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Awareness and Perceptions of Bahrain's Governmental Health Insurance: A Cross-Sectional Study

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Abstract

Objective: This study aimed to assess public awareness, knowledge, and perceptions of Bahrain's governmental health insurance program using a descriptive cross-sectional design.

Design: A cross sectional study was conducted via a structured, self-administered questionnaire.

Setting: Governmental health centers in Bahrain from August 2025 to January 2026.

Main outcome measures: Public awareness, knowledge, perceptions, and preferences regarding Bahrain's governmental health insurance scheme, and correlations among these variables using Pearson's correlation.

Results: Findings indicated low awareness, with only 36.6% having heard of the scheme and 28.4% knowing enrollment processes. Knowledge of coverage was limited, as 59.8% lacked insurance, and 69.6% were unable to explain benefits. Perceptions reflected dissatisfaction and distrust, with 67.6% reporting inadequate coverage and 73.7% expressing low trust. Nevertheless, 78.9% preferred governmental over private insurance, and perception was strongly correlated with preference ($r = 0.571$, $p < 0.01$), while other correlations were not statistically significant ($p > 0.05$).

Conclusion: The study highlights the importance of public trust and targeted education. Policymakers should prioritize transparent communication, media campaigns, and digital outreach to enhance awareness, acceptance, and progress toward UHC in Bahrain.

Keywords: Health Insurance, Universal Health Insurance, Health Policy, Health Literacy, Delivery of Health Care, Health Services.

1. Introduction

Universal Health Coverage (UHC) can be enhanced through health insurance systems as the objective is to make sure that every individual has access to the health services that they need without financial strain. The World Health Organization (2024) states that UHC must have strong financial risk protection frameworks that decrease the out-of-pocket spending and avoid adverse health spending (Organization, 2024). The world surveillance activities have revealed that even after advancement, a significant number of people continue to face the risk of financial crisis because of immediate payments on the point of care.

The existence of cross-national evidence also proves that the broadening of health coverage is positively correlated with better health results among the population and greater financial security (Moreno-Serra & Smith, 2015). The results of a recent study conducted by Wagstaff and Neelsen (2020) on 111 countries demonstrated a significant disparity in the UHC performance of countries, with the key element in the equitable coverage being the presence of an organized prepayment and pooling system (Wagstaff & Neelsen, 2020). These results support the assumption that health insurance reform is not a reorganization of administration but a fundamental approach to the enhancement of national health and social protection.

Health insurance that is funded by the government has been advocated more and more as one of the means of decreasing the income inequality and ensuring the inclusive development. According to Narayankar (2025), publicly funded insurance plans are redistributive as they increase access to lower-income populations and decrease health care usage inequality (Narayankar, 2025). Similarly, Flourence et al. (2025) in a scoping review of eleven low- and lower-middle-income countries with national health insurance systems in place found that these reforms are capable of speeding the process of achieving UHC under the conditions of good governance, sustainability of

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financing and involvement of the community. It was also in their synthesis that recurrent implementation challenges were identified such as poor public knowledge and poor communication strategies (Flourence et al., 2025).

This complexity can be further demonstrated by the experiences of large-scale reform contexts. Tao et al. (2020) analyzed a decade of healthcare reform in China and found that the insurance coverage and access to services grew significantly, and still, the issues related to the cost control, quality of care, and public satisfaction persisted (Tao et al., 2020). Such international experiences imply that the structural reforms should be supported by the awareness and trust of people so that the reforms can be successfully implemented.

In the Gulf Cooperation Council (GCC), concepts of medical financing have always been dominated by government revenues, which cover citizens with a wide range of public coverage. Nevertheless, increased spending on healthcare, demographic shifts, and an increasing number of expatriates have led to the introduction of reforms in the direction of diversified financing models. AlRuthia et al. (2025) note that the focus on health economics is growing in the GCC countries, and they need sustainable financing systems and the evidence-based policymaking (AlRuthia et al., 2025). To supplement this view, Reka et al. (2025) report on the growing presence of the role of the private health insurance in the GCC states, which is a result of the policy changes towards the mandatory insurance policy and increased involvement of the private sector. Such regional trends are indicative of larger changes in health financing systems to reduce tax-financed systems to insurance-based models that are intended to enhance efficiency and fiscal sustainability (Reka et al., 2025).

The healthcare system in Kingdom of Bahrain has always been one that offers extensive publicly funded services and high levels of government control. The WHO Bahrain Health Profile (2017) recorded the success of health indicators and universal access in the general system in the country (Organization, 2017). However, just like other countries in the GCC, Bahrain is experiencing changing economic and demographic forces that require changes in the system of financing and service provision. Bahrain also launched a National Health Insurance Program with the guidance of the Supreme Council of Health to reorganize the system of healthcare financing on the basis of insurance. The aim of this reform is to bring efficiency, provide patient choice, increase accountability, and involve the participation of the private sector without compromising equitable access to necessary services (Organization, 2017).

It is also emphasized in the literature that the efficiency of such reforms depends greatly on the public awareness and attitudes. When exploring the population perception of the health system in Saudi Arabia, Aljaffary (2018) showed that perceptions of transparency, quality of services, and fairness had a strong impact on the acceptance of health reforms (Aljaffary, 2018). Equally, Khan et al. (2022), who focused on the Sehat Sahulat Programme, noted that community awareness and convergence with the expectation of the people played an important role in the development of UHC goals in Pakistan (Khan et al., 2022). Flourence et al. (2025) also reported that a lack of public involvement and communication may destroy the implementation of insurance programs. All these findings imply that enrollment, utilization, and long-term sustainability are all dependent on awareness and knowledge about the benefits of insurance, its eligibility, and how and where to finance them (Flourence et al., 2025).

Affordability, accessibility, quality and equity perceptions also matter a lot. According to Collins et al. (2023), UHC financing needs to be a whole-of-government endeavor and health reforms are supposed to be aligned with the other social policies and the role of citizen engagement in legitimizing reforms is mentioned (Collins et al., 2023). Tao et al. (2020) also found that public satisfaction and perceived quality remained an issue despite the situation in which coverage expansion was attained (Tao et al., 2020). Furthermore, McCreaddie (2023) also speaks of consumer-oriented healthcare models that prioritize more patient choice and informed decision-making in redesigned health systems in the Arabian Gulf (McCreaddie et al., 2023). These views suggest that the reforms that involve insurance-based mechanisms have to look at the way people view the alterations in the fields of access, cost-sharing, and provider choice.

Although Bahrain is still in the process of transitioning into a governmental health insurance scheme, there is still little empirical evidence that evaluates the awareness, knowledge, and perceptions of the population towards this change. Although macro-level analyses explain the changes in health financing in the GCC countries (AlRuthia et al., 2025; Reka et al., 2025), the literature summarizes the routes to UHC (Organization, 2024; Wagstaff & Neelsen, 2020), there is limited information on community-specific data in Bahrain. Since other reform have shown that the attitude of the population shapes the adoption and maintenance of reforms (Aljaffary, 2018; Flourence et

al., 2025; Khan et al., 2022), it is important and timely to assess these aspects in Bahrain.

Therefore, this study aimed to evaluate the level of public awareness, knowledge, and perceptions toward Bahrain governmental health insurance scheme through cross-sectional design. The proposed study seeks to inform policymakers, promote specific communicational strategies, add to the overall discussion on the topic of health financing reform and the advancement of UHC in Bahrain and the GCC region based on the community-based viewpoints.

2. Methods

2.1. Study Design and Settings

The design used in this study was descriptive cross-sectional as it seeks to capture the levels and views of the participants at one particular period of time. The study was conducted on the adult patients who were registered in the departments of the governmental health centers during the period of six months between August 2025 and January 2026 in Bahrain.

2.2. Study Population

Study participants included adults, 18 years and above whose patients visited the selected health centers during the study. The participants were identified and recruited directly at the centers and asked to take part in the study. The Bahraini and non-Bahraini residents had an opportunity to become participants to facilitate the representation of the heterogeneous population using the healthcare services in Bahraini government.

2.3. Inclusion Criteria

- Adults (aged 18 years and above) who attended the selected health centres.
- The physically and mentally fit individuals that can respond to the questionnaire.
- Respondents giving informed consent to take part in the study.
- Bahraini residents and non-Bahraini residents visiting the health centres.
- Individuals who have been to the health centre at least once within the time of the study to assure their recent exposure to healthcare services.

2.4. Exclusion criteria

- Individuals who refuse to give their consent to take part or are not willing to participate.
- Those who failed to do the questionnaire because of language difficulties, cognitive impairment, serious illness or any other form of restriction.
- Minors under 18 years of age.

2.5. Sample Size and Sampling Technique

Participants were recruited through a convenience sampling technique by working on patients attending the selected governmental health centers. Despite the planned use of a probability-based approach, the participants were recruited according to business availability and the desire to participate in the data collection stage. A total of 194 participants were selected for the study. The sample was found to be sufficient to verify the existence of moderate associations with the desired level of statistical power of 95.

2.6. Data Collection

A structured, self-administered questionnaire was used to collect the data adjusted to the situation within the Bahrain governmental insurance scheme. Questionnaire is attached in Supplementary Section.

The questionnaire was composed of two major parts:

1. Sociodemographic (age, gender, nationality, level of education, employment status).
2. Areas of assessment, such as:

- General awareness of health insurance
- Awareness of the governmental health insurance scheme
- Knowledge of coverage and enrollment
- Perceptions and trust toward the scheme
- Preferences and opinions regarding awareness strategies

The majority of the items were assessed with a five-point Likert scale (Strongly agree to strongly disagree), with the questions that were measurement of awareness having a dichotomous Yes/No answer. The questionnaire was filled with anonymity so as to guarantee confidentiality.

2.7. Statistical Analysis

The data were entered into Microsoft Excel and the data processed with the help of IBM SPSS Statistics. Sociodemographic characteristics, awareness, knowledge, perceptions, and preferences were summarized with the help of descriptive statistics (frequencies and percentages). Inferential statistics, which comprised Pearson correlation analysis to determine the relationship between the measures of general awareness, knowledge, perception,

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preference and the governmental awareness. The statistical significance level was considered at $p < 0.05$.

2.8. Ethical Considerations

This study was carried out based on the ethical principles laid in the declaration of Helsinki of a research involving human subjects. Data collection was preceded by ethical approval that was sought with the concerned Institutional Review Board. Participation was voluntary and all the participants gave informed consent prior to the enrollment. The participants were confident that their responses will not be disclosed to any third parties and only will be utilized in the course of the research.

3. Results

Table 1 provides the sociodemographic features of 194 participants of the study. The median age is 30 years with the highest population falling in the 30 to 39 age range (24.7 per cent). Gender representation comprises 36.6 and 33.5 males and females respectively with a large percentage (29.9) of them not indicating. The majority of the participants are not Bahraini (57.2 distributions), and have different education levels, with 22.7 having a bachelor degree. The combinations of employment status are also varied, with students (26.3%) and employed people (28.4) being the most prevalent.

Table 1. Sociodemographic Characteristics of Study Participants (N = 194).

Variable	Category	Frequency (n)	Percent (%)
Age Group	18–29	37	19.1
	30–39	48	24.7
	40–49	29	14.9
	50–59	42	21.6
	>60	38	19.6
Gender	Male	71	36.6
	Female	65	33.5
	Prefer not to say	58	29.9
Nationality	Bahraini	83	42.8
	Non-Bahraini	111	57.2
Education Level	Primary or less	32	16.5
	Secondary	48	24.7
	Diploma	41	21.1
	Bachelor's	44	22.7
	Postgraduate	29	14.9
Employment Status	Employed	55	28.4
	Unemployed	48	24.7
	Student	51	26.3
	Retired	40	20.6
Total		194	100.0

Table 2 gives the awareness of health insurance among the participants. It is worth noting that the percentage of people who disagreed (or strongly disagreed) with the need to have health insurance in personal and family health amounts to 71.7%. Although 40.2% claimed to know its overall purpose, its trust in choosing the appropriate insurance is middle-weight, with only 49.5% saying that they were certain (Lock, 2019). Moreover, the proportion of individuals who actively connect with information on health insurance programs is minimal (only 37.1%), which can be used as an indication of a major knowledge-awareness disparity that can be lowered with the assistance of specific educational campaigns.

Table 2. General Awareness of Health Insurance Among Participants.

General Awareness of Health Insurance			
Statement	**Response Category**	**Frequency (n)**	**Percent (%)**
Health insurance is important for personal and family health.	Strongly agree	9	4.6
	Agree	8	4.1
	Neutral	38	19.6
	Disagree	63	32.5
	Strongly disagree	76	39.2
I understand the general purpose of health insurance.	Strongly agree	33	17.0
	Agree	45	23.2
	Neutral	40	20.6
	Disagree	45	23.2
	Strongly disagree	31	16.0
I have sufficient information to make informed decisions about health insurance.	Strongly agree	40	20.6
	Agree	62	32.0
	Neutral	52	26.8
	Disagree	24	12.4
	Strongly disagree	16	8.2
I am confident in choosing the appropriate health insurance option for myself.	Strongly agree	37	19.1
	Agree	59	30.4
	Neutral	54	27.8
	Disagree	24	12.4
	Strongly disagree	20	10.3
I actively seek information about health insurance programs.	Strongly agree	25	12.9
	Agree	47	24.2
	Neutral	44	22.7
	Disagree	49	25.3
	Strongly disagree	29	14.9

Table 3 demonstrates the knowledge of the governmental health insurance plan in Bahrain. The number of those people who have heard of the scheme is only 36.6 percent and 63.4 percent are not aware of the scheme. There is poor understanding of enrollment processes, only 71.6% of them are not aware of how to enroll. The vast majority of respondents (75.8), got the information based in healthcare facilities only, but not media platforms (38.7). It means that there is a necessity to pay more attention to outreach and education about the governmental health insurance scheme.

Table 4 evaluates the health insurance scheme on the part of the government by the respondents. Most of them are not aware of their coverage with 59.8 percent of them decree or highly disagreeing whether they are covered or not. There is a low knowledge of covered medical services as well with 55.7% stating without being certain. The majority of the participants feel confused about using the services and the limitations of the scheme, and a significant number of 69.6% do not understand how to describe the advantages to other people. This shows that there is a dire necessity to raise education levels and communication on the health insurance scheme.

Table 5 focuses on the perception of those who respond concerning the governmental health insurance scheme. An overwhelming majority, 67.6% disagrees or

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Table 3. Participants' Awareness of the Governmental Health Insurance Scheme in Bahrain.

Awareness of Governmental Health Insurance Scheme			
Variable	**Category**	**Frequency (n)**	**Percent (%)**
Heard about the governmental health insurance scheme in Bahrain	Yes	71	36.6
	No	123	63.4
Know where and how to enroll in the scheme	Yes	55	28.4
	No	139	71.6
Family members included under the scheme	Yes	59	30.4
	No	135	69.6
Received information from healthcare facilities	Yes	147	75.8
	No	47	24.2
Received information from media platforms (TV, radio, newspapers, social media)	Yes	75	38.7
	No	119	61.3

strongly disagrees that the scheme offers them sufficient healthcare cover and 73.7% do not trust it to take care of their healthcare needs. Skepticism in regard to transparency is also increased with 69.6 percent of the people being skeptical regarding its communication. Moreover, there is low satisfaction with the quality of services and 13.4% consider that the scheme has a positive impact on the health of the population. These results have indicated a general lack of satisfaction and trust over the scheme.

Table 6 shows the liking of participants on health insurance and attitudes to public awareness policies. Only 78.9% of the respondents would choose governmental health insurance as compared to the private insurance. As well, 76.8% think that the governmental scheme should be more known publicly. A majority of 72.7% of people consider media campaigns as effective but 55.6% advocate community outreach as an effective way of understanding. Moreover, one out of every five thinks that online avenues and social media has the potential to provide the citizens with information, which breaks down to a huge support of increased awareness efforts.

Table 7 shows the correlations between a varieties of factors connected with health insurance: the general awareness, the knowledge, the perception, the preference, and the government awareness. Perception and preference show strong positive correlation (Heyes et al., 2016) ($r = 0.571$, $p < 0.01$) such that positive perceptions of the governmental health insurance scheme will surely affect the preference of the scheme by the participants. Other correlations are lesser with the general awareness having weak relationships with both knowledge and government awareness. This indicates that the improvement in the opinion of the people can be very essential in augmenting preference and approval of the governmental health insurance program.

4. Discussion

Principal Findings

Health insurance reform is a critical component in the quest to seek Universal Health Coverage (UHC) particularly in those states which are shifting away on the tax-funding systems to insurance-based systems. The current study explored the level of awareness, knowledge, and perception of people with regard to Bahrain government-sponsored health insurance plan. Three key results were obtained: (i) the level of public awareness and knowledge about the scheme was significantly low; (ii) the lack of satisfaction and the lack of trust in the sufficiency and transparency of the scheme was prevalent; and (iii) the significant preference of the government scheme existed despite the negative attitudes. Moreover, there was a strong positive correlation between perception and preference ($r=0.571$, $p=0.01$) and this shows the importance of trust by the populace on the adoption of reform.

The low awareness rates found during the current study are consistent with the previous literature, including Flourence et al. (2025) who have stated that lack of sufficient civic engagement and ineffective communication strategies are the most frequent factors which hamper the national health insurance program in the low- and middle-income

Table 4. Knowledge of Governmental Health Insurance Among Participants.

Knowledge of Governmental Health Insurance			
Statement	**Response**	**Frequency (n)**	**Percent (%)**
I currently have governmental health insurance coverage.	Strongly agree	15	7.7
	Agree	12	6.2
	Neutral	51	26.3
	Disagree	69	35.6
	Strongly disagree	47	24.2
I know which medical services are covered by the scheme (outpatient, inpatient, emergency, chronic disease care, maternal care, dental, optical).	Strongly agree	16	8.2
	Agree	19	9.8
	Neutral	51	26.3
	Disagree	51	26.3
	Strongly disagree	57	29.4
I understand the process for accessing healthcare services under the scheme.	Strongly agree	35	18.0
	Agree	13	6.7
	Neutral	40	20.6
	Disagree	52	26.8
	Strongly disagree	54	27.8
I am aware of any limitations or exclusions in the governmental health insurance coverage.	Strongly agree	23	11.9
	Agree	18	9.3
	Neutral	64	33.0
	Disagree	39	20.1
	Strongly disagree	50	25.8
I am confident in explaining the benefits of the governmental health insurance scheme to others.	Strongly agree	12	6.2
	Agree	14	7.2
	Neutral	33	17.0
	Disagree	58	29.9
	Strongly disagree	77	39.7

context (Flourence et al., 2025). Equally, Khan et al (2022) highlighted the fact that the success and adoption of the Pakistan Sehat Sahulat Programme cannot be achieved without community understanding (Khan et al., 2022). The observation that 71.6 per cent of the respondents were not aware of enrolment processes and benefits implies that Bahrain might be facing similar initial communication disconnects in its process towards insurance-based financing.

The gaps in knowledge that our analysis identified are also consistent with regional evidence. Alrashed and Alyaemni (2025) reported poor health insurance literacy among Saudis in the Al-Jouf region, and noted that the understanding of the details of coverage and the mechanisms of financing is still poor even in GCC settings where the insurance expansion is being undertaken (Alrashed & Alyaemni, 2025). In addition, Asokan et al. (2020) have found that the levels of health literacy differed among the population of Bahrain, which suggests that the greater the health literacy issues the less can be understood about the complex insurance reforms (Asokan et al., 2020). Therefore, our results support these studies, which substantiates the opinion that health insurance literacy is a requirement of successful reforms.

Of particular interest is the high rate of negative perceptions and lack of trust with more than two-thirds of respondents showing discontent with adequacy and transparency. These findings are similar to those of Tao et al. (2020),

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Table 5. Participants' Perceptions of the Governmental Health Insurance Scheme.

Perceptions and Opinions			
Statement	**Response**	**Frequency (n)**	**Percent (%)**
I believe the governmental health insurance scheme provides adequate healthcare coverage.	Strongly agree	22	11.3
	Agree	5	2.6
	Neutral	36	18.6
	Disagree	68	35.1
	Strongly disagree	63	32.5
I trust the governmental health insurance system to meet my healthcare needs.	Strongly agree	17	8.8
	Agree	15	7.7
	Neutral	19	9.8
	Disagree	69	35.6
	Strongly disagree	74	38.1
I think the scheme is transparent and clearly communicated to the public.	Strongly agree	12	6.2
	Agree	14	7.2
	Neutral	33	17.0
	Disagree	58	29.9
	Strongly disagree	77	39.7
I am satisfied with the quality of services provided under the scheme.	Strongly agree	20	10.3
	Agree	16	8.2
	Neutral	43	22.2
	Disagree	72	37.1
	Strongly disagree	43	22.2
I believe the scheme positively impacts the overall health of the population.	Strongly agree	12	6.2
	Agree	14	7.2
	Neutral	33	17.0
	Disagree	58	29.9
	Strongly disagree	77	39.7

Table 6. Participants' Insurance Preferences and Perceptions of Public Awareness Strategies

Insurance Preference			
Statement	**Response**	**Frequency (n)**	**Percent (%)**
I prefer governmental health insurance over private insurance.	Strongly agree	109	56.2
	Agree	44	22.7
	Neutral	16	8.2
	Disagree	12	6.2
	Strongly disagree	13	6.7

Cont. Table 6

Insurance Preference			
Statement	**Response**	**Frequency (n)**	**Percent (%)**
More public education is needed regarding the governmental health insurance scheme.	Strongly agree	149	76.8
	Agree	6	3.1
	Neutral	20	10.3
	Disagree	9	4.6
	Strongly disagree	10	5.2
Media campaigns are effective for increasing awareness about the scheme.	Strongly agree	46	23.7
	Agree	95	49.0
	Neutral	23	11.9
	Disagree	8	4.1
	Strongly disagree	22	11.3
Community outreach programs can improve understanding of the scheme.	Strongly agree	60	30.9
	Agree	48	24.7
	Neutral	35	18.0
	Disagree	21	10.8
	Strongly disagree	30	15.5
Online platforms and social media can effectively inform the public about the scheme.	Strongly agree	97	50.0
	Agree	32	16.5
	Neutral	46	23.7
	Disagree	8	4.1
	Strongly disagree	11	5.7

Table 7. Correlations among General Awareness, Knowledge, Perception, Preference, and Government Awareness

Variable	**General Awareness**	**Knowledge**	**Perception**	**Preference**	**Government Awareness**
General Awareness	1	.051	.060	.138	-.023
		(.483)	(.405)	(.055)	(.751)
Knowledge	.051	1	-.109	-.061	.042
	(.483)		(.130)	(.398)	(.563)
Perception	.060	-.109	1	.571**	-.076
	(.405)	(.130)		(.000)	(.295)
Preference	.138	-.061	.571**	1	-.003
	(.055)	(.398)	(.000)		(.969)
Government Awareness	-.023	.042	-.076	-.003	1
	(.751)	(.563)	(.295)	(.969)	

Note: Values in parentheses indicate p-values. Correlation is significant at the 0.01 level (2-tailed).

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who concluded that, despite the coverage increase in the health reform in China, public satisfaction and perceived quality remained a thorn in the flesh (Tao et al., 2020). Similarly, Aljaffary (2018) also showed that understanding of transparency and service quality are important factors in the acceptance of health system reforms in Saudi Arabia (Aljaffary, 2018). Our findings thus complement these findings indicating that structural reforms cannot just work without the accompanying measures to build public confidence.

Although not well aware of it and having negative attitudes, 78.9 percent of the participants favored governmental insurance compared to the private options. This is partly consistent with Gosadi and Jareebi (2024), who mentioned that in Saudi Arabia, there is a preference towards government-operated services because they are perceived to be affordable and equitable, despite quality concerns (Gosadi & Jareebi, 2024). On the contrary, Reka et al. (2025) reported a rise in the presence of the private health insurance in the GCC member countries, which means the further dependence on the private sector (Reka et al., 2025). The focus on governmental insurance in our sample can thus be explained by the long-term confidence of the population in the state management of healthcare, which is in line with the traditionally strong system of publicly funded healthcare in Bahrain being recorded in the WHO Bahrain Health Profile (2017) (Organization, 2017).

Strengths and Weaknesses

On a bigger UHC level, our results highlight issues that are expressed in the international literature. Collins et al. (2023) underlined that the whole-of-government intervention and involvement of citizens are needed to legitimize the changes in financing (Collins et al., 2023). Similarly, according to WHO (2024), financial protection measures should be not only comprehended but also trusted by the population to reduce out-of-pocket and catastrophic spending (Organization, 2024). Moreno-Serra and Smith (2015) also showed that the broader coverage provides a better outcome in national health, yet its implementation is only effective when it is provided equally and with the level of confidence among the population (Moreno-Serra & Smith, 2015). The scepticism that we have observed between our study may therefore be a possible obstacle to the achievement of the redistributive and protective objectives of the insurance reform in Bahrain.

Perception and preference have a significant positive relationship ($r = 0.571$) that supports theoretical and empirical findings that health reform acceptance is guided by public attitudes. This result is consistent with Aljaffary (2018), who highlighted that positive perceptions boost the sustainability of reforms, as well as with Khan et al. (2022), who also focused on the same issue (Aljaffary, 2018; Khan et al., 2022). On the contrary, the overall insignificant relationships between general and knowledge imply that exposure to information does not necessarily improve knowledge or attitudes. This finding is similar to Wagstaff and Neelsen (2020), who emphasized that without the involvement of the population and the sensitivity of the systems, the implementation of structured prepayment systems cannot ensure the successful performance of UHC (Wagstaff & Neelsen, 2020).

Implications for Managers and Policy Makers

The sustainability and diversification of funding sources, described by AlRuthia et al. (2025) and Reka et al. (2025), are foreseen in the regional health financing reforms across the GCC (AlRuthia et al., 2025; Reka et al., 2025). However, our results show that the change in policy in favor of insurance-based models should be supported by effective policies of public education. The high support of media campaigns, community outreach, and online platforms in our sample is consistent with the suggestions of Flourence et al. (2025) that suggest a wide-ranging communication approach when introducing national insurance (Flourence et al., 2025).

Unanswered Questions and Future Research

Overall, the present paper presents a context-specific piece of evidence on health financing reform and UHC in Bahrain that can be related to the overall discussion. In spite of Bahrain having traditionally demonstrated high health indicators with the help of the public system (WHO, 2017), the shift to an insurance-oriented system presents new issues concerning awareness, literacy, trust, and satisfaction (Organization, 2017), These gaps will be dealt with using the means of open communication, better quality of service, and participatory policymaking, which will be crucial in guaranteeing the efficiency, equity, and financial security of the governmental health insurance scheme.

5. Conclusion

This study demonstrates low levels of awareness and knowledge regarding Bahrain's governmental health insurance scheme, accompanied by widespread

dissatisfaction and limited trust in its adequacy and transparency. Despite these concerns, most participants preferred governmental over private insurance, suggesting continued confidence in public stewardship. The strong positive association between perception and preference highlights the importance of public trust in reform acceptance. To ensure successful implementation and progress toward Universal Health Coverage, policymakers should prioritize transparent communication, targeted public education, and strategies that strengthen community engagement and confidence in the evolving insurance framework.

6. Limitations and Future Implications

This study has several limitations. Its cross-sectional design prevents causal inference between awareness, perceptions, and preferences. The use of convenience sampling and recruitment from selected governmental health centers may limit generalizability. Self-reported responses are subject to recall and social desirability bias, and the modest sample size may reduce external validity. The findings highlight the critical need for targeted public education and awareness campaigns to improve understanding and trust in Bahrain's governmental health insurance scheme. Strengthening communication through media, community outreach, and digital platforms may enhance enrollment, utilization, and satisfaction. Policymakers should prioritize transparency, service quality, and participatory approaches to ensure sustainable reform, equitable access, and progress toward Universal Health Coverage, supporting both financial protection and public confidence in the evolving insurance-based system.

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Declaration of Conflicting Interests

The Author(s) declare(s) that there is no conflict of interest.

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