

## Abstract

**Introduction:** The use of assisted reproduction technology (ART) in the treatment of infertility has increased rapidly in recent years and there have been many debates focusing on whether insurance should cover the procedures. Many decision makers in the health sector have often taken infertility as a social problem whose treatment is expensive and has always been excluded from basic insurance packages. As a result, only few (often the rich) have been able to access it. Despite the many advances in assisted reproductive technology (ART), little is known about people's willingness to join treatment schemes such as the infertility schemes especially in Uganda. Apart from that, nothing is known on how much people would be willing to contribute into such schemes.

**Objective:** The objective of this study was to assess the willingness of employees for infertility treatment and the specific objectives were to determine the willingness of employees to pay so as to access infertility treatment at Paragon fertility centre, to estimate the amount of money the employees are willing to contribute to infertility services treatment scheme and to identify the methods by which infertile couples deal with payments for infertility services at present.

**Methods:** this was a cross sectional study employing both qualitative and quantitative data collection methods. Interviewer administered structured questionnaires were administered to all patients who came to attend the infertility clinic at Paragon fertility centre and all their responses recorded. Key informants from Paragon fertility centre and the Ministry of health were also interviewed and their views taken into consideration.

**Results:** Views from three hundred (300) (78%) respondents were recorded. Two hundred and two (202), 67.3% of the respondents were female while ninety eight (98), 32.6% were males. Fifty

percent (50%) of the respondents were in the age range of 30 -39 years and sixty percent (60%) had ever visited a doctor to find out the cause of their infertility. Ten percent of males (10%) had low sperm counts, twenty percent (20%) of the female respondents had blocked tubes, seventeen percent (17%) had fibroids while twenty one (21%) had ovulatory problems. Ten (10%) of both male and female respondents didn't know their cause of infertility.

Sixty percent (60%) (180/300) of the respondents were willing to pay so as to join a fertility treatment scheme, and were willing to contribute an average of 720,00 yearly so as access infertility treatment while forty (40%) of the respondents expressed reservation in joining such a scheme. Willingness to pay was associated with location of fertility centers in the urban areas, payments for healthcare, cost of fertility treatment and knowledge of health insurance. Many patients who expressed reservation in joining the scheme associated it with a form of taxation, which they were trying to avoid after having been stretched by NSSF and PAYE. More than sixty percent (67%) of the respondents preferred monthly deductions from salary while 33% preferred annual deductions. 70% of the respondents preferred to access infertility treatments from private fertility clinics while 16.6% preferred to access fertility treatment from government health units.

**Conclusions and recommendations:** Study findings have showed that most of the respondents (60%) were willing to join the infertility treatment scheme if introduced as an alternative to direct payments for fertility services. These findings provide lessons for the Uganda health sector as it designs the National health insurance scheme (NHIS). Results also provide a body of knowledge to health insurance practitioners.