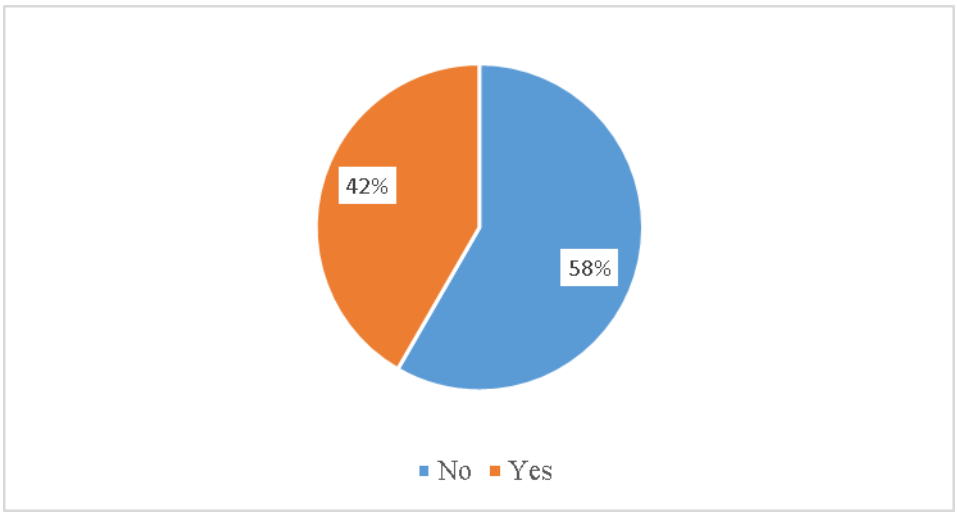


Figure 11: Responses on Whether the Cost of Premiums for SHI is a Barrier to Respondents (n=96)

Figure 11 above shows responses indicating that 42 per cent of respondents view the cost of Social Health Insurance (SHI) premiums as a barrier, while 58 per cent do not. This suggests that while a significant

portion struggles with affordability, the majority find the premiums manageable. Targeted financial support or subsidies could help address the concerns of the 42 per cent facing cost-related challenges. This finding corroborates the studies done by Chauluka et al. (2022) and Kimani et al. (2012). Maina and Kirigia (2019) further argue that the affordability of premiums enhances enrolment, a factor that needs to be addressed by the County so that enrolment can be on an upward trajectory.

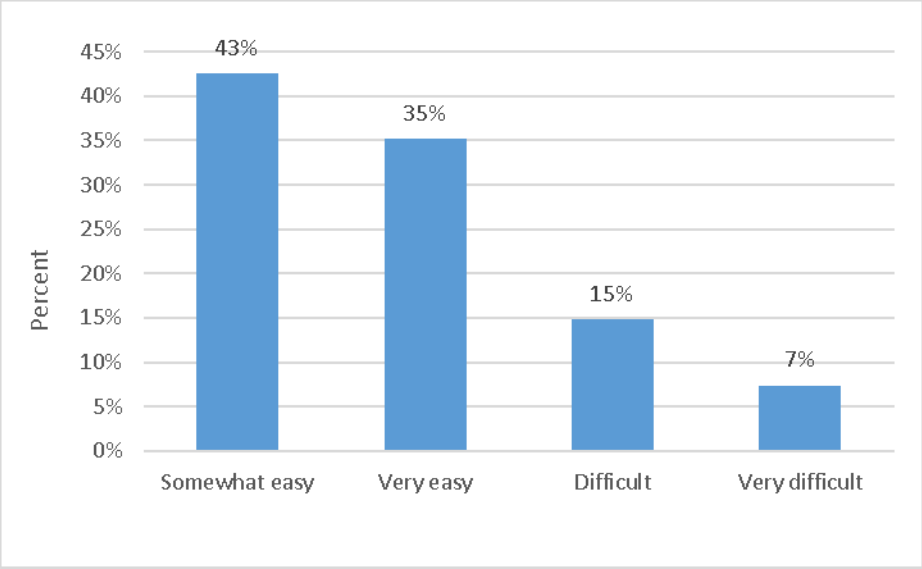


Figure 12: Responses on How Easy the SHI Registration Services Were (n=54)

Figure 12 shows the responses on the ease of SHI registration services show that (43%) found it "somewhat easy," while (35%) considered it "very easy," indicating a generally positive experience for 78 per cent of respondents, 15 per cent found it "difficult," while 7 per cent "very difficult," Macharia, G. B. (2017) stated that information strategy on insurance was significantly important. Despite the result of this study indicating that the majority of the respondents found the process to be easy, the enrolment was still low, pointing to the need to establish other factors that are holding the enrolment levels down.

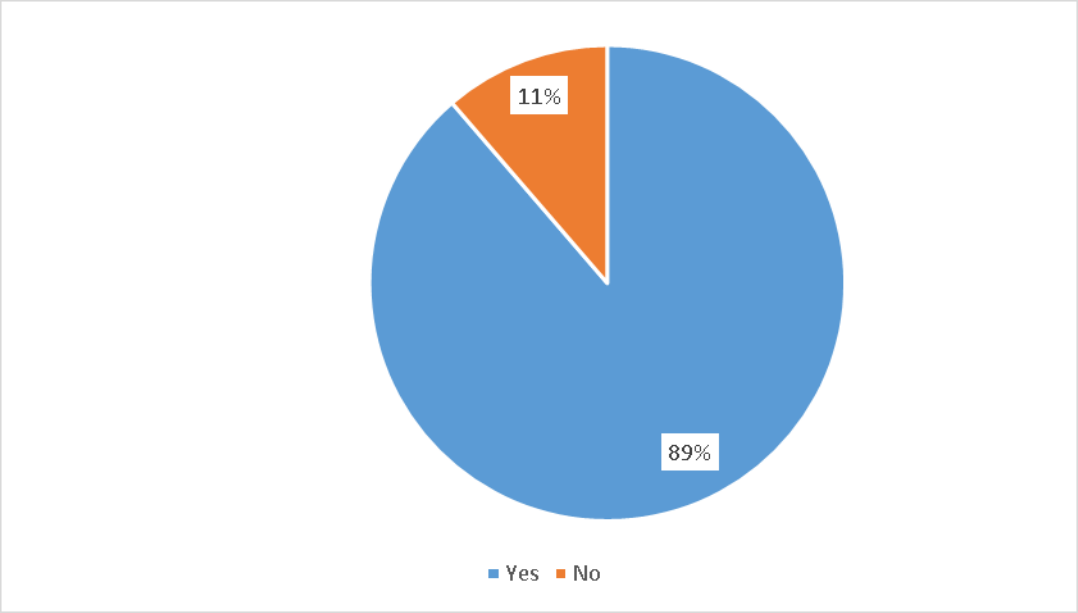


Figure 13: Responses on Whether the Services Provided Under SHI Met the Respondents' Health Care Needs (n = 53)

Figure 13 shows that 89 per cent of respondents felt that the services provided under Social Health Insurance (SHI) met their healthcare needs. This high satisfaction rate indicates that SHI is effectively addressing the majority of enrollees' health requirements. However, the remaining 11 per cent may still require targeted improvements to ensure comprehensive care for all beneficiaries. Chelogoi et al. (2020) found that there was great dissatisfaction in the services offered by health insurance facilities in Kenya, a finding that is negated by this study's findings.

Table 2: Responses on Why Services Provided Under SHI Did Not Meet the Respondents' Health Care Needs (n = 6)

Value	Frequency	Percentage
It does not cover outpatient treatment	1	17%
Not every service is contracted	1	17%
It should have less questions	1	17%
It caters for half of the cost of radiological investigations	1	17%
Outpatient services in level 5 should be paid	2	33%
Total	**6**	**100%**

Table 2 above highlights reasons why 6 respondents felt SHI services did not meet their healthcare needs. Key issues include the lack of outpatient treatment coverage (17%), incomplete service contracting (17%), excessive questions (17%), partial coverage of radiological investigation costs (17%), and the need for payment for outpatient services at level 5 hospitals (33%). These findings suggest areas for improvement by expanding the services covered to enhance SHI's comprehensiveness and user satisfaction.

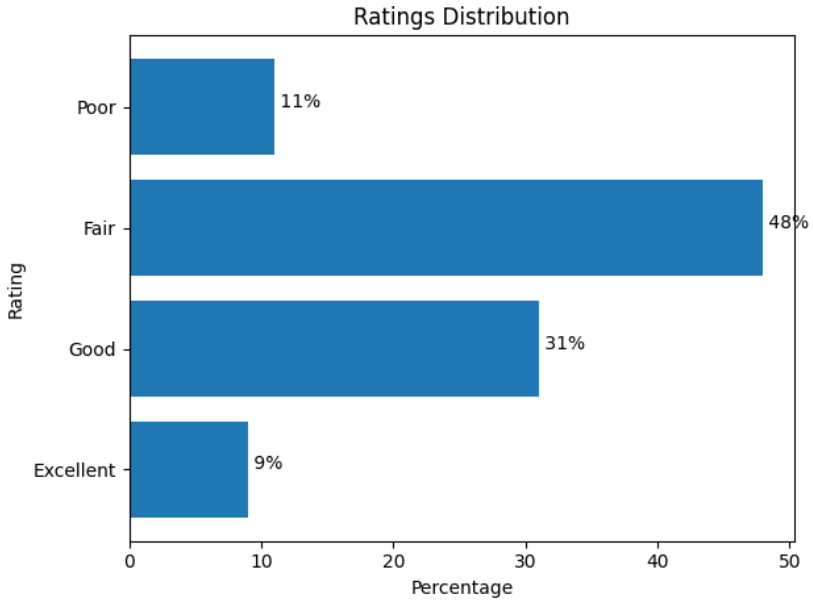


Figure 14: Respondents Rating on the Quality of Care Received Through SHI (n=54)

Figure 14 above shows respondents' ratings on the quality of care received through SHI show that 48 per cent consider it "fair," while 31 per cent rate it as "good." A smaller proportion, 11 per cent, describe it as "poor," and only 9 per cent rate it as "excellent." This result indicates that less than half (40%) of the respondents were satisfied with the quality of the services offered in SHI. Maina and Kirigia (2019) found that quality of services is critical in enrolment into health insurance, and thus the low satisfaction with the quality of services shows a positive correlation with the low enrolment levels established. This indicates moderate satisfaction with SHI services, but there is significant room for improvement to elevate the quality of care and achieve higher satisfaction levels. These findings confirm the Institutional Theory that highlights the role of institutional frameworks, such as quality of services, in shaping individual behaviour on enrolment.

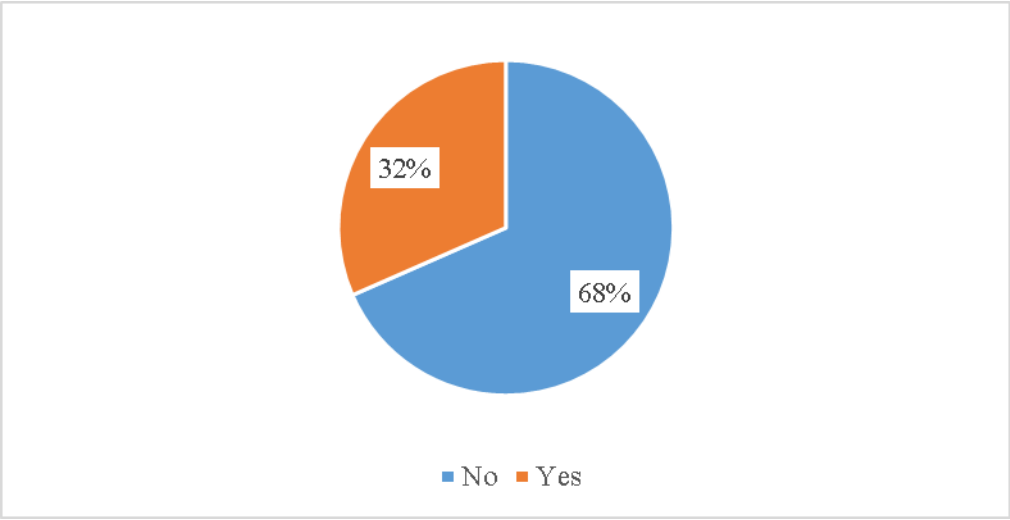


Figure 15: Response on Whether There Are Cultural or Social Reasons Why Some Individuals in the Respondents' Community Might Resist Enrolling in SHI

Figure 15 shows that 68 per cent of the respondents indicated that cultural reasons do not affect enrolment in SHI, while 32 per cent of respondents indicated that cultural or social reasons might contribute to resistance toward enrolling in Social Health Insurance (SHI) within their community. Nyagero et al. (2012) and Chelogoi et al (2020) established that culture played a notable role in the enrolment into health insurance, which this study contradicts. This suggests the dynamic nature of culture and how time and geographical locations can create a difference in the impact of culture. The study points to a possible shift from culture as a determinant of decision-making to the use of scientific information, which should continue to be encouraged. However, the minority (32%) who reported that culture indeed affected the decision on enrolment to SHI is still a significant percentage of the population and thus implies that measures to further reduce the impact of culture are necessary.

Table 3: Cultural or Social Reasons in the Respondents' Community That Make People Resist Enrolling in SHI

Responses	**Percentage**
Health insurance is un-necessary if one is healthy	57%
Religious or community beliefs	20%
Preference for traditional medicines	13%
No cultural barriers	10%
Total	**100%**

Table 3 reveals that 57 per cent of the respondents who believed cultural or social reasons affected SHI enrollment were of the opinion that health insurance is unnecessary if one is healthy. Additionally, 20 per cent cite religious or community beliefs, 13 per cent prefer traditional medicines, and 10 per cent report no cultural barriers. These findings highlight the need for targeted education and awareness campaigns to address cultural and social misconceptions influencing SHI enrollment.

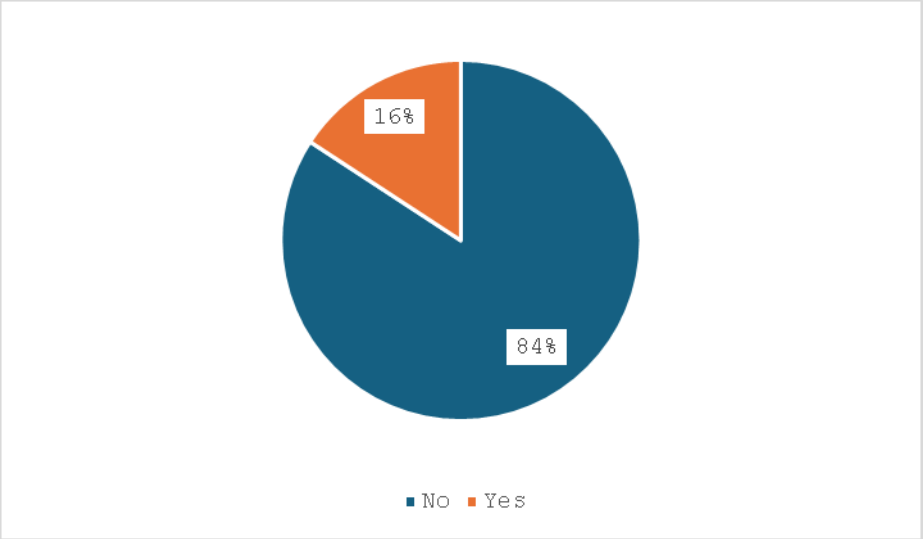


Figure 16: Respondents' Opinion on Whether Their Family and Community Networks Play a Significant Role in Making Health-Related Decisions, Including Whether to Enroll in SHI (n = 95)

Figure 16 above shows that the majority (84%) do not believe that family and community networks play a significant role in health-related decisions such as SHI enrolment, while (16%) of respondents believe their family and community networks play a significant role. This suggests that, for most respondents, individual

preferences or external factors may outweigh familial or community influence in health decision-making processes.

Table 4: Explanation of How Family and Community Networks Influence SHI Registration (n = 17)

Responses	Percentage
The registered members encourage others to undergo the SHI registration process	85%
Belief that the SHI is a waste of money	15%
Total	**100%**

A further interrogation of those who felt that family and community networks influence enrolment into SHI returned results as shown in the Table 4 above which indicates that among the 17 respondents who acknowledged family and community influence, a majority (85%) stated that registered members encourage others to enroll in SHI, while (15%) expressed a belief that SHI is a waste of money. This highlights the dual role of networks in promoting or discouraging enrollment, emphasising the importance of the government utilising positive family and community influence in boosting the uptake of SHI. These findings among those who stated that family and community influence enrolment concurs with the Theory of Planned Behaviour (Ajzen, 1991) that underscores the central role of family and peers in influencing individual behaviour.

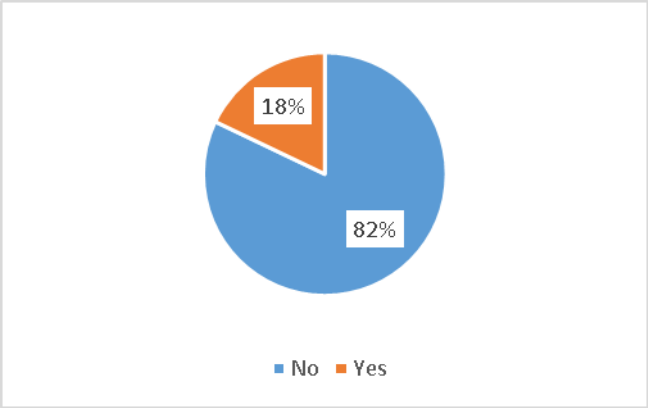


Figure 17: Respondents' Opinion on Whether Community Leadership Influences Their Decision to Enroll in SHI (n= 96)

Figure 17 above shows that the majority (82%) do not believe community leadership influences their decision to enrol in SHI, while a minority 18%) of respondents believe it does influence. This suggests that, for most respondents, community leaders play a minimal role in shaping their enrollment choices, indicating that other factors may have a stronger impact on their decision-making process. Nyagero et al. (2012) corroborate this finding, signifying a possible shift to individual responsibility in health-related decision making.

Table 5: Explanation on How the Leadership Influenced SHI Registration (n=15)

Responses	Percentage
Enforce registration	7%
They give vivid explanation on benefits of using the platform	20%
Simplifies the registration process of SHI by bringing community health registrars near homesteads	20%
Promote awareness, encourage participation in various media and ensure the system is applicable in all areas	53%
Total	100%

Table 5 above reveals that among the 15 respondents influenced by community leadership, 53 per cent credit leaders for promoting awareness, encouraging participation, and ensuring SHI's applicability. This can be associated with the trust the community has in its leaders and thus confirms the finding that trust is crucial in enrolment (Nyagero et al., 2012). Additionally, 20 per cent appreciate leaders for simplifying registration by bringing services closer to homes, and another 20 per cent value their clear explanations of SHI benefits. Only 7 per cent cite enforcement of registration. This underscores the need for the government to use community leadership to influence the unrolled to take SHI through awareness, accessibility, and education to drive SHI enrollment.

Table 6: Respondents Suggestions on How to Enhance SHI Uptake (n=96)

Better awareness and education campaigns	25%
Responses	Percentage
More affordable premium rates	18%
Expanded hospital coverage of servies	17%
Simplified enrollment process	16%
Government subsidies for low-income earners	13%
Stronger enforcement of mandatory enrollment	11%
Total	100%

Table 6 above highlights respondents' suggestions to enhance SHI uptake, where 25 per cent recommend better awareness and education campaigns, 18 per cent propose more affordable premiums, and 17 per cent advocate for expanded hospital coverage. Additionally, 16 per cent suggest simplifying enrollment, 13 per cent call for government subsidies for low-income earners, and 11 per cent support stronger enforcement of mandatory enrollment. As suggested by Abuya et al. (2015), awareness creation through strategic communication that articulates policy will eliminate information vacuums that affect enrolment in Mombasa County.

CONCLUSION AND RECOMMENDATIONS

Conclusion: The study findings indicated that 78 per cent of the respondents earned below KES 10,000 per month, which further revealed that, as a result, 51 per cent cannot afford premiums. The study, therefore, concludes that socioeconomic factors greatly influence the uptake of SHI in Mombasa County.

The study also revealed that a significant majority (78%) of the respondents viewed the process of registration as easy. A significant majority (89%) indicated that SHI facilities met their service needs, and nearly half (48%) responded that the quality of healthcare was fair. It can therefore be concluded that the institutional factors play a positive role in influencing the uptake of SHI in Mombasa County.

The findings revealed that a majority of the respondents (68%) were not influenced by cultural or religious beliefs regarding the adoption of SHI. Additionally, it was revealed that the majority of the respondents (82%) indicated that community leadership did not influence uptake of SHI. This indicates that the uptake of SHI was an individual action, and thus the conclusion that socio-cultural perceptions did not have a significant influence on the uptake of SHI in Mombasa County.

The research questions were adequately addressed, revealing that socioeconomic factors significantly hinder enrollment, institutional factors play a very significant role in influencing enrollment to health insurance, and sociocultural factors have an insignificant influence on enrollment.

Recommendations: To enhance SHI uptake, the study recommends that the County Government of Mombasa should develop a targeted special SHI subsidy model for the informal sector workers who are significantly out of SHI; develop programs, policies and practices that will improve the economic well-being of the residents so that they can afford to pay SHI premiums. The County Government of Mombasa should also conduct a robust SHI campaign within the county using County staff,f such as Community Health Workers and other grassroots employees. The County Government of Mombasa should explore strategies to reach the less educated through communication channels and strategies that can reach them and enhance their understanding of SHI. This will improve trust from the residents and avoid misinformation that can be spread by social media and the media in general, where most of the residents get information about health insurance.

The County Government of Mombasa should also ensure that employers within the county comply with health insurance regulations, create awareness and support employees to register for SHI. The registration process, though largely straightforward, could be further simplified, and mobile registration units could be deployed to reach remote areas. Expanding hospital coverage and improving service quality, particularly outpatient services, would increase SHI's appeal. The County Government of Mombasa should further put in place special measures to reach and enrol residents who have no formal education and those with only a primary education level, because the findings show that they are an alarming minority in the uptake of SHI. Further research should explore the effectiveness of these interventions, reasons for extremely low uptake among the less educated, and investigate regional variations in SHI uptake to inform tailored strategies.

REFERENCES

Ajzen, I. (1991). The theory of planned behaviour. *Organisational Behaviour and Human Decision Processes,* 50(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020TT-T

Ajzen, I., & Fishbein, M. (2005). The influence of attitudes on behavior. In D. Albarracín, B. T. Johnson, & M. P. Zanna (Eds.), *The handbook of attitudes* (pp. 173–221). Psychology Press.

Amoth, P. (2024, September 9). Kenya should embrace change in social health. *The Daily Nation*. https://nation.africa/kenya/blogs-opinion/blogs/kenyans-should-embrace-change-to-social-health-4754286

Barasa, E., Rogo, K., Mwaura, N., & Chuma, J. (2018). Kenya National Hospital Insurance Fund reforms: Implications and lessons for universal health coverage. *Health Systems & Reform,* 4(4), 346–361. https://doi.org/10.1080/23288604.2018.1513267

Chelogoi, D. N., Jonyo, F., & Amadi, H. (2020). The influence of socio-cultural factors in access to healthcare in Kenya: A case of Nairobi County, Kenya. *Journal of Social and Political Sciences,* 3(3), 745–760. https://www.scirp.org/journal/paperinformation?paperid=100449

Chuma, J., & Okungu, V. (2011). Viewing the Kenyan health system through an equity lens: Implications for universal coverage. *International Journal for Equity in Health, 10*, 22. https://doi.org/10.1186/1475-9276-10-22

Golzar, J., Tajik, O., & Noor, S. (2022). Convenience sampling. *International Journal of Education and Language Studies, 1*, 72–77. https://doi.org/10.22034/ijels.2022.162981

Homan, R. (1991). The Ethics of Social Research. Longman Publishers

Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. *Health Education & Behavior, 11*(1), 1–47. https://doi.org/10.1177/109019818401100101

Kenya National Bureau of Statistics. (2022). *Kenya demographic and health survey 2022*. https://www.knbs.or.ke/reports/kdhs-2022/

Kimani, D., Ettarh, R., Kyobutungi, C., Mberu, B., & Muindi, K. (2012). Determinants for participation in a public health insurance program among residents of urban slums in Nairobi. https://doi.org/10.1186/1472-6963-12-66

Macharia, G. B. (2017). Factors influencing uptake of social health insurance in Kenya: A case of Nyeri County. *International Journal of Current Business and Social Sciences, 1*(6), 117–194.

Maina, T., & Kirigia, D. (2019). Annual evaluation of the National Hospital Insurance Fund (NHIF): Effectiveness and efficiency assessment. *International Journal of Health Policy and Management, 8*(3), 123–132. https://doi.org/10.15171/ijhpm.2019.12

Marmot, M., & Wilkinson, R. (2005). *Social determinants of health: The solid facts* (2nd ed.). World Health Organization.

Mathers, N., Fox, N., & Hunn, A. (2009). Surveys and questionnaires. The NIHR Research Design Service for the East Midlands. https://www.researchgate.net/profile/Nick-Fox/publication/270684903_Surveys_and_Questionnaires/links/5b38a877aca2720785fe0620/Surveys-and-Questionnaires.pdf

Muga, M. (2018). Social health insurance in East Africa: A review of its challenges and opportunities. *East African Health Review, 13*(3), 11–23.

Nyagero, J., Gakure, R., Keraka, M., & Koima, J. (2012). The role of social health insurance in achieving universal health coverage in Kenya. *Public Health Research, 2*(6), 175–180. https://doi.org/10.5923/j.phr.20120206.07

Organisation for Economic Co-operation and Development. (2020). *Health systems and policy: Social health insurance*. https://www.oecd.org/en/topics/health-inequality-and-universal-health-coverage.html

Ravitch, S., & Riggan, M. (2012). *Reason & rigour: How conceptual frameworks guide research*. SAGE Publications.

Sachs, J. (2012). *The end of poverty: Economic possibilities for our time*. Penguin Press.

Scott, W. R. (2008). *Institutions and organisations: Ideas and interests* (3rd ed.). SAGE Publications.

World Health Organization. (2010). *World health report 2010: Health systems financing: The path to universal coverage*. https://www.who.int/publications/i/item/9789241564021

World Health Organization. (2019). Rwanda's health financing system: Success story in achieving universal health coverage. https://africacdc.org/news-item/rwandas-health-financing-model-offers-a-test-ground-for-africa/