

**ASSESSMENT OF NATIONAL HEALTH INSURANCE SCHEME ON
BENEFICIARIES IN KWARA STATE, NIGERIA**

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Abstract

This study assessed status of National Health Insurance Scheme among beneficiaries in Kwara State, Nigeria. Descriptive survey research design was adopted for the study. The target population of the study were 4383 beneficiaries. A sample size of 255 respondents was selected through multi-stage sampling procedure. from a. A self-designed questionnaire was used for data collection. The reliability of the instrument was done using test re-test technique using Pearson Product Moment Correlation (PPMC), a coefficient 0.84 was obtained. The administration of the instrument was done by the researchers and two field research assistants. The data collected were analyzed using descriptive statistics. The findings revealed high level of awareness and accessibility to NHIS among the beneficiaries in Kwara State, Nigeria. The study therefore, recommended that the government agencies in charge of health sector should provide more sophisticated equipment and facilities at the healthcare centers for the provision of better healthcare and the government should improve on their technical, managerial, or institutional arrangements.

Keywords: Assessment of National Health Insurance Scheme, National Health Insurance Scheme, Beneficiaries

Introduction

The rising cost of health care services as well as the inability of the government health facilities to cope with the people's health needs, especially the demand among civil servants necessitated the establishment of National Health Insurance Scheme (NHIS). The federal government of Nigeria sees the need for the adoption of universal

health coverage for all and sundry (NHIS, 2005). For this reason, therefore, the federal government of Nigeria established NHIS in 2005 under Act 35 of 1999 constitution to improve the health of all Nigerians at an affordable cost and to deliver better healthcare to its populace through various pre-payment systems.

NHIS is totally committed 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. Several approaches abound in financing healthcare (Onyedibe, 2012). These range from fees for service to private insurance, general taxation, social insurance, community financing, loans and grants. In Nigeria, combinations of all these, in different proportions, have been practiced for decades. The most basic form of health care financing is that of fees for service, where a fee is charged to cover all or part of the cost of the service provided. In many low and middle income countries a fixed fee for service, known as a user charge, is used by government health facilities, both as a means of raising revenue and as a means of discouraging what may be viewed as 'unnecessary demand'. This form of health care financing has a number of disadvantages. The direct payment of fees for service is regressive in that it causes the greatest hardship for the poor, and may cause major difficulties in payment for waged labourers, who are unpaid during sickness.

The Nigerian health sector has largely been based on a fee for service system with government funds supplementing in capital project financing. External loans and grants in form of technical assistance and free drugs especially for preventive services are common in Nigeria. The Global fund for HIV/AIDS, Malaria and Tuberculosis is one of such initiatives. Immunization campaigns are also supported by donor agencies. So far, the common man is yet to get the best of healthcare in Nigeria. The fee for service system takes so much from his pockets and leaves him unprepared for most medical expenses. As a result of the possibility of very high and unpredictable medical costs, many users of the fee for service system arrange cover through private insurance schemes, where the risk of illness is pooled among the insured group. Private insurance schemes attempt to spread the risk of illness over all insurees and as such discriminate less against the sick than pure fee based systems (Green, 2007).

Social insurance schemes on the other hand widen the base of private schemes with payments tied to wage levels. Contributions to the scheme are made by employees, employers, and in some cases the state. This system is identical for all enrollees, and the premiums are based on income rather than health status with collection systems for contributions organized within industrialized setting (Abel-Smith, 1992). In some countries social insurance systems have been the forerunners of national health systems through either national insurance or tax.

The Nigerian government instituted a social health insurance system in 2005 to bring succour to the plight of its citizens through the National Health Insurance Scheme (NHIS). Health insurance involves the application of insurance principles to cover cost of defined medical benefit packages. It involves risk sharing between those who will need the benefits and those who will not. It also involves spreading the burden of cost of

healthcare services to the insured over time so that the insured can access services anytime without paying (Onyedibe, 2012).

Funding of healthcare in Nigeria has not only affected the quality of healthcare services but led to impoverished health standard of the populace. Gana (2010), identified these funding challenges as low level of public (government) spending, high burden of healthcare costs on individuals and households (70% of all expenditure); thus ranking Nigeria as the country with the second highest level of out-of-pocket spending on health financing in the world. More worrisome is the fact that the Nigerian System allows private healthcare providers as major stakeholders despite the establishment of the NHIS. The extent of coverage of the NHIS is such that artisans, farmers, sole proprietors of businesses, street vendors, traders and the unemployed are not yet accounted for.

World Bank (2008) survey on the scheme shows that only one million people in Nigeria or 0.8 percent of the population are covered by NHIS, while many persons have to pay for medical care out of their pockets or do without healthcare. The report further reveals that many low-income persons would not benefit from NHIS for at least another 10 years. Government under the scheme provides not only standards and guidelines but ensure the enforcement of the same for the smooth and effective running of the programme. Apart from funding by government and donors or partnering organizations, employees under the scheme contribute 5 percent of their basic salary while the employer 10 percent of employees' basic salary to NHIS

The implementation of National Health Insurance Scheme by the federal government, public and private health facilities have now been registered as major health care providers for the programme. The act spells out the adequate machineries for implementation of the scheme with the following statement: Federal Ministry of Health shall:

- ensure the development of national health policy and issue guidelines for its implementation;
- collaborate with the states and local governments to ensure that appropriate mechanisms are set up for the implementation of national health policy;
- collaborate with national health departments in other countries and international agencies;
- promote adherence to norms and standards for the training of human resources for health;
- ensure the continuous monitoring, evaluation and analysis of health status and performance of the functions of all aspects of the National Health System and
- co-ordinate health and medical services delivery during national disasters (NHIS Act, 2014).

WHO (2007) reported that poor funding of the health sector constitute a major challenge facing the actualization of NHIS in Nigeria. WHO (2007) observed that the percentage of government allocation to the health sector has always been about 2% and

3.5% of the annual budget. This allocation is very marginal to cater for the operation or implementation cost of NHIS in the country.

Nigeria's health system is ranked 187th of 191 World Health Organization (WHO) member states WHO (2000). In most developing countries, Nigeria in particular, there is a clear lack of universal coverage of health care and little equity. Access to healthcare is severely limited in Nigeria, Otuyemi, (2001). Inabilities of the patients to pay for the services as well as the healthcare provision that is far from being equitable have been identified among other factors to impose the limitation, Sanusi and Awe (2009) reported that financing of public health services in Nigeria has been through government subvention funded mainly from earnings from petroleum exports and user fees for patients. Decline in funding for healthcare commenced after the mid 1980's following a drastic reduction in revenue from oil exports, mounting external debts burden, structural adjustment programme and rapid population growth rate. The development resulted to the emergence of the NHIS

However, even within the formal sector, not all government and corporate organization employees are enrolled within the scheme. Our public and private hospitals therefore are still operating on a fee for service basis for the majority of its clients. Besides that, long queues are still usual sites while the issue of unavailability of required services is rearing its ugly head in NHIS approved hospitals. In addition, there is still weak and ineffective referral systems' resulting in over-burdened secondary and tertiary health facilities. Therefore, creation of awareness among the teeming populace on the pros and cons and the need to participate in the NHIS is a challenge to be surmounted. In view of the aforementioned, this study assesse of NIHS among beneficiaries in Kwara State, Nigeria in order to fill gap in research and knowledge. The objectives of the study are to: determine the level of awareness among beneficiaries of National Health Insurance Scheme in Kwara State, Nigeria; ascertain the level of implementation of National Health Insurance Scheme in Kwara State, Nigeria and determine the level of accessibility of National Health Insurance Scheme in Kwara State, Nigeria.

Research Questions

The following research questions were raised by the researchers to guide the study:

- i. What is the level of awareness of National Health Insurance Scheme (NHIS) among beneficiaries in Kwara State, Nigeria?
- ii. What is the level of implementation of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria?
- iii. What is the level of accessibility to National Health Insurance Scheme among beneficiaries in Kwara State, Nigeria?

Methodology

Descriptive survey research design was used for the study. Check and Schutt (2010) reported that survey research design is an efficient method for collecting data from a broad spectrum of individuals and educational setting. This design is relevant

because the present study sought to obtain the views and opinions of the respondents on the assessment of the National Health Insurance Scheme on beneficiaries in Kwara State, Nigeria. The population of the study comprised of male and female adult NHIS enrollees working in the University of Ilorin. The target population stood at 4,383 staffs (teaching and non-teaching staff).

The sample for this study was determined through Raosoft (2019) online sample calculator which recommends a sample size of 255, from a total population of 4,383. Therefore, the researchers adopted 255 as the sample size for the study. Multi-stage sampling procedure was adopted. At the first stage, purposive sampling technique was used to select homogenous respondents (staff of the same organization). Also, at the second stage, simple random sampling technique was used to select 255 respondents. An instrument titled “Assessment of National Health Insurance Scheme Questionnaire (ANHISQ)” was used for data collection. The ANHISQ was divided into four sections. Section A contained demographic information of the respondents. Section B measured level of awareness of National Health Insurance Scheme (NHIS) among beneficiaries in Kwara State while section C measured level of implementation of National Health Insurance Scheme (NHIS) in Kwara State and section D measured level of accessibility of enrollee to National Health Insurance Scheme in Kwara State. Appropriate options were provided from which respondents were to choose, the options to these items were taken on four (4) point Likert scale type rating: Strongly Agree (SA); Agree (A); Disagree (D); and Strongly Disagree (SD). Also High (H); Moderate (M) and Low (L) were used in the study.

The items in the instruments were validated by experts in the fields of adult education, test and measurement through a cross-examination by peer review in relation to the research questions raised for the study. The reliability co-efficient of the instrument was carried out using test re-test technique and 0.84 was obtained through Pearson Product-Moment Correlation (PPMC), which revealed that the instrument was reliable for the study. The administration of the instruments was carried out by the researchers and two field research assistants. The researchers made sure that the selected assistants were familiar with the interpretation of the content of the instruments. All copies of distributed questionnaires were successfully completed and returned. The data collected were analysed using descriptive statistics. All the research questions raised were analysed using mean and standard deviation. The mid-point of 2.5 was adopted as the bench mark.

Results

This section deals with collation, analysis and interpretation of data collected as illustrated below:

Research Question 1: What is the level of awareness among beneficiaries of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria?

Table 1: Mean and standard deviation of level of awareness among beneficiaries in National Health Insurance Scheme

	N	Mean	Std. Dev.
I am aware of the National Health Insurance Scheme	255	3.51	.62
I am a registered member of the National Health Insurance Scheme	255	3.45	.66
I have adequate knowledge of what the NHIS is about	255	3.29	.71
I have required the service of the National Health Insurance Scheme	255	2.95	.85
I am aware of the contributions made to the NHIS deducted from my basic salary.	255	2.33	.94
Level of awareness among beneficiaries in National Health Insurance Scheme	255	3.11	.76

1.50-2.49 (Low), 2.50-3.49 (Moderate), 3.50-4.49 (High)

Table 1 shows the mean and standard deviation of Level of awareness among beneficiaries in National Health Insurance Scheme. The overall mean score is 3.11 which fall between the ranges of 2.50-3.49. Therefore, Level of awareness among beneficiaries of National Health Insurance Scheme is moderate. This indicates that there is moderate level of awareness among beneficiaries of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria.

Research Question 2: What is the level of implementation of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria?

Table 2: Mean and standard deviation of level of implementation of National Health Insurance Scheme

	N	Mean	Std. Dev.
The service is very effective	255	3.15	.76
There is equitable distribution of healthcare resources	255	3.07	.74
The level of implementation of the NHIS in healthcare facilities are in line with the objectives of the NHIS	255	3.02	.78
The contributions I and my employers are making are well implemented in the National Health Insurance Scheme	255	2.87	.87
There is adequate provision of healthcare to insured members	255	2.79	.90
Level of implementation of National Health Insurance Scheme	255	2.98	.81

1.50-2.49 (Low), 2.50-3.49 (Moderate), 3.50-4.49 (High)

Table 7 shows the mean and standard deviation of level of implementation of National Health Insurance Scheme. The overall mean score is 2.98 which fall between the ranges of 2.50-3.49. Therefore, level of implementation of National Health Insurance Scheme is

moderate. This indicates that there is moderate level of implementation of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria.

Research Question 3: What is the level of accessibility to National Health Insurance Scheme among beneficiaries in Kwara State, Nigeria?

Table 3: Mean and standard deviation of level of accessibility of beneficiaries in National Health Insurance Scheme

	N	Mean	Std. Dev.
NHIS make drugs accessible at dispensary to beneficiaries.	255	3.37	.66
I have access to healthcare services anytime I am sick	255	3.24	.68
I have access to physician any time	255	3.09	.76
I have access to my medical report as at when due.	255	3.04	.76
I have access to three meals per day whenever am being admitted in hospital.	255	2.98	.75
Level of accessibility of beneficiaries in National Health Insurance Scheme	255	3.14	.72

1.50-2.49 (Low), 2.50-3.49 (Moderate), 3.50-4.49 (High)

Table 3 shows the mean and standard deviation of level of accessibility of beneficiaries of National Health Insurance Scheme. The overall mean score is 3.14 which fall between the ranges of 2.50-3.49. Therefore, level of accessibility of beneficiaries of National Health Insurance Scheme is moderate. This indicates that there is moderate level of accessibility of beneficiaries of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria.

Discussions of Findings

One of the findings of this study revealed that there was moderate level of awareness among beneficiaries of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria. The result could be as a result of advertisement on the scheme. This finding is in accordance with Taylor (1993) who found that conscientization is a process of developing consciousness, but consciousness that is understood to have the power to transform reality. That is conscientization, translate to awareness creation of the operations of NHIS. In the same vein, Onyedibe (2012) reported that the National Health Insurance Scheme is totally committed 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 and products of the scheme. The finding also agrees with Noah (1992) that consumer awareness of the potentials of National Health Insurance Scheme is important for quality of health care services since the scheme is designed for them. The findings further support Onuekwusi and Okpala

(1998) that consumer awareness of the implementation of the National Health Insurance Scheme is needed to achieve the objectives of the health care delivery.

More so, the finding supports Irinoye (2004) that workers' awareness of the benefits of NHIS is a factor in quality of health care services. This finding is highly consistent with Ibiwoye and Adeleke (2007) that consumers' awareness creation on the importance or benefits of National Health Insurance Scheme is desirable for quality of health care. The findings further support Onekwusi and Okpala (1998) that consumer awareness of the implementation of the National Health Insurance Scheme is needed to achieve the objectives of the health care delivery. The above earlier listed studies are factors responsible for the beneficiaries of National Health Insurance Scheme (NHIS).

The second finding of the study revealed that level of implementation of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria was also high as evidently shown in the area of equitable distribution of healthcare resources, adequate provision of healthcare services and satisfied with the level feedback from physician. According to WHO (2007) poor funding of the health sector constitute a major challenge facing the actualization of NHIS in Nigeria. WHO (2007) observed that the percentage of government allocation to the health sector has always been about 2% and 3.5% of the annual budget. This allocation is very marginal to cater for the operation or implementation cost of NHIS in the country.

The third finding of the study revealed that there was moderate level of accessibility of beneficiaries of National Health Insurance Scheme (NHIS) in Kwara State, Nigeria. This is finding corroborated with the findings of World Health Organization (2007) that provision of quality, accessible and affordable healthcare remains a serious problem because of inadequate funding and lack of government commitment to the provision of health care policies that covers all citizens. Respondents acknowledge that they have more access to NHIS. The reasons could be tied to their level of awareness. In the same vein, Muhammad and Clara (2015) who reported that the National Health Insurance Scheme (NHIS) in Nigeria was introduced in 2005 to ensure universal access to good health care services, by protecting families from financial barriers to health care, and ensuring availability of funds to the health sector for improved services. This finding supports Irinoye (2004) that workers' accessibility of NHIS is a factor in quality of health care services. This finding was highly consistent with Ibiwoye and Adeleke (2007) that consumers' awareness creation on the importance or benefits of National Health Insurance Scheme is desirable for quality of health care.

In addition, the level of accessibility to National Health Insurance Scheme was high as evidently showed in the results of the data analysis. This finding is in line with one of the aims of the scheme. Precisely, the scheme aims at providing universal access to quality healthcare to all Nigerians with the objectives of: universal provision of healthcare in Nigeria; to control/reduce arbitrary increase in the cost of health care services in Nigeria; to protect families from high cost of medical bills and to ensure adequate and equitable distribution of healthcare facilities within the country. In the same vein, this present finding also supports the finding of Eteng and Utibe (2015) who found

out that addressing the precarious and dismal situation in the health sector, and provide universal access to quality health care service in the country, various health policies by successive administrations were made possible through the scheme.

Conclusion

The study examined the impact of National Health Insurance Scheme on beneficiaries in Kwara state, Nigeria. The NHIS is one of the social security system put in place by the government to provide universal access to health care service for her employees. The government commitment of providing quality, accessible and affordable health care to all and sundry, in order to improve the health status of Nigerians, especially for those participating in the various programmes/products of the Scheme. The finding revealed that beneficiaries enrolled in National Health Insurance Scheme in Kwara State were satisfied with the policy of federal government of Nigeria on National Health Insurance Scheme and supported the need for improvement.

Recommendations

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

- i. There is high level of awareness of National Health Insurance Scheme (NHIS) among beneficiaries in Kwara State. The government should improve in their technical, managerial, or institutional arrangements to beef up the relationship between client's service providers and regulatory agency.
- ii. There is high level of implementation of National Health Insurance Scheme (NHIS) in Kwara State. The government should make sure that level of implementation of the NHIS in healthcare facilities are in line with the objectives of the NHIS.
- iii. There is high level of accessibility to National Health Insurance Scheme among beneficiaries in Kwara State. The government should ensure beneficiaries have access to healthcare services at when due.

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