



KNOWLEDGE OF NATIONAL HEALTH INSURANCE SCHEME AMONG CIVIL SERVANTS IN NORTH CENTRAL ZONE OF NIGERIA

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Abstract

The purpose of the study was to assess knowledge of National Health Insurance Scheme Services among Civil Servants in North Central Zone of Nigeria. To achieve this purpose the ex-post facto research design was employed, with the population of 966,852 Civil Servants who were registered with the National Health Insurance Scheme. A sample size of 398 was drawn from the population as sample size for this study. A multi-stage sampling technique involving stratified, simple random sampling technique and purposive sampling technique were used. North Central Zone was stratified into three strata to select 3 States from the Zone. Consequently, Kogi, Benue and FCT Abuja were selected. A simple random sampling technique was used to select six (6) Local Government Areas from each of the selected States. Therefore, a total of 18 Local Government Areas were selected and used for the study. Data was collected using close-ended questionnaire. A total of 398 questionnaire were distributed to Civil Servants who are registered with National Health Insurance Scheme using purposive sampling technique, out of which 384 (97.5%) were duly completed and returned for statistical analysis. The completed questionnaire was analysed using descriptive statistics of mean and standard deviations to answer the research questions and One Sample t-test to test the null hypotheses on knowledge of National Health Insurance Scheme Services among Civil Servants in North Central Zone of Nigeria. The results revealed that Civil Servants had knowledge of National Health Insurance Scheme. This because the calculated t-value of 5.736 was greater than the t-critical value of 1.96 at 0.05 alpha level of significance ($p=0.000$). Based on the findings of this study, the study concluded that Civil Servants in North Central Zone of Nigeria have adequate knowledge about National Health Insurance Scheme Services. And based on the conclusion drawn, the following recommendations were made: 1. That Civil Servants should further be enlightened through health education intervention programmes such as jingles, radio announcements, handbills, and other forms of advertisement to be well equipped with the programmes of National Health Insurance Scheme Services in Nigeria.

Keywords: Knowledge, Civil Servants, National Health Insurance Scheme Services

Introduction

The mission of National Health Insurance Scheme is to facilitate fair financing of health care cost through pooling and judicious utilization of financial resources to provide financial risk protections and cost-burden-sharing for people, against high cost of health care, through various prepayment programmes/products, prior to their falling ill in addition to providing regulatory oversight on health maintenance organization (HMOS), and health care providers (HCPS) (NHIS (2019). Knowledge on the other hand means information, understanding and skills that one gains through education or experience (Hornby, 2015). Having adequate information about the contents, processes and roles of a programme plays a crucial role for proper implementation and utilization of the product. The above assertion is true because one of man's greatest enemy is ignorance. Therefore, the success of any designated programme depends largely on how much information the prospective beneficiaries/consumers may have regarding the scheme. Agade-Amade (2017), highlighted that the knowledge about benefits of NHIS can only be acquired and improved through proper education. The author believed that mass media, therefore, becomes indispensable in the attainment of this objective. According to Ajayi (2012) a well-conceived and implemented National Health Insurance Scheme programme would ensure comprehensive health care coverage across

the nooks and crannies of the Nigerian society, which implies that the scheme would need to be sold out through social marketing to the would-be beneficiaries. Most of which may get information from seminars conducted by hospitals and other health care providers.

Furthermore, O'Brien, (2018) stated that success of the implementation of the National Health Insurance Scheme in Nigeria will depend largely on how much information that prospective beneficiaries/consumers may have regarding the scheme.

According to Otuyemi, (2019) most developing countries (Nigeria in particular) lacked clear cut universal coverage of health care due to lack of knowledge of the programme. Low level of Health Insurance knowledge leading to inability of the consumers to utilize the programme are among other factors imposing limitations on the utilization of National Health Insurance Scheme in Nigeria especially at the local level. This is because health insurance providers in most cases have not been explicit enough on the health, terms and condition of their policies. This study therefore, purposed to assess the knowledge, of National Health Insurance Scheme Services (NHSS) among Civil Servants in North Central Zone of Nigeria.

Research Question

This study is guided by the following research question:

1. What is the knowledge of Civil Servants about National Health Insurance Scheme Services in the North Central States of Nigeria?

Hypothesis

On the basis of the research question structured for this study, the following hypothesis was formulated:

1. Knowledge of Civil Servants about National Health Insurance Scheme (NHIS) services in North Central Zone of Nigeria is not significant

Method

The ex-post-facto research design was used in this study. The use of this research design is because the information gathered already existed with the respondents and therefore, not under the control of the researcher. According to Simon & Goes (2013), ex-post facto research design means after the design which implies that it studies the fact that already existed. Ex-post facto research design is ideal for conducting a social research when it is not possible or acceptable to manipulate the variables under study.

The population for this study comprised of 966,852 Civil Servants who enrolled with National Health Insurance Scheme in North Central Zone of Nigeria (National Health Insurance Scheme, 2019).

Table 1 Population of Civil Servants in North Central Zone of Nigeria

Sn	State	Number of civil servants
1	Kwara	91,469
2	Kogi	64,379
3	Federal Capital Territory (FCT), Abuja	405,756
4	Niger	115,697
5	Nasarawa	104,027
6	Plateau	115,619
7	Benue	69,906
	Total	966,852

Source: National Health Insurance Scheme (2019).

The sample size for this study was 398 respondents drawn from a population of 966,852, which according to Isaac and Michael (1981); Smith, (1983) revealed that for a population of 100,000-999,000, a sample size of 398 is adequate for generalization at 98.5% level of confidence.

A multi stage sampling techniques involving stratified sampling technique, simple random sampling technique and purposive sampling technique were used to arrive at the sample size of 398 respondents.

Stage 1: stratified random sampling technique was used to divide the zone into three strata according to geopolitical distribution of North Central North (Kwara, Kogi), North Central East (Niger, Nasarawa, Benue), North Central West (Plateau, FCT, Abuja). A simple random sampling technique was used to select one (1) from each of the strata. Consequently, Kogi, Benue, and FCT Abuja were selected for the study.

Stage 2: simple random sampling technique was employed to select six (6) local government areas each from the selected states. To achieve this, names of all local governments in the selected states were written and placed into three different containers, and the researcher shuffled each of the containers and asked her research assistant to dip his hand and pick a piece

of paper from the containers per time until the required number of local government areas were picked. Consequently, a total of eighteen (18) local government areas were picked and used for data collection. Thus; FCT Abuja: FCT Municipal, Abaji, Gwagwalada, Kuje, Kwali and Bwari area council. Benue State: Otukpo, Katsina-Ala, Agatu, Gboko, Makurdi, Ukum, and Ushongo Local government areas. Kogi State: Ajaokuta, Ankpa, Dekina, Lokoja, Okene, Ida and Bassa local government areas.

Stage 3: purposive sampling was used to select civil servants out of the selected local government areas based on availability of the civil servants present at work. 22 copies of the questionnaire were distributed to each local government areas except for FCT Municipal which 24 copies of the questionnaire were administered to the civil servants at the various departments as the researcher meets them in their offices and served the respondents with the copy of the questionnaire.

Table 2 showed the sample size selected for the study

S/N	State	L.G.A/ Areas Council	Sample Size
1.	Benue	Otukpo	22
		Agatu	22
		Gboko	22
		Makurdi	22
		Ushongo	22
		Katsina-Ala	22
2.	FCT	Municipal	23
		Abaji	22
		Gwagwalada	22
		Bwari	22
		Kuje	22
		Kwali	22
3.	Kogi	Ankpa	22
		Lokoja	23
		Ajaokuta	22
		Ida	22
		Bassa	22
		Okene	22
		Total	8 LGAs

Instrument for this study was a researcher-developed questionnaire which consisted of four (4) Sections. Section A focused on demographic characteristics of the respondents while Section B contained 10 statements aimed at assessing knowledge of national health insurance scheme services provided by national insurance scheme among civil servants in North Central Zone, Nigeria on a four point modified Likert Scale of Strongly Agreed (SA), Agreed (A), Disagreed (D) Strongly Disagreed (SD) and were used to elicit information on knowledge of national health insurance scheme services.

To ensure face and content validity of the instrument, drafted copies of the researcher structured questionnaire were submitted to five (5) professionals in the Department of Human Kinetics and Health Education and in the Faculty of Medicine, Ahmadu Bello University, Zaria, Nigeria for vetting. The comments and suggestions of the experts was adhered to and final draft of the questionnaire was tested during pilot study for its reliability.

In order to ascertain the reliability of the instrument and internal consistency of the instrument, a pilot study was conducted. To achieve this, names of states in the study area that were not selected for the study were written pieces of paper folded and dropped into a container, shuffled and one (1) state, Niger was selected for pilot study.

Two local government areas in Niger were selected using simple random sampling technique by using fishbowl method. Consequently, Suleja and Lapai local government areas were selected. The researcher proceeded and administered 10 questionnaires for civil servants in each local government area through purposive sampling technique as she meets them in their various offices. Consequently, a total of 20 questionnaire were administered and retrieved the same day with 100% recovery and were processed for reliability test using Split-Half method.

The 20 questionnaires were divided into two halves and were correlated to determine the reliability coefficient using Spearman Brown Rank Order and Gut-man Split Half. The result revealed that Spearman Brown Rank Order and Gut-man Split Half were 0.831 and 0.792 respectively.

This is a confirmation of test of reliability which according Spiegel (1992) revealed that the reliability of the instruments lies between 0 and 1, and that the closer the instrument is to 0, the less reliable is the instrument and that the closer the instrument is to 1, the more reliable is the instrument. This therefore, shows that the instrument that was used for this study is reliable.

A letter of introduction was given by the Department of Human Kinetics and Health Education, Faculty of Education, Ahmadu Bello University, Zaria which was presented to the Head of Personnel Administration (HPA) for consent to administer the questionnaire.

The researcher administered the questionnaire to the respondents using purposive sampling technique as she meets with the respondents in their various offices and served them with a copy of the questionnaire. The served questionnaires were retrieved on the same day in each of the local government area that was visited.

The retrieved questionnaires were subjected to statistical analysis to determine the knowledge of national health insurance scheme services among civil servants in North Central of Zone, Nigeria.

The data that was collected for this study was coded and subjected to Statistical package for Social Sciences (SPSS) version (20), for appropriate analysis. To analyse the data that was collected, the following statistical tools were used; Descriptive statistics of frequencies and percentages were used to describe the demographic characteristics of respondents; Mean and standard deviations was employed to answer the structured research questions on knowledge, of National Health Insurance Scheme among Civil Servants in North Central States of Nigeria.

A One sample t-test was used to test the hypothesis on knowledge of national health insurance scheme services among civil servants in North Central Zone of Nigeria.

Results

Assessment of knowledge of National Health Insurance Scheme Services among Civil Servants in the North Central States

Assessment of respondents' knowledge of the National Health Insurance Scheme Services (NHSS) was carried out among civil servants in North Central Zone of Nigeria. The scores are presented in Table 3.

Table 3: Mean scores on knowledge of National Health Insurance Scheme Services by respondents

Sn	Knowledge of the National Health Insurance Scheme Services	Mean	Std. Dev.
1	NHIS partner/hospitals/ clinics provide curative services for common ailment including consumables as out of patient care	2.85	0.932
2	Hospitalization of a sick person(s) in general wards last for a maximum of fifteen days	2.40	0.844
3	All prescribed pharmaceuticals from Federal Ministry of Health (FMH) essential drugs lists and co-payment are done in NHIS partner hospitals/clinics	2.44	1.002
4	Specialist care for pediatrics and obstetrics for children under 1-18 years of age are received in NHIS partner hospitals/clinics	3.01	0.923
5	Essential drugs from NHIS accredited pharmacy providers are provided and adequate in NHIS partner hospitals/clinics	2.22	0.974
6	NHIS health care center has accreditation	2.72	0.847
7	NHIS covers the employee, spouse and four children below 18 years of age	3.20	0.977
8	NHIS provides consultancy services on specialized medical test on her clients	2.62	0.927
9	NHIS provides adequate medical care services for her clients	2.55	0.958
10	NHIS provides preventive care like immunization, family planning, antenatal and post-natal care for her clients	2.51	0.905
	Aggregate mean	2.65	0.526

(Decision mean = 2.50)

The aggregate mean score of 2.65 with a standard deviation of 0.526 for the table showed that the civil servants could be said to have adequate knowledge of the National Health Insurance Scheme Services in the study area. In according to this opinion, the respondents were of the view that the scheme is in partnership with hospitals and clinics to provide curative services for common ailment including provisions health care services. Though the respondents did not agree that hospitalization of a client was limited to 15days and that prescribed pharmaceuticals from Federal Ministry of Health essential drugs lists and co-payment are done in health unit partner like hospitals and clinics involved in the scheme as well as the scheme's accredited pharmacy providers were provided and adequate in the health care units but they agreed that specialists' care for pediatrics and obstetrics for children under 1-18 years of age were provided by the NHIS health care

units and the Health care units had accreditation. In terms of the scheme’s health care coverage, they were of the view that the scheme covers the employee, spouse and four children below 18 years of age and the scheme makes provision for consultancy services in specialized medical tests and adequate medical care services for her clients. Among others, the respondents agreed that the scheme provided for preventive care like immunization, family planning, antenatal and post-natal care for her clients. The aggregate mean score of 2.65 for the table implied that the respondents had adequate knowledge of National Health Insurance Scheme Services in the study area.

Null hypothesis: Knowledge of Civil Servants about National Health Insurance Scheme services in North Central States, Nigeria is not significantly positive.

The mean scores in Table 3 where the respondents expressed their knowledge of the National Health Insurance Scheme Services were subjected to a One Sample t-test.

Table 4: One sample t-test on Knowledge of civil servants about National Health Insurance Scheme services in North Central States, Nigeria

Variables	N	Mean	Std. Dev.	Std. Error	t-value	DF	p-value
Knowledge	392	2.65	0.526	0.0266	5.736	391	.000
Test mean	392	2.50	0.000	0.000			

(t-critical = 1.96, $p < 0.05$)

The test revealed that the observed mean score of 2.65 for knowledge of the National Health Insurance Scheme services by the civil servants was significantly higher than 2.50 used as the test mean. The observed t-value for the test (5.736) obtained at 391 degree of freedom (DF) is higher than the critical value indicated at the bottom of the table. The p-value for the test was 0.000 ($p < 0.05$). These observations provided sufficient evidence for rejecting the null hypothesis. The null hypothesis that knowledge of civil servants about National Health Insurance Scheme services in North Central States, Nigeria is not significantly positive is therefore rejected. The result showed that the civil servants have significantly positive knowledge about National Health Insurance Scheme services in the study location.

Discussion

This study assessed knowledge of National Health Insurance Scheme services among Civil Servant in North Central Zone of Nigeria. From the analysis of data collected, it was found that civil servants in the states have adequate knowledge of the National Health Insurance Scheme services. Among others, it was found that the civil servants were of the view that the scheme is in partnership with hospitals and clinics to provide curative services for common ailments including provisions of health care services for members of their families and that the scheme covers the employee, spouse and four children below 18 years of age as well as provisions for consultancy services in specialized medical tests and adequate medical care services along with preventive care like immunization, family planning, antenatal and post-natal care. In the test of the expressed opinion, the knowledge was found to be statistically significant. The finding here is consistent with Odeyemi and Nixon (2013) who posited that National Health Insurance Scheme is seen by many people, states and countries as the right response to the expectations of workers and their families. The finding agrees with Oyefabi, Aliyu and Idris, (2014) who in reporting the advantage of NHIS opined that the knowledge is that the cost of person’s injury or illness is shared by all in the group and Chikwe (2016) who reported that the risk of costly ill health is spread in a reasonably equitable fashion among all persons purchasing insurance, and everyone is protected from having to pay an insurmountable bill for a catastrophic injury or illness that might be life threatening.

Conclusion

From the findings of this assessment of knowledge of National Health Insurance Scheme Services among Civil Servant in North Central States, Nigeria, the researcher wishes to conclude as follows:

1. That the civil servants in North Central Zone, Nigeria have adequate knowledge of the National Health Insurance Scheme services.

Recommendations

Based on the conclusion in this study, the following recommendations were made:

1. Government should enlighten civil servants through health education intervention programmes such as jingles, radio announcements, handbills, and other forms of advertisement to be well equipped with the programme of NHISS in North Central Zone of Nigeria.
2. National Health Insurance Scheme should create more awareness on how much the employer and the employee needs to contribute for the utilization of the benefits of the scheme.

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