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Awareness, Attitude and Perception of Enrolees towards the Uptake of State Health Insurance Scheme in Lokoja, Kogi State, Nigeria

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Abstract: *Health insurance is expedient as it seeks to grant minimal economic security as well as increase access to priority health services for massive groups of people, especially, those in the lower monetary classes. A cross sectional survey design was employed in this study, a total number of 335 respondents participated in this study. A structured and validated questionnaire with reliability 0.746 was used for data collection and thereafter administered to the participants through direct approach. Multi stage sampling technique method was adopted in administering 195 questionnaires on civil servants while purposive sampling was used to administer 140 questionnaires on artisans. The questionnaire was divided into seven (7) sections in order to get data on respondent's demographic characteristics, awareness, attitude, perception, perceived susceptibility, perceived benefits and perceived barriers to health insurance. Research questions and hypotheses were formulated and tested. Data analysis was done using descriptive statistics and correlation which were statistically tested at 0.05 level of significant using Pearson product moment analytical procedure. The results revealed that the level of awareness, attitude, perception, perceived susceptibility due to non-usage, perceived benefits and barrier of the respondents had a mean score of 6.08(SD ± 3.02), 8.23(SD±3.69), 8.69(SD±3.83), 5.85 (SD± 3.25), 5.73(SD ±3.16), 6.56(±2.94) respectively. Only 57.6% (193) of the respondents reported to have awareness of health insurance scheme. About 20 (6.0%) people strongly agreed that health insurance was not important. 52 (15.5%) participants reported that they perceive those who do not enrol in the scheme may enjoy better health care than them. About two-third 217(64.8%) respondents had a low level of perception towards health insurance. Only 113 (33.7%) of the respondents believed that Kogi state health insurance scheme could offer cheap services. The study concluded that there is a low level of awareness regarding health insurance schemes among the civil servants and artisans in Kogi State. Therefore, regular seminars and trainings should be regularly conducted to disseminate information to civil servants, artisans and the general public on the benefits of health insurance scheme and also, eradicate misconceptions due to lack of adequate information.*

Keywords*: Attitude, Awareness, Health insurance, National health insurance scheme Perception, Uptake*

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I. Introduction:

Social Health Insurance (SHI) is a health sector financing alternative to the out-of-pocket system that had been in operation in the past. An escalation in the health burden amongst several countries necessitated the need for health insurance.

In furtherance of the above, one of the basic concepts of the World Health Organization (WHO) in the 1946 Constitution states that "the enjoyment of the best possible achievable standard of healthcare is one of the essential rights of every human being without distinction of race, political belief, economic or social condition" (World Health Organization [WHO], 2006). This assertion poses one of the biggest challenges of governance in this century. Also, it puts on government the burden of creating and preserving a healthcare system that will ensure complete physical, mental and social well-being of their people. This duty of establishing, financing and sustaining a high profile health system that can facilitate the accomplishment of this noble obligation through government has in no way come effortlessly anywhere in the world. This challenge, coupled with the reality that national growth is a function of the wellbeing of the citizens, led Emperor Otto Von Bismark of Germany to enact an obligatory law on "sickness funds" in the year 1883, (Awosika, 2005).

The concept of "sickness funds" is what has metamorphosed into what is known as Social Health Insurance (SHI) in almost all the nations of the world today. Japan enacted her own insurance plan law in 1922 (Masahiro, Tadahiro, Seik&Matsuno 2006). In Britain, the National Health Service Act of 1946, which went into effect in 1948, provided a socialized health care system for all citizens because "citizens have been deemed to have a right to free health care regardless of income". (National Health Service [NHS], 2016). By 1970s, nearly all urban Chinese populace and 85% of rural dwellers had been protected by means of one form of health insurance plan or the other, according to World Bank Report, (Zhu & Liu 2008). The National Health Insurance Scheme was implemented in Taiwan, in 1995, (Lee, Lin& Wu 2004). While in 1996, the Government of Tanzania initiated the Community Health Insurance Scheme, with the purpose of enhancing access to health care, (Jutting, Msuya&Asfaw 2004). A replica of National Health Insurance Scheme (NHIS) in South Africa is referred to as the National Health Information System of South Africa (NHIS/SA). Its fundamental goal is to provide affordable health for the people of South Africa at the local level. It is additionally extended to the district, provincial and country-wide levels such as the private and public sectors. The health need of an average South African is reportedly well taken care of by way of this scheme (Kujenya, 2009).

It is pertinent to acknowledge the significant contribution of United Nations (UN) in drafting a master-plan directed at the development of healthcare delivery in developing nations. These endeavours engendered by the United Nations lead to the launching of the millennium development goals (MDGs) inyear 2000, of which targets numbers 4, 5 and 6 centred on healthcare delivery. Target number 4 dealt with reducing child mortality, target 5 dealt with improving maternal mortality while target 6 centred on achieving universal access to treatment of some diseases. (Ekwuluo, Eluwa, Okereke& Orji 2018).

Prior to 1999, it is on record that Nigeria's health system was performing below the normal level even by the parameter of sub-Saharan measures and was once positioned the 197th out of the 200 member-states of the United Nations. (Dogo–Muhammad, 2005). The falling health care system made it fundamental for the Nigerian authorities to require measures at reducing cost of health care and enhancing accessibility for its citizenry to health care delivery. In recognition of the need to attain a sustainable protection of the health of the Nigerian populace, Nigerian government, therefore, delivered and carried out an obligatory National Health Insurance Scheme. It was part of the reform efforts in the direction of increasing access to health services. This is evident in the ultimate enactment of the National Health Insurance Regulation Act No 35 of 1999, to act independently in increasing access to priority health services as well as improve the health of all Nigerians at an inexpensive cost. (Fusheini, 2016).

According to Obasanjo (2005:2), The Nigerian Government advanced the following reasons for establishing the Nation Health Insurance Scheme (NHIS):

1. The poor state of the nation's health care delivery systems
2. Excessive dependence and pressure on the Federal Government to finance the entire health care delivery system in Nigeria
3. Rising costs and under-funding of health care delivery
4. Poor integration of health facilities in the health care delivery system.

The operational guideline of the National Health Insurance Scheme waslaunched in October 2005. The basic idea is to establish a "robust, dynamic and responsive National Health Insurance Scheme that is completely dedicated to securing universal coverage and access to adequate and affordable healthcare in order to improve the health status of Nigerians, especially for those participating in the various programmes/ products of the scheme". (National Health Insurance Scheme Operational Guidelines 2007). The magnitude of the scope of the scheme will best be appreciated when viewed in the light of Nigeria's health indices. The following figures supplied will suffice: In 2018, the National Population Commission put Nigeria's current population at 198 million people; the annual growth rate at 2.1%; while life expectancy was put at 54.7 for males and 55.7 for females (WHO 2016) Infant mortality rate at 29 per 1000 live births United Nations International Children's Emergency Fund (UNICEF 2018). In reproductive health, WHO put the pregnancy related mortality rate (per 100,000) at 814 deaths. It stated further that 47% of deliveries are attended to by skilled staff while 11% are not.

Okaro, Ohagwu and Njoku, (2010) carried out a study on awareness and perception of National Health Insurance Scheme (NHIS) amongst Radiographers in South East Nigeria. The study aimed at assessing the attitude of radiographers in the South East, Nigeria. All the radiographers (n = 40) constituted the study census, 37% of the respondents top done and again their questionnaire copies. The result indicated that there was a high level of awareness of the existence of NHIS in Nigeria among the Radiographers (n = 37). Seminars on the Hospitals were referred to be the principal source of information about NHIS, knowledge about the various aspects of the scheme was not encouraging. The Radiographers, however, confirmed effective awareness of the scheme. The Researchers agreed that NHIS is capable of enhancing health care delivery in Nigeria and admitted their willingness to take part in the scheme. The Researchers concluded that the awareness of the existence of the scheme was very encouraging. However, this was not translated into knowledge of principles of operation of the scheme.

The Radiographers confirmed positive awareness of the scheme. Seminars in Hospital have been stated to play vital role in enlightening the healthcare professionals and need to be encouraged. Awe and Sanusi(2009) carried out a study on the perception of the National Health Insurance Scheme (NHIS) by way of health care Consumers in Oyo State. This study was carried out in Ibadan due to the fact of the presence of the health institutions and consumers of NHIS. Primary information was collected using the questionnaire instrument. Out of a hundred copies distributed, 95 (representing 95%) were returned and used. Specifically, the questionnaire was designed to collect statistics on the degree of attention of the health care buyers in Oyo State, the range that has started playing the programme and customer perception about service excellent and sustainability. The end result of the study confirmed that about 72% of the respondents indicated that there was once a lengthen in attending to them for health care services and (4) 87% of respondents did no longer see any large difference between the services furnished below the cash and carry system and the NHIS..

A study was carried out in the district of Northern Ghana viaAkazili (2005) on the Perception and Demand for Mutual Health Insurance in the Kassena-Nanka. The reason of the study was to generate relevant records that would inform decision-making in the format and implementation of mutual insurance plan schemes in Kassena-Nanka district (KND) in Northern Ghana. A whole of 29 in-depth interviews and 28 focal point group discussions with caretakers of the ill men and women and heads of public health establishments were held for the qualitative study. The quantitative concerned 985 male and girl heads of households randomly selected throughout the district. Findings:

The study revealed that a few people believed that contributing money beforehand of sickness that will come could attract such illness and that forcing the sick to pay before receiving care as a substitute of receiving care before charge could constitute a fundamental setback to the implementation of the scheme. Furthermore, Otuyemi (2001), suggested that in most developing countries (Nigeria in particular), there is a clear lack of popular insurance of health care and little equity and this is premised on access to quality fitness care which is severely limited and focus of health insurance scheme is very low. Also the level of health insurance plan attention and the lack of ability of the consumers to pay for the services as well as the health care provision that is far from being equitable have been recognized amongst other elements as imposing problem on National Health Insurance Scheme to recognise its goal of health care delivery (Sanusi& Awe, 2009).

It is of this view that the research is geared towards finding out the awareness of civil servants and artisans towards health insurance in Lokoja, Kogi State, Nigeria.Also, attitude of civil servants and artisans towards health insurance in Lokoja, Kogi State, Nigeria

Thus, the following hypotheses are raised:

1. H_1:There is no significant relationship between awareness and attitude of civil servantsand artisans towards health insurance
2. H_2 There is no significant relationship between awareness and perception of civil servants and artisans towards health insurance.

II. Methodology:

Research Design

This studyadopted a descriptive cross-sectional design amongst civil servants and artisans in Kogi State. The study wascarried out with the use of semi-structured, interviewer-administered questionnaire. All ethical considerations were strictly observed in the series of data.

Population

The population of the study comprises of artisans and civil servants in Lokoja local government. The research population consisted of businesses that include (mechanics, vulcanizers, panel beaters, barbers, tailors, and hairdressers) artisans while for civil servants; itcut across civil servants in chosen ministries withinKogi State government barring those above the cadre of grade level 14.

Sample size and sampling Technique

The sample-size for this study wasdetermined by means of making use of Leslie Fischer's formulation as is the popular technique of randomization and identify the restrict of mistakes considered as the most indispensable items in the survey. These assisted the researcher gain sample and use the result to make sampling selections based on data in order to determine the level of awareness, attitudes, and perception of enrolees in the direction of the uptake of the Kogi State Health Insurance Scheme in Lokoja. Therefore, the minimum pattern measurement (N) required for the study was

$$N = \frac{Z\alpha^2 \times P(1-P)}{D^2}$$

Where $Z\alpha$ = standard normal deviant using 95% confidence limit = $(1.96)^2$

D = margin of error tolerated = 0.05
P = prevalence of perception (attitude) of 250 Nigerian dentists to the NHIS in Lagos State as a good idea = 70.4% = 0.704. (AdeniyiandOnajole 2010)

$$N = \frac{1.96^2 \times 0.704\ (1-0.7042))}{0.05^2} = 320$$

Therefore, the minimum total population to be studied is 320

In order to accommodate an expected non-response of about 10% of respondents, the total number of questionnaires that were distributed was three hundred and fifty-two (352) questionnaires.

Sampling Techniques

All workers in the employment of Kogi State government constituted the reference population; those in Lokoja within the secretariat complex formed the target population while sampled workers constitute the study population. The choice of administering the questionnaire was informed by the fact that an enormous population of Kogi State residents are mostly civil servants. While 150 registered artisans in Lokoja were sampled using purposive sampling technique

For civil servants:

In stage one, seven out of fourteen ministries that exist within the state were chosen at random using simple balloting. In stage two, nine out of eighteen blocks in a ministry was chosen using systematic sampling. In stage three, workers below grade level 14 on duty that consented to partake in the study were conveniently administered the research questionnaires.

For the artisans:

Major groups of artisans with associations (mechanics, vulcanizers, panel beaters, barbers, tailors, and hairdressers) were identified with at least 25 members. Hence, the instrument was administered using purposive sampling to all members of these groups attending the association meeting in order to meet up with the sampling frame.

Research Instruments

A semi-structured instrument was designed and used to elicit information from the respondents on the topic of study. The instrument was designed in a simple and understandable way to allow respondent to fill out the information required in few minutes. The questionnaire with the measurement scale of responses is divided into seven (7) sections thus

Section A: Demographic data of respondents. It sought to elicit information that consists of the gender of respondents, the ethnicity they belong, their educational attainment, their marital status, their ages as well as occupation.

Section B: The level of awareness of civil servants and artisans towards health insurance which consists of 5-item with 5-option Likert-type response format: (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable was measured on a 20-point rating scale.

Section C: The attitude of civil servants and artisans towards health insurance which consist of 5-item with 5-option Likert-type response format of (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable was measured on 20-point rating scale.

Section D: Perception of civil servants and artisans toward health insurance which consist of 7-item with 5-option Likert-type response format: (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable was measured on a 28-point rating scale

Section E: Perceived Susceptibility/Severity due to Non-usage of Health Insurance Scheme insurance which consists of 5-items with 5 option Likert-type response format (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable was measured on 20-point rating scale

Section F: Perceived benefits of health Insurance Scheme which consists of 5-Items with 5 Option Likert-Type Response Format (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable wasmeasured on 20-Point Rating Scale

Section G: Perceived barriers to health Insurance Scheme which consists of 5-Items with 5 Option Likert-Type Response Format (Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree). The variable was measured on 20-Point Rating Scale

Validity of Research Instrument:

The instrument was therefore, given to the researcher's supervisor and her observation was used to correct the items in the research instrument

Reliability of Research Instrument

To ascertain the reliability of the instrument, a pilot-test was conducted for internal consistency of the instrument using 10% of the projected sample size (35 civil servants and artisans) from Kogi State Ministry of Local Government and Chieftaincy Matters and some selected artisans in Ibadan. The data from the pilot study was statistically analysed using Cronbach alpha standard score to test its reliability. Hence, a Cronbach alpha score of 0.746 was obtained which ensured the reliability of the instrument.

Method of Data Collection

The data collection instrument for this study was a structured, close-ended questionnaire. The copies of questionnaire were administered to the respondents with the help of four research assistants. This method adopted enabled absolute and accurate capture of data from respondents.

Method of Data Analysis

In this study, the data analysis tools adopted include descriptive and inferential statistics. Descriptive statistics such as frequency distribution mean and standard deviation will be used to analyse the data and provide answers to the research questions. Frequency distributions were computed to record responses from respondents on all items in the instrument. The variables computed were transformed into rating scales to derive summaries of descriptive statistics. Correlation and linear regression analysiswas used to give statistical responses to the research questions and hypotheses. All the hypotheses were tested at 5 percent level of significance ($\alpha = 0.05$). Data derived from completed instrument were computed and analysed using Statistical Package for Social Science (SPSS) version 21.0

Ethical Considerations Ethical approval was sought from Babcock University Health Research and Ethics Committee (BUHREC). An informed consent letter was administered seeking permission to conduct this study.

III. Result :

Hypothesis 1:H_1 :There is no significant relationship between awareness and attitude of civil servants and artisans towards health insurance

Table 1: Awareness of respondents on health insurance scheme

S/N	Awareness	YES	%	NO	%
1	I am aware health insurance has been launched in Kogi state	193	57.6	142	42.4
2	There is a law that mandates everyone to register with the health insurance scheme	141	42.1	194	57.9
3	I am aware that I can only register with Government hospitals	131	39.1	204	60.9
4	After registration, I would have to wait for 30 days before I can access the package	123	36.7	212	63.3
5	The coverage of the health insurance scheme will include my spouse and I only	89	26.5	246	73.5

The level of awareness of civil servants and artisans on health insurance scheme was measured using a 5-item scale. Only 57.6% (193) of the respondents reported to have an awareness of health insurance scheme. Two-third (42.1%; 141) believed that there is a law that mandates people to register in the scheme while 39.1% (131) agreed that the registration could only be with government hospitals (Table 4.2). About a third of the respondents (36.7%; 123) believed that they would have to wait for 30 days before they could be able to access the package after registration while 26.5% (89) believed that the registration would be for themselves and their spouses only. The level of awareness was generated by computing the items on a 15-point rating scale with a mean ±SD of 6.0833 ±3.02 (Table 4.3).

Attitude of Respondents towards Health Insurance Scheme

The attitude of the respondents was measured on a 5-item likert scale. About a third (33.7%) of the respondents agreed to be willing to participate in the services rendered by the scheme while 32.8% (110) strongly agreed. Only 20(6.0%) people strongly agreed that health insurance was not important; 30.1% disagreed and 40.0% strongly disagreed. A third of the respondents (33.1%) believed that the scheme will enhance equity in healthcare . Attitude was computed with a mean ±SD of 8.23±3.698 on a 15-point rating scale. A little over half (57.3%; 192) of the respondents had a positive attitude towards the insurance services

Table : Attitude of respondents towards health insurance scheme

S/N	Attitude	SA	A	U	D	SD
1	Are you willing to participate in the health insurance scheme	110(32.8)	13(33.7)	37(11.0)	60(17.9)	15(4.5)
2	Health insurance is not important for my health	20(6.0)	28(8.4)	52(15.5)	101(30.1)	134(40.0)
3	I am healthy enough, so I don't need health insurance	26(7.8)	24(7.2)	43(12.8)	143(42.7)	99(29.6)
4	I will register under the scheme because I believe it will enhance efficiency	89(26.6)	110(32.8)	43(12.8)	28(8.4)	65(19.4)
5	Kogi health insurance scheme will promote equity	38(11.3)	111(33.1)	66(19.7)	51(15.2)	69(20.6)

Hypothesis 2: H_2: There is no significant relationship between perception of civil servants and artisans towards health insurance.

Perception of Respondents to Health Insurance

Table 2: Respondents' perception towards health insurance scheme

S/N	Perception	SA	A	U	D	SD
1	The scheme may not improve healthcare delivery in Kogi	35(10.4)	49(14.6)	65(19.4)	121(36.1)	65(19.4)
2	The range of services may be inadequate when the scheme kick-off	43(12.8)	70(20.9)	48(14.3)	129(38.5)	45(13.4)
3	Those who don't enroll into the scheme may enjoy better treatment than me	52(15.5)	49(14.6)	56(16.7)	98(29.3)	80(23.9)
4	There are adverse consequences associated with the health insurance scheme	19(5.7)	89(26.6)	64(19.1)	100(29.9)	63(18.8)
5	The scheme is not restricted to certain class of people such as Directors, Commissioners, senior civil servants	68(20.3)	120(35.8)	57(17.0)	52(15.5)	38(11.3)
6	The scheme will improve quality health care in Kogi	83(24.8)	120(35.8)	50(14.9)	54(16.1)	28(8.4)
7	The level of Publicity is adequate in Kogi for the scheme to commence	46(13.7)	62(18.5)	69(20.6)	88(26.3)	70(20.9)

The perception of the respondents to health insurance scheme was assessed on a 7-item scale. The respondents were asked about the perception on the benefit of the scheme to the healthcare of Kogi State and 10.4% (35) strongly agreed that the scheme would not improve the healthcare. Fifty two participants (52) 15.5% reported that they perceive those who do not enrol in the scheme may enjoy better health care than them. About a quarter of the respondents believed that there were adverse consequences associated with health insurance schemes (Table 4.6). The proportion of respondents who strongly agreed that the scheme was not restricted to a certain number of people was 68 (20.3%).

The level of perception was computed to a 21-point rating scale with a mean ±SD of 8.69±3.831. The scale shows that about a two-third of the respondents (64.8%; 217) had a low level of perception towards health insurance scheme .

IV. Discussion:

The findings of this research show that there is a low level of awareness regarding health insurance schemes among the civil servants and artisans of Kogi State. This finding indicates that the marketing of health insurance scheme is still not efficient in reaching the population. The result of a study carried out by Okaro, Ohagwu and Njoku (2010) revealed that the level of awareness of health insurance services among some health workers in the south eastern region of the country was high. The results indicate that health workers could be privy to some information such as the awareness of health insurance services which individuals in other sectors may be unaware of. The results of this study are similar to those which Princess, Campbell, Omowumi,Owoka, Tinuola, &Odugbemi (2016) reported from their study. They revealed that artisans had a low level of awareness of health insurance and this translated to negative perception towards the scheme. Olugbenga-Bello and Adebimpe also reported similar results from a study carried out at Osun State.

The findings revealed that the attitude of civil servants and artisans in Kogi State towards health insurance services was influenced by their gender. Women have been reported to utilize healthcare facilities more than their male counterparts. Men underestimate the severity of their health status and avoid using facilities. However, men are the breadwinners in most communities in Africa and their willingness to participate or enroll in the scheme will influence the uptake by other family members. This result is in contrast to findings

from a study conducted by Yusuf, Gbadamosi and Hamadu (2009) which revealed that some demographic factors influence attitudes of Nigerians to health insurance services except gender which surprisingly did not have a significant impact.

The analysis of the attitude of civil servants and artisans to the health insurance scheme shows that the only a third of the sample population were willing to participate in the scheme. The reported level of unwillingness indicates that the respondents had little or no knowledge of the benefits of health insurance schemes. A study carried out by Yusuf, Gbadamosi and Hamadu (2009) confirms that Nigerians had a negative attitude towards health insurance services. A high level of knowledge or awareness of the services provided could translate to improved attitude among the health consumers.

The study results showed that the civil servants and artisans in Kogi State had poor perception about the scheme. Some of the individuals believed that despite enrolling in the scheme, they still have to utilize out-of pocket payments while a high proportion believed that the scheme offers no preventive and immunization services. A study carried out by Awe &Sanusi (2009) in Ibadan on the perception of health insurance scheme by consumers reported a poor perception level. The respondents believed that the scheme was no different from out-of-pocket payment services. Over half of the respondents believed that the scheme will improve healthcare financing and the system at large in Kogi State and is not for a set of individuals only. This is confirmed by Irinoye (2004) who stated that awareness of the benefits of the national health insurance scheme will improve health care services.

Reccommendations:

Based on the findings of this study, the following recommendations are hereby made

1. Seminars and trainings should be regularly conducted to disseminate information to civil servants, artisans and the general public on the benefits of health insurance scheme.
2. Further studies should be conducted to examine the various demographic factors which could play vital roles on the attitude of Nigerians towards health insurance services.

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