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Original article

Study of the Opinions of Uninsured Rural Residents on the System of Compulsory Social Health Insurance

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Abstract

The Compulsory Social Health Insurance system is a key mechanism for ensuring equitable access to healthcare services for all citizens. However, limited awareness and understanding of compulsory social health insurance particularly among rural populations -hinder its effective implementation. Improving the functioning of the Compulsory Social Health Insurance system and enhancing public health literacy are therefore essential priorities in strengthening Kazakhstan's healthcare system. This study aims to examine the opinions of uninsured rural citizens regarding the Compulsory Social Health Insurance Fund, focusing on their awareness, perceptions, and the main barriers to participation. A qualitative research design with content analysis was applied. The study population included uninsured residents of the Terekti district, West Kazakhstan region. Semi-structured interviews consisting of seven open-ended questions were conducted among individuals attending the Terekti District Hospital. Sampling continued until data saturation was achieved, resulting in 12 participants. Data were analyzed using inductive and deductive approaches, with verbatim transcription of all interviews. Triangulation involving a scientific supervisor, a practical supervisor, and a graduate student was used to ensure the validity and reliability of the analysis. The analysis identified 10 codes, 7 categories, 7 subcategories, and 7 main themes. Rural residents demonstrated awareness of the importance of compulsory social health insurance and acknowledged its role in improving healthcare access. However, participation remained low due to several socio-economic and organizational factors. The main barriers included unemployment, unstable income, high contribution rates, insufficient information dissemination, and dissatisfaction or mistrust toward healthcare service quality and system management. Although rural residents recognize the significance of the Compulsory Social Health Insurance system, their engagement is limited by economic and informational constraints. Addressing these barriers through improved public awareness, financial flexibility, and better-quality medical services could enhance trust and participation in the system.

Keywords: compulsory social health insurance, contribution, payment, rural residents.

1. Introduction

The accessibility of primary health care for the population is an essential element of the healthcare system, especially under the conditions of compulsory social health insurance (CSHI), which guarantees citizens access to a basic set of medical services [1]. CSHI is a set of legal, economic, and organizational measures aimed at providing medical care to consumers of medical services at the expense of the assets of the Social Health Insurance Fund [2]. In Kazakhstan, compulsory social health insurance has been in effect since July 1, 2017, in accordance with the Law of the Republic of Kazakhstan "On Compulsory Social Health Insurance" [3].

Health insurance in Kazakhstan is currently a highly relevant issue, as it directly affects not only the interests of insurers and insured persons but also the interests of the state itself. An improved health insurance system serves as an indicator of the country's socio-economic development, since its market is influenced by the social status and economic indicators of the population. As a rule, the financing of medical services is carried out through the contributions of the insured individuals themselves [4].

The state pays contributions for economically inactive citizens, employers — on behalf of their hired employees, while employees and self-employed persons registered with the tax authorities pay contributions for themselves. As of January 1, 2024, employers contribute 3% to the insurance fund, employees — 2%, self-employed individuals — 5%, and independent payers — 5%. The funds received by the insurance fund form an important segment of healthcare financing derived from citizens' income [5, 6].

Health literacy and the CSHI system play a significant role in ensuring the effective operation of the healthcare system. Public awareness about CSHI contributes to improving the accessibility and quality of medical services, as the system was introduced to protect citizens' health, ensure financial stability, and provide equal access [1, 7]. However, despite efforts to develop the CSHI system in Kazakhstan, the level of public awareness regarding the system's principles and opportunities remains an important issue, since studies show that this indicator directly affects the effectiveness of the insurance system [8].

The main goal of public administration at all levels is to improve the accessibility and quality of medical care for rural residents and citizens living in remote areas. As the rural population of Kazakhstan accounts for approximately 42% of the total population, or about 7,697.4 million people, the issues of rural healthcare remain relevant and are one of the priority directions of the country's public policy. Considering the share of the rural population, maintaining rural healthcare is of great importance; therefore, reforms in this area are primarily aimed at increasing access to medical care [9, 10].

In the West Kazakhstan region, 14.6% of residents were not registered under CSHI in 2024, of whom 59.7% were urban residents and 40.3% were rural residents. However, this figure decreased by 1.4% compared to 2021. In the Terekti district, which is the focus of this study, 14.5% of residents were not registered under CSHI in 2024, but this figure decreased by 2.5% compared to 2021 [11].

Access to medical care is one of the most important issues in the organization of healthcare services. Preserving and strengthening the health of the population, as well as improving the accessibility and quality of medical care, are much more relevant for rural settlements than for cities. This is explained by the specific living conditions of rural residents, high levels of unemployment, migration of specialists to urban areas, underdeveloped road and transport infrastructure, imperfect state social policy, and the lower quality of medical services in rural areas [12,13]. These factors, in turn, directly affect the level of registration under CSHI.

In this regard, studying the opinions of uninsured citizens in rural areas is important for improving the CSHI system in Kazakhstan. Given the socio-economic difficulties typical of rural residents and their low level of awareness about CSHI, it is assumed that these factors hinder their participation in the system. Therefore, the following goal was set: to study the opinions of uninsured citizens in rural settlements regarding the compulsory social health insurance system.

2. Materials and Methods

The research design is a qualitative study. The object of the study is the group of citizens not registered with the Compulsory Social Health Insurance Fund in the Terekti district of the West Kazakhstan region. As research material, a 7-question interview was developed based on literature sources and legislative

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documents. The study sample included randomly selected uninsured residents of the Terekti district under the state-owned enterprise "Terekti District Hospital" until data saturation was reached (n = 12).

Data processing was carried out in several stages: content analysis was used to analyze the obtained information through inductive and deductive approaches. Audio recordings of interviews were transcribed verbatim into text format. The research team used the triangulation method to analyze the texts.

Data collection took place in February 2025. During home visits to interview uninsured residents of the Terekti district, some citizens refused to participate. Therefore, additional respondents were selected during their visits to primary healthcare facilities for personal reasons, such as bringing their children for appointments, until data saturation was achieved. Before each interview, respondents were informed about the purpose of the study, and informed consent was obtained from those who agreed to participate. Each interview lasted on average 20–30 minutes.

A specially structured interview was used to collect data from respondents. The interview questions were divided into two sections: the first included demographic information such as age, gender, and CSHI category; the second focused on the attitudes of uninsured citizens toward the CSHI system. The interview included the following questions: (1) "Are you aware of the compulsory social health insurance system? If yes, what information do you know?"; (2) "Do you consider social health insurance important? If yes, why? If no, why not?"; (3) "What is your general opinion about the compulsory social health insurance system? In your view, what are its advantages and disadvantages?"; (4) "Why are you not participating in the social health insurance system? (If the question is unclear, clarifying prompts were: Is it due to financial difficulties, lack of information, or another reason?)"; (5) "How do you assess the quality of medical services in your village? Considering doctors' professionalism, service speed and quality, or the condition of medical equipment?"; (6) "Do you think the quality of medical services has changed since the introduction of the social health insurance system?"; (7) "What do you think should be done to involve rural residents in the social health insurance system? (If the question is unclear, clarifying prompts were: What kind of information campaigns, accessibility measures, or other initiatives are needed?)"

Statistical Analysis

A descriptive analysis was conducted for socio-demographic indicators, presented in percentage terms. In the qualitative study, inductive and deductive approaches were used to perform content analysis. Audio recordings of interviews were transcribed verbatim into text format. To analyze the texts, the triangulation method was applied, which included the following stages: (1) data collection through interview questions; (2) transcription of interviews verbatim into text format; (3) identification of analysis units such as paragraphs, sentences, or condensed meaning units; (4) data reduction using a coding system; (5) grouping codes into categories and themes; and (6) establishing relationships that form descriptive or interpretive foundations.

Research Ethics

The scientific study was approved by the Local Bioethics Committee of the Non-Profit Joint Stock Company "West Kazakhstan Medical University named after Marat Ospanov" (Protocol No. 1, February 7, 2025). Informed consent was obtained from all respondents. All participants were informed about their voluntary participation and their right to withdraw from the study at any time. To ensure confidentiality and protect personal privacy, pseudonyms and special anonymous codes were assigned to respondents. To maintain confidentiality, all audio recordings, transcribed data, and information provided by participants were securely stored and encrypted. Access to the data was restricted to the research team only.

3. Results

In order to identify the opinions of rural residents regarding the CSHI system, interviews were conducted with 12 uninsured residents until data saturation was achieved. Among the respondents, 8.4% were young people aged 18–29, 33.3% were residents aged 30–39 and 50–63, while 25% were respondents aged 40–49 (Table 1). In terms of gender composition, 8.4% of respondents were male and 96.6% were female (Table 1).

Table 1 – Age and Gender Structure of the Respondents Participating in the Interview

Respondents	Structure	Abs.	%
Age	18 to 29 years old	1	8,4
	30 to 39 years old	4	33,3
	40 to 49 years old	3	25
	50 to 63 years old	4	33,3
Gender	Male	1	8,4
	Female	11	91,6
Overall		12	100%

The introduction of the CSHI system in Kazakhstan is one of the key steps aimed at improving citizens' access to medical services. However, attitudes toward and participation in this system vary significantly, especially in rural areas. This article analyzes several aspects - awareness of the CSHI system, its perceived importance, advantages and disadvantages, reasons for non-participation, and evaluations of service quality - based on interviews conducted with rural residents.

1. Most respondents demonstrated some level of awareness about the CSHI system. Information was mainly obtained from healthcare workers, relatives, or mass media. According to respondents, the system allows them to visit hospitals, undergo examinations, and receive referrals for ultrasound and other services. Additionally, 30% of citizens mentioned the monthly payment amount (4,250 tenge).

- "...Yes, I know. You can get treatment through the Compulsory Social Health Insurance system, but you have to pay 4,250 tenge per month. At the moment, I don't have the money."
- "...Yes, I know. Through this system, you can go to the hospital, undergo check-ups, and see different specialists."
- "...I know, there's a lot of awareness being raised about compulsory social health insurance. Also, since my husband owns a private business, we were given full information about CSHI."
- "...Yes, I know a little. I asked the healthcare staff at the facility I visit. They explained that if you have insurance, all kinds of medical services are provided—ultrasound, consultations, and other services. But if you don't have insurance, private medical services are very expensive."

2. Respondents' opinions were divided into two main groups. Some emphasized the importance of insurance, while others considered it ineffective. Those who viewed it as important highlighted the benefits of free access to medical care, medicines, and diagnostic services. Those with opposing views pointed to financial difficulties and the limited scope of services.

- "...For people who are seriously ill, this system may be necessary. But personally, I don't feel its importance right now."
- "...I wouldn't say it's unimportant, but it requires payment. Since I'm unemployed, I don't have enough money, and insurance is expensive."
- "...I think it's not important. Even though we pay for insurance, sometimes there are no doctors at the clinic, so we have to go to private medical centers and pay out of pocket. That's why I think CSHI is useless."
- "...Yes, of course, it's important. Without insurance, we can't go to hospitals when we're sick. They don't accept patients without insurance, no tests are done, and no free medicine is given."
- "...Yes, I think it's important, because when we go to local medical services, we can see any doctor for free, get referrals and treatment—it's a big opportunity."
- "...I think it's important because it allows us to monitor and take care of our health."

3. Respondents identified several advantages and disadvantages of the CSHI system. The advantages included access to free examinations, medicines, and expensive diagnostic equipment. The disadvantages mentioned were that not all services are free, long waiting times (due to referral systems and portals), lack of specialists and equipment, and difficulties in paying contributions for unemployed people. Some respondents also expressed concern about unemployed citizens being left without insurance, describing it as one of the system's weak points.

"...Of course, there are disadvantages. Not everything is free; even if you pay insurance, you often have to use paid services. Some services simply don't exist in our area. When doctors refer you to the city, there's a long queue—sometimes you wait a week or two. Nothing happens on time, even though the portal."

- "...The disadvantages are that if you lose your job or are unemployed, it becomes difficult. You can get sick anytime, but if you haven't paid your contributions, you can't go to the clinic for free or get treatment.

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- The advantages are access to expensive diagnostic machines, lab tests, and other medical services."
- "...There are many advantages, especially for different check-ups. If you have insurance, you can go to any clinic, get examined with devices like ultrasound, and receive medicine. The disadvantage is that if you're not employed, you're not accepted without insurance, and paying for it is expensive."
- "...Doctors provide good care, but without paying insurance, you can't receive full medical services."

4. Most respondents associated non-participation in the system with financial difficulties. Unemployment, dependence on a single source of family income, and rising living costs were identified as the main barriers to making payments. Some respondents also criticized the system as being unfairly organized—pointing out that some genuinely sick people remain uninsured, while insured individuals overuse the system's services.

- "...First of all, I'd mention financial difficulties because I've been unemployed for a while. Secondly, I think the lack of information also plays a role. Information is mostly shared through medical networks, but in public spaces it's rarely mentioned. In my opinion, awareness campaigns should be conducted in places where people gather often, with more visible announcements."
- "...Of course, financial difficulties are a big issue. Many people rely on a single salary, and I'm one of them. With rising utility costs and food prices, everything requires money. Only my husband works, and we have four children."
- "...I have financial difficulties because I'm currently unemployed. But when I start working, I'll resume payments."
- "...I don't have information problems, and my financial situation is stable. I'm not against paying, but I once saw something that made me think. Truly sick people often don't have insurance, while those who do come four or five times a year for expensive procedures—sometimes unnecessarily. I think that's wrong. Those who truly need it should get priority. Another reason is that I sometimes forget to make payments for a few months, which is why I'm currently uninsured. But right now, I don't feel the need to pay, because I think there's no real necessity. If I have any health issues, I can just go to private doctors and pay."

5. According to the survey results, rural residents rated the quality of medical services as average or good. The attitude and politeness of doctors and nurses, as well as the speed of service, left a generally positive impression. However, some respondents pointed out insufficient professional competence and a shortage of medical specialists. Some also mentioned improvements in medical equipment, though they still needed to travel to urban centers for complex diagnostic procedures.

- "...We would rate the quality of service provided by doctors and nurses as neither unsatisfactory nor excellent — just good. We have no complaints."
- "...I don't have any particularly negative opinions. I have no serious criticism of the doctors. Everything is fine. Whenever you go, they greet you warmly and provide care with professionalism. I haven't noticed any equipment issues so far. If something isn't available locally, they refer us to other cities. Overall, I don't have a bad opinion about rural doctors."
- "...Medical services in the rural hospital are good. I'm satisfied. There's a shortage of doctors, but otherwise everything is fine."
- "...I can't say much about the equipment, but I think everything is fine — new devices are being installed. However, in terms of doctors' professionalism, there's still room for improvement."

6. Opinions regarding changes after the introduction of the CSHI system were mixed. Some respondents noted that access to healthcare improved compared to before, while others preferred the previous system. Electronic registration and digital service provision were also mentioned as sources of inconvenience for some citizens.

"...Yes, there have been big changes compared to before. Previously, people without insurance couldn't take proper care of their health. Now, thanks to insurance, we can get referrals to any medical institution and undergo necessary examinations. For example, we can go to the city for tests using equipment not available in our village."

- "...Yes, there have been changes. But I preferred the old system. Back then, we could visit clinics freely without selection or restrictions, and no insurance was required. Now everything is electronic — they say 'eGov,' and sometimes you can't even get medicine because of it."

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- "...I wouldn't say there have been significant changes — things are pretty much the same as before."

7. Respondents' suggestions for increasing rural residents' participation in the CSHI system focused on improving the effectiveness of awareness campaigns, providing more information through social media and public gathering places, reducing the insurance contribution amount, and creating stable employment opportunities in rural areas.

- "...People need to be informed. Information should be shared through widely used platforms like Instagram, Facebook, and other networks to raise public awareness."
- "...There must be jobs in order to pay for insurance. Stable workplaces should be created in rural areas so that people can be employed. Many people, like me, are currently unemployed."
- "...At present, the cost of insurance exceeds four thousand tenge. There used to be the AESP program, which was only about 1,700 tenge, and I used to pay then. But after AESP was canceled, I stopped paying. The current insurance is too expensive."

Content analysis based on interviews revealed the multidimensional nature of rural residents' attitudes toward the CSHI system. Data collected through seven key questions identified several important trends and recurring issues. The content analysis produced 10 codes, 7 categories, 7 subcategories, and 7 main themes.

From the content analysis of interviews with uninsured rural residents, the following issues were identified:

– Reasons for non-participation in the CSHI system - include financial difficulties, particularly for unemployed or informally employed citizens. Additionally, a lack of comprehensive information contributes to public mistrust of the system and skepticism about its benefits.

– Perceptions of healthcare quality among rural residents are mixed. While most respondents rated doctors' professionalism positively, issues such as a shortage of doctors and dissatisfaction with service quality were also mentioned.

– Comprehensive support measures are needed to ensure rural residents' full participation in the CSHI system. These include strengthening awareness campaigns, providing stable sources of income through employment, offering discounts or reducing contribution rates, and introducing incentives.

Rural residents understand the importance of the CSHI system and acknowledge that it increases access to medical services. However, participation levels remain low due to several barriers — primarily unemployment, unstable income, high contribution costs, insufficient information, and dissatisfaction or lack of trust in how the medical service system is organized.

4. Discussion

For uninsured citizens, access to planned medical services such as outpatient consultations and hospitalizations is limited. In emergency cases, however, they are legally entitled to receive urgent medical care. Nevertheless, due to their inability to access essential healthcare in a timely manner, these individuals often resort to emergency services. This, in turn, places an additional burden on the healthcare system, leading to challenges in both management and financing. Citizens not participating in the CSHI system must pay for planned medical services out of pocket, and in some medical institutions, access to certain additional services may be legally restricted [2, 14].

Non-financial barriers include difficulties in finding healthcare providers, establishing a consistent relationship with them, and misunderstandings about insurance rules and the real cost of services. These obstacles significantly limit access to healthcare, especially for socially vulnerable groups. Similar issues are observed in the U.S. insurance system, where an individual's insurance status has a substantial impact on the level of healthcare utilization [15].

In 2024, 18% of the residents of the West Kazakhstan region were not registered under CSHI. According to the Order of the Minister of Labor and Social Protection of the Population of the Republic of Kazakhstan dated June 29, 2023, No. 267 "On the approval of the methodology for determining the social well-being of a family (person)": Category A (good) - 8.0%, Category B (satisfactory) – 31.9%, Category C (low) – 34.1%, Category D (crisis) – 21.8%, Category E (severe) – 4.0%, meaning that 39.9% of the population in the region are solvent. In the area served by the State Enterprise "Terekti District Hospital," 18% of residents were not registered under CSHI in 2024. According to the same order: Category A (good) – 3.2%, Category B (satisfactory) – 28.8%, Category C (low) – 37.2%, Category D (crisis) – 23.7%, Category E (severe) – 7.0%,

meaning that 32% are solvent [11]. Among the respondents, there were also financially capable residents.

The study results indicate that most uninsured citizens consider the CSHI contribution rate excessively high. This opinion is closely linked to their socio-economic conditions. The majority of the uninsured population consists of unemployed individuals or those without a stable income [16]. In this study, respondents identified the lack of stable income as the main barrier to CSHI registration.

One of the key prerequisites for implementing the CSHI system is the consistent execution of healthcare reforms. These reforms aim to improve financing and management mechanisms, foster competition in the medical services market, enhance quality in line with international standards, and modernize incentive and payment methods [2, 3]. Continuous changes and improvements in these areas can enhance the system's efficiency and gradually address existing challenges.

5. Conclusion

Rural residents understand the importance of the CSHI system and acknowledge its role in improving access to medical services. However, the low participation rate is associated with a number of socio-economic and informational barriers, including unemployment and unstable income sources, high contribution rates, insufficient information, dissatisfaction with the organization of medical services, and a general lack of trust in the system.

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Ауылдық жерлердегі сақтандырылмаған азаматтардың міндетті әлеуметтік медициналық сақтандыру туралы пікірлерін зерделеу

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Түйіндеме

Міндетті әлеуметтік медициналық сақтандыру жүйесі азаматтардың медициналық қызметтерге қолжетімділігін қамтамасыз етудің маңызды тетігі. Алайда, тұрғындардың міндетті әлеуметтік медициналық сақтандыру туралы хабардарлығы мен түсінігінің төмендігі оның тиімді жүзеге асуына кедергі келтіруде. Осыған байланысты, міндетті әлеуметтік медициналық сақтандыру жүйесінің жұмысын жетілдіру мен тұрғындың медициналық сауаттылығын арттыру – бүгінгі күннің өзекті мәселелерінің бірі. Осы зерттеудің мақсаты – ауылдық елді-мекендегі сақтандырылмаған азаматтардың міндетті медициналық әлеуметтік сақтандыру қоры туралы пікірін зерделеу. Зерттеуде сапалық дизайн қолданылып, контент-талдау жасалды. Зерттеудің объектісі – Батыс Қазақстан облысы, Теректі ауданындағы міндетті әлеуметтік медициналық

сақтандыру қорына тіркелмеген тұрғындары болды. Материал ретінде 7 сұрақтан тұратын сұхбат формасы пайдаланылды. Зерттеу Теректі аудандық ауруханасына келген тіркелмеген тұлғалармен мәліметтер толғанға дейін жүргізіліп, барлығы 12 респондент қамтылды. Деректер индуктивті және дедуктивті тәсілдермен мазмұнды талдау арқылы өңделді. Сұхбат жазбалары сөзбе-сөз транскрипцияланып, талдау триангуляция әдісімен (ғылыми жетекші, тәжірибелік жетекші, магистрант) жүргізілді. Контент-талдау нәтижесінде 10 код, 7 санат, 7 ішкі санат және 7 негізгі тақырып анықталды. Ауыл тұрғындары міндетті әлеуметтік медициналық сақтандыру жүйесінің маңызын түсінеді және оның медициналық қызметтерге қолжетімділікті арттыратынын мойындайды. Алайда, бұл жүйеге қатысу деңгейі бірқатар әлеуметтік-экономикалық және ұйымдастырушылық кедергілерге байланысты төмен күйінде қалып отыр. Негізгі кедергілер ретінде: ауыл тұрғындарының жұмыссыздығы мен тұрақсыз табыс көздері; жарна мөлшерінің жоғары болуы; жүйе туралы толық ақпараттың жеткіліксіздігі; медициналық қызметтердің сапасы мен ұйымдастырылуына деген қанағаттанбаушылық пен сенімсіздік аталды. Ауыл тұрғындары міндетті әлеуметтік медициналық сақтандыру жүйесінің маңыздылығын түсініп, оның медициналық қызметтерге қолжетімділікті арттырудағы рөлін мойындайды. Дегенмен, аталмыш жүйеге қатысу деңгейінің төмен болуы бірқатар әлеуметтік-экономикалық және ақпараттық кедергілермен байланысты, олар: тұрақты табыс көздерінің болмауы, жұмыссыздық, жарна мөлшерінің жоғары болуы, толық ақпараттың жеткіліксіз таралуы мен тұрғындардың медициналық қызметті ұйымдастыруға қанағаттанбауы және сенімсіздік.

Түйін сөздер: міндетті әлеуметтік медициналық сақтандыру, жарна, төлем, ауыл тұрғындары.

Изучение мнений незастрахованных граждан в сельских районах о системе обязательного социального медицинского страхования

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Резюме

Система обязательного социального медицинского страхования является важным механизмом обеспечения доступности медицинских услуг для граждан. Однако низкий уровень информированности и понимания населения относительно системы обязательного социального медицинского страхования препятствует эффективной реализации данной системы. В связи с этим совершенствование работы системы обязательного социального медицинского страхования и повышение медицинской грамотности населения являются актуальными задачами современности. Цель данного исследования изучить мнения незастрахованных граждан сельских населенных пунктов о системе обязательного социального медицинского страхования. В исследовании использовался качественный дизайн с применением контент-анализа. Объектом исследования стали жители Теректинского района Западно-Казахстанской области, не зарегистрированные в системе обязательного социального медицинского страхования. В качестве материала использовалась форма интервью, состоящая из 7 вопросов. Исследование проводилось с незастрахованными лицами, обратившимися в Теректинской районной больнице, до достижения насыщения данных. Всего было охвачено 12 респондентов. Обработка данных проводилась методом содержательного анализа с применением индуктивного и дедуктивного подходов. Записи интервью транскрибировались дословно, а анализ проводился с использованием метода триангуляции (научный руководитель, практический руководитель, магистрант). В результате контент-анализа было выделено 10 кодов, 7 категорий, 7 подкатегорий и 7 основных тем. Сельские жители понимают значение системы обязательного социального медицинского страхования и признают, что она способствует повышению доступности медицинских услуг. Однако уровень участия в данной системе

остается низким из-за ряда социально-экономических и организационных барьеров. К основным препятствиям относятся: безработица и нестабильные источники дохода у сельских жителей, высокая сумма взносов, недостаточная информированность о системе, а также недовольство качеством и организацией медицинских услуг и недоверие к системе. Сельские жители осознают важность системы обязательного социального медицинского страхования и признают ее роль в повышении доступности медицинской помощи. Тем не менее, низкий уровень участия обусловлен рядом социально-экономических и информационных барьеров, таких как отсутствие стабильного дохода, безработица, высокая сумма взносов, недостаточная информированность, неудовлетворенность качеством медицинских услуг и недоверие к системе.

Ключевые слова: обязательное социальное медицинское страхование, взносы, платежи, сельские жители.

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