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# Assessing the Awareness, Knowledge and Participation of National Health Insurance Schemes Among Artisans in Rivers State

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**ABSTRACT:** This study investigated assessing the awareness, knowledge and participation of National Health Insurance Schemes in Rivers State. The study adopted a descriptive survey design. The population of the study consisted of registered 20500 artisans in Rivers State. The instrument used for collection of the relevant data to answer the research questions were a 41-items structured questionnaire titled “Assessing the Awareness, Knowledge and Participation of National Health Insurance Scheme Questionnaire”. The instrument which was developed by the researcher has a five-point Likert scale. The five-point Likert scale was used to accommodate all the research questions in the questionnaire. The instrument content was validated and tested for reliability using Cronbach Alpha method. The instruments were analysed using mean and standard deviation in order to answer the research questions, while t-test and analysis of variance (ANOVA) were used to test the hypotheses at .05 level of significant through the help of SPSS statistical software. Based on the finding of this study it was concluded that 70% of the artisans are aware of National Health Insurance Scheme amongst artisans with a grand mean score of 3.7, and the availability of basic healthcare facilities across the selected healthcare centre in the selected nine local government areas indicated low availability with 25% of the basic facility and equipment present.

**KEYWORDS:** National Health Insurance Scheme (NHIS), Awareness, Healthcare-facilities

## I. INTRODUCTION

The want for National Health Insurance Scheme (NHIS) in Nigeria arose as a result of poor health indices, high mortality rate, and poor state of healthcare services, over dependence on government health facilities, pressure on public health facilities and poor incorporation of private health facilities into the nation’s healthcare delivery system [13]. National Health Insurance Scheme (NHIS) was first announced to parliament in the year 1962 when the want for health insurance in the running of health care to Nigerians was first recognized. It was fully approved by the federal government in 1997 and signed into law in 1999. The scheme was officially launched on the 6th of June, 2005.[7]. National Health Insurance Scheme (NHIS) is a cooperate body under act 35 of 1999 by the Federal Government of Nigeria to improve the health of all Nigerians at reasonable cost.

NHIS was formally introduced in Rivers State in September 2009 along with 24 states of the Nigeria although the program was said to have made improvement, it goals of 90 percent converge was extremely ambitious, particularly in view of the financial strains in the Nigeria economy [12].The aim of this study was to assess the awareness level of National Health Insurance Schemes and the availability of health care facilities in the study area.

Rivers State is faced with high population growth, ignorance, poor health facilities, poor nutrition, high rate of environmental pollution, superstitious belief and norms [20].

Prior to the creation of NHIS several systems, ranging from free health care, out-of-pocket purchase, retainer ship, inbuilt health facilities within corporate organization to private health indemnity insurance have been in use. Many have lost their lives due to their failure to meet their health needs. Figures have shown that about 70 percent of Nigerians pay out of pocket for their health-care needs [1]. A condition, many countries have eradicated through health care financing.

## II. LITERATURE REVIEW

Some description of good health underlined self-actualization the fulfilment of the individual with normal body function and concept of well-being [10]. [4] highlighted that health does not only mean the aptness of the body but also the soundness of mind and emotion which makes life worth living. [19] has given a comprehensive definition of health as a state physical, mental health and social wellbeing and not merely the absence of disease and infirmity.



[2] the practice of combining funds to ensure fortification against the risks of ill-health grew mainly out of labour developments, in Feudal Europe, craftsmen formed societies. ("guilds") which in turn created funds to help members in times of suffering, due to illness. Each member donated to the account on a regular basis. Hence, the concept of contributions related to earnings rather than to individual risk became firmly established in some countries [6].

Health insurance is fundamentally used to define that form of insurance which pays for almost all medical expenses. It is many times used much more broadly to include insurance covering long term nursing or disability care needs [16]. Again, it is technically well-defined as an apparatus in which the risk of acquiring health care costs is spread over a group of individuals or households in [18] cash and carry system, patients were required to pay for the full cost of medication and care. Patients who did not have the ability to pay for medical services were turned away from hospitals only to die at home. The disabled, poor and accident victims were required to pay on the spot before getting medical attention.

The National Health Insurance Scheme (NHIS) is a corporate body established under Act 35 of 1999 by the Federal Government of Nigeria to guarantee access to health care by all Nigerians at a reasonable cost. [8] describes National Health Insurance Scheme as a social health insurance programme planned by the Federal Government of Nigeria to match sources of financing the health sector and to advance access to health care by the majority of Nigerians. It is a form of social health insurance which pays for health care services through contributions to a health fund. Donations, which are usually from both employers and employees, are based on payroll and ability to pay while access to services is based on need. The fundamental rationale for health insurance is risk sharing. According to [8], the programme aims at: ensuring that every Nigerian has access to good health care services, protecting families from the financial hardship of huge medical bills, limiting the rise in the cost of health care services, maintaining high standard of health care delivery services within the system, ensuring efficiency in health care services, ensuring the availability of funds to the health sector for improved services and ensuring equitable patronage of all of health care. In line with these benefits, [15], responded by saying the National Health Insurance Scheme (NHIS) was introduced to mitigate the effect of poor healthcare facilities in Nigeria.

The introduction of the Social Health Insurance Scheme sprung up series of activities under the scheme ranging from registration of enrollees, issuance of identity cards, registration of hospitals, banks and registration of HMOs to serve as the managers of the NHIS funds.

[17] examined the level of awareness on NHIS in Oyo state, Nigeria; His results showed that 87.4 percent of the people were aware of the program and 83.2 percent were registered under the program and the people who enjoys the program is just 58.9 percent a similar study was conducted in [3] on awareness of NHIS in Asaba Delta state, 92 percent of the awareness and utilization was related to education, media and campaign and concluded that mere people are becoming more exposed to the NHIS issue in the study area.

In [5], access to health care facilities is a well-thought-out link between the health care system and the population it serves; the volume and type of services, whether or not the service can be reached, the client's perceptions of the relative worth of the service and acceptability of services provided, all influence access and the participation of services. In line with the postulates of the central place theory, health care facilities in Nigeria constitute a hierarchical system which is reflected in space by the geographical arrangements of service outlets in which a particular area tend to have numerous primary health facilities, much fewer secondary facilities and very few tertiary facilities if at all. Consequently, the findings of studies conducted by [14] on the petroleum - producing region of Nigeria (the Niger Delta) discovered that inaccessibility of the available health care facilities in the region has visibly affected the participation of health care services by a vast proportion of the beneficiaries who still depend on traditional medical care and self-medication.

### III. METHODOLOGY

A descriptive survey was adopted for the research. The study area was comprised of nine (9) selected local government areas of Rivers State, Nigeria. The study population was drawn from all the registered artisans in Rivers State. A total sample size of 440 registered artisans were calculated using Taro Yamane's sample determination method from the selected local government area in Rivers State with 240 as male artisans and 200 as female artisans.

The study instrument used for this research was a well-structured questionnaire with a five-point Likert scale and a standard checklist.

The contents of the research questionnaire and checklist were structured to ensure quality data collection and was validated by NHIS coordinators and Occupational Health and Safety experts from the University of Port Harcourt.

The reliability of the instrument used was done through a pilot study with 40 artisans representing 10% of the sample size. Data generated were computed using Cronbach Alpha to establish the internal consistency. A reliability value of 0.83 was deemed adequate.



The questionnaire and checklist were distributed amongst artisans of the selected study area using some inclusive and exclusive criteria, ethical consideration and analysed to determine the awareness level of NHIS and the availability of healthcare facilities. For the questionnaire items, mean scores equal or greater than 3.00 were taken as agree, while mean scores less than 3.00 were taken as disagree. While t-test and analysis of variance (ANOVA) was used to test the hypotheses at 0.05 level of significance. The data was analysed with SPSS 20.0 version and Excel software.

IV. RESULTS AND DISCUSSION

Level of Awareness	Artisans: Male (n=205)					Artisans: Female (n=168)					DF=371		Decision	GM				
	S	A	D	S	U	M	SD	Decision	S	A	D	S			U	M	SD	
National Health Insurance Scheme is a social healthcare program	6	6	5	14	5	3.8	1.0	2	3	0	3	7	2	4	4.16	.78	3.98	Agree
National Health Insurance Scheme (enabling law) was established in 1999	4	8	5	15	2	3.8	.92	0	9	2	3	5	15	4	3.92	1.03	3.57	Agree
National Health Insurance Scheme started operations since 2005	6	5	6	13	3	3.8	1.0	1	0	0	0	6	3	7	4.10	.87	3.7	Agree
National Health Insurance Scheme is for government and only then can subscribe	7	5	4	24	7	3.8	1.1	3	6	1	6	7	4	15	3.74	.88	3.80	Agree
National Health Insurance Scheme is funded only by government, employers and workers	8	5	5	6		4.0	.90	6	9	0	0	3	4	27	3.52	1.19	3.94	Agree
National Health Insurance Scheme covers for four biological children	7	8	4	2		4.1	.78	2	7	8	8	5	6	21	4.15	1.08	3.70	Agree





below 18years														
National Health Insurance Scheme enrollee can make use of NHIS services on the same day of subscription	6	5	7	12	4		Agree	4	4	19				Agree
	2	3	4					3	5					
										1				
						3.7								
						1.0								
						6						3.87	1.04	3.62
										1				
National Health Insurance Scheme performance is good and satisfactory	6	8	4	8	1		Agree	6	6					Agree
	4	5	7					7	0					
						3.9								
						9	.86			8		3.89	.77	3.58
										6				
National Health Insurance Scheme enhances efficiency in healthcare delivery	6	6	58	1	1		Agree	48	6	8	4			Agree
	7	9		0					4					
						3.93								
						.92				9		3.71	.99	3.75
										2				
National Health Insurance Scheme is not different from regular healthcare options	6	6	58	1	1		Agree	59	5	27	4			Agree
	7	9		0					0					
						3.93								
						.92				9		3.47	1.03	3.68
										2				
<b>Total</b>						<b>3.91</b>	<b>.95</b>					<b>3.85</b>	<b>.97</b>	

The table shows the opinion of respondents on the awareness level of National Health Insurance Scheme in the study area among artisans in Rivers State. The grand mean responses of respondent show agreement of respondents in the following variables as the awareness level of National Health Insurance Scheme in the study area among artisans in Rivers State. This finding is in line with [11] which discoursed that Health Insurance Programs are part of health reform programs and tactics towards providing effective and efficient health care for all most especially the poor and the susceptible group

Facilities Available	Artisans: Male (n=205)						Artisans: Female (n=168)						DF=371	GM
	A	N	U	M	SD	Decis ion	A	N	U	M	SD	Decis ion		
Ambulatory surgical centres	16	62	127	1.45	.64	NA	33	79	56	1.86	.72	NA	3.64	
Birth centre	12	68	122	1.48	.63	NA	40	82	46	1.96	.72	NA	3.78	
Blood bank centre	16	82	107	1.56	.64	NA	39	82	47	1.95	.72	NA	3.99	
Clinics	16	82	107	1.56	.64	NA	38	81	49	1.93	.72	NA	3.90	
Diabetics education centre	14	68	123	1.47	.62	NA	37	84	47	1.94	.70	NA	3,80	
Dialysis centre	16	81	108	1.55	.64	NA	39	82	47	1.95	.71	NA	4.09	



Hospital	15	80	110	1.53	.63	NA	40	83	45	1.97	.71	NA	3.63
Imaging and radiology centre	15	64	126	1.46	.62	NA	42	80	46	1.98	.72	NA	3.94
Mental health and addiction treatment centre	15	80	110			NA	39	80	49			NA	3.83
				1.54	.63					1.94	.73		
Orthopaedic and rehabilitation centre	15	70	120	1.45	.61	NA	41	80	47	1.83	.59	NA	3.83
Ambulatory surgical centres	13	67	125	1.46	.64	NA	103		47	1.86	.72	NA	
<b>Total</b>				<b>1.45</b>	<b>0.61</b>					<b>1.83</b>	<b>0.59</b>		

The table shows male and female artisans' response on the availability of healthcare facilities available in the study area. Based on the mean response obtained, the respondents agreed that all these health care facilities listed were not available such as follows: Ambulatory surgical centres, Birth centre, Blood bank centre, Diabetics education centre, Dialysis centre, Hospital, Imaging and radiology centre, Mental health and addiction treatment centre, Orthopaedic and rehabilitation centre, Ambulatory surgical centres. This agrees with [9] findings that increased participation is resulting from modernizing tendencies in the health care services themselves, described in terms of greater expertise in the health care institutions.

## V. CONCLUSION

Findings from this research reveals that there is a significant level of awareness of National Health Insurance Scheme amongst selected artisans in the selected study area with lack of availability of basic healthcare facilities.

## VI. RECOMMENDATIONS

Based on the findings, the following recommendations were made;

- i. Provision of healthcare facilities with basic medical equipment for efficient health care delivery.
- ii. Awareness campaign for NHIS across all sectors of the economy.
- iii. Introduction of programs to encourage more NHIS participation in Nigeria.

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