

AWARENESS, ATTITUDE AND USE OF NATIONAL HEALTH INSURANCE SCHEME AMONG TEACHING AND NON-TEACHING STAFF OF NNAMDI AZIKIWE UNIVESITY AWKA.

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Abstract

National Health Insurance Scheme no doubt remains one of the health schemes that was created to alleviate the health challenges of not only the Nigerian public, but Nigerian civil servants. Sadly, anecdotal evidence shows irrespective of the advantageous nature of the scheme, most civil servants and Nigerians find it difficult to enroll in the scheme. What could the problem be? Are these supposed enrollees aware of the scheme at all? What attitude do they have towards the scheme? And to what extent do they make use of NHIS? The above forms the crux of this study. Anchored on the Planned Behaviour Theory, the researchers employed the survey research design for this study. The study adopted a random sampling technique, where the teaching and non-teaching staff members of Nnamdi Azikiwe University (NAU) were randomly selected as samples of the study. Data gathered were subjected to evaluation using the Statistical Package for Social Sciences (SPSS). Result generated from the study showed that teaching and non-teaching staff members of NAU, Awka are significantly aware of the National Health Insurance Scheme. Again that they saw the scheme as not only credible, but accessible and as such, had positive attitude towards it. That significant number of teaching and non-teaching staff of NAU, do not make use of the National Health Insurance Scheme (NHIS). The study also indicated that various factors affect NAU teaching and non-teaching member's use of the health insurance scheme; factors like: not being enrolled in NHIS program, poor hospital facilities, unavailability of time to enroll and ineffective services. It against the foregoing that the researchers make the following recommendations among others, that in order to improve awareness of the scheme, there is the need for targeted and sustained awareness campaign programmes to reach those who might still not be unacquainted with NHIS.

Keywords: NHIS, awareness, use, exposure, attitude, health insurance, teaching staff

Introduction

Health care remain one areas that have received little or no attention in most developing countries (Uzochukwu, Nwosu & Okeke¹²). Sadly, in Nigeria, the story apparently is not too different from what is seen in other developing world. More worrisome is the fact that today, most Nigerian citizens, who sometimes have served the country in different areas of development and retired are unable to pay for their health bills. But sometimes, one wonders why most Nigerian citizens are not aware or make use of the National Health Insurance Scheme (NHIS) which by all accounts, should provide an alleviating effect towards health bill of Nigerian citizens. Do the Nigerian civil servant really know that there is a health scheme that helps them to alleviate the challenges they go through in taking care of their health bills? If they are aware, to what extent do they essentially make use of this scheme? This investigation also becomes increasingly imperative given that in the recent time, most Nigerian workers have been reported to have low enrolment into the National Health Insurance Scheme, which ordinarily should provide respite in the payment of their health bills. This study sought to understand the extent that Nigerian worker (with particular focus on Nnamdi Azikiwe University teaching and Non-teaching staff members are aware, knowledgeable of this scheme and the extent they utilize the scheme. Are there factors that contribute to this low enrolment?

Statement of Problem

It is a common saying that health is wealth, what the above statement presupposes is that a healthy person is usually considered a wealthy person. However, good health does not appear from the sky, there are certain factors that enable individuals or the society to access good health (Nwosu and Okeke, 2020, p. 230). One of such factors is a practicable national health insurance scheme (Nariru, 2018). In 1999, NHIS, a national healthcare plan was created by the federal government of Nigeria by Decree 35, of 1999 (now Act 35). The scheme which was designed to operate as a public private partnership was created to provide accessible, affordable and qualitative healthcare for all Nigerians and help the common man take care of his health bills without qualms (Philip & Alexander 2012). This scheme in all ramifications is not only valuable, but grossly beneficial. However, extant literature has continuously shown that irrespective of the advantageous nature of this scheme, many Nigerian citizens, who the scheme is made for appear to be either skeptical, unconcerned and/or cynical about making use of the scheme (Abiola Oyeleke, Olowoselu, 2019; Philip & Alexander 2012). Prominent among the category of people who are less concerned about this scheme are the federal civil servants in Nigeria, including university staff members (Abiola et al. 2019). This situation has no doubt created huge concerns and questions like “why would most civil servant who supposedly would employ the use of National Health Insurance Scheme to alleviate the challenges they face in paying their health bills not pay attention and make use of this scheme? This certainly is a huge problem. It is based on the foregoing that this study sets out to examine the extent that Nnamdi Azikiwe University teaching and non-teaching staff members are aware of the effectiveness of the NHIS scheme, their attitude towards the scheme and the extent they have or failed to utilize the scheme.

Research Questions

The study was guided by the following research question:

1. To what extent are the teaching and non-teaching staff members of Nnamdi Azikiwe University aware of National Health Insurance Scheme?
2. What is the attitude of teaching and non-teaching staff members of Nnamdi Azikiwe University towards the National Health Insurance Scheme?
3. To what extent do the teaching and non-teaching staff members of Nnamdi Azikiwe University Awka make use of National Health Insurance Scheme?
4. What are the possible factors that affect NAU teaching and non-teaching staff members towards their use of the National Health Insurance Scheme?

Literature Review

Access to quality and affordable healthcare remains a major challenge in Nigeria. High out-of-pocket spending on healthcare research has shown, deters millions of Nigerians from seeking medical care (Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envuladu, Onwujekwe, 2015). To help alleviate this challenge, the Nigerian government established the National Health Insurance Scheme (NHIS) in 1999 (Abiodun, 2010). The scheme aims to provide easy access to healthcare for all Nigerians at an affordable cost through various programs covering different segments of the population (NHIS, 2005). Despite the launch of NHIS over two decades ago, enrolment has remained grossly low at less than 10% of the Nigerian population as of 2018 (Abraham, Fadeke, Mahmound, Salami, Adeoye, Ebiye & 2018). This literature examines the awareness, attitudes, utilization and influencing factors of NHIS among Nigerians, particularly among university workers, who usually are key target population.

Understanding National Health Insurance Scheme in Nigeria: A brief overview

The National Health Insurance Scheme (NHIS) is a body set up under Act 35 of 1999 by the federal Government of Nigeria (Akinyemi & Owopetu 2021). The scheme was designed to be driven through the operation of Health Maintenance Organizations (HMOs). These may be private or public companies, or for-profit and non-profit registered entities, with the aim of ensuring the provision of quality and cost-effective health care services to contributors under the scheme. The scheme is structured into various programs that target different segments of the Nigerian population, including formal sector workers, informal sector, children under 5, disabled people, prison inmates, and retirees (NHIA, 2022). NHIS is financed through contributions from participants and their employers in the case of workers in the formal sector. The funds are pooled to provide collective protection and risk sharing against health expenses (Onoka, onwujekwe, Hanson, Uzochukwu 2011). Enrollees pay a fixed amount based on their income, while utilization of services is according to need. The scheme covers a range of services including consultations, diagnostics, surgeries, and ante/postnatal care. Drugs are paid for on cost-sharing basis (Osuchukwu, Onwujekwe, Soludo, 2013). Similarly, enrollees pay a fixed amount based on their income, while utilization of services is according to need. The scheme covers a range of services, including: consultations, diagnostics, surgeries, and ante/postnatal care. Drugs are paid for on cost-sharing basis (Osuchukwu, Onwujekwe, Soludo, 2013).

NHIS the public and Nigerian Civil Servants: What use?

It might be important to state that the NHIS remain one of the very important health schemes that has factored in the challenges of health faced by the public and civil servants in Nigeria. This is true based on the fact that the scheme makes healthcare more affordable for the Nigerian populace and civil servants by providing insurance coverage at a very low cost. For instance, for civil servants, the premium is only 2.5% of their monthly salary, while for other individuals, the cost is usually based on one's income. By making healthcare more affordable, the NHIS largely helps to reduce the financial burden on families and individuals. In addition, the scheme covers a wide range of services, including inpatient and outpatient care, emergency care, and preventive care (Sarkodie 2021). There are a few ways in which the NHIS makes healthcare more affordable. First, the scheme negotiates lower prices with healthcare providers, and this is later passed on to the patient. Similarly, NHIS also helps to subsidize the cost of essential drugs and supplies of enrollees. In the same manner, the scheme works with community-based organisations to provide healthcare services at a low cost at the grass root level and offers a variety of payment options to make healthcare more affordable for all income levels.

Apart from the above crucial objectives of the scheme, NHIS also improves access to quality healthcare, by making it available at government and private health facilities across the country. This includes both primary and secondary care facilities. In addition, the scheme as well works with community health workers to improve access to healthcare in rural areas (Adebisi & Adeniji 2021). There are in addition a few key ways

in which the NHIS is improving access to quality healthcare. First, the scheme works to increase the number of health facilities that are accredited. This means that these facilities meet certain standards for quality care. Second, the NHIS as well works to improve the capacity of health workers by providing training and resources. Third, the NHIS is supporting the development of a referral system, which helps patient's access higher levels of care when needed. Finally, NHIS is working to increase awareness of the importance of seeking quality healthcare.

More so, NHIS is important to the Nigerian populace and civil servants due to the fact that it is committed to preventing diseases through a variety of initiatives (Amoo, Adenekan, & Nagodo 2017). One of such examples is the scheme "Expanded Program on Immunization" which provides free vaccines to children under five years of age (Donfouet, Ages & Mutua, 2019). Another example is the scheme Community Health Insurance Scheme, which provides free screening and treatment for common diseases, such as malaria and tuberculosis (Agba, Ushie, and Osuchukwu 2010, p30). Similarly, NHIS has been reported to support the implementation of the Integrated Management of Childhood Illness program, which focuses on the prevention and treatment of childhood illnesses (Ahmed, Mitchell & Hedt, 2020). One way the scheme is improving disease prevention is through its work on health education. Likewise, NHIS has also been reported to provide information to the public about how to prevent common diseases through healthy habits, such as: hand-washing and immunization. In fact, in recent time, the scheme works with community health workers to promote healthy behaviours, such as breastfeeding and proper nutrition

The NHIS has been shown to improve health outcomes for individuals and communities. For example, studies have found that the NHIS has led to a reduction in the incidence of certain diseases, such as malaria and diarrhea (Ejimokun 2012). NHIS has been shown to increase the quality of care, as measured by a variety of indicators. For example, there has been an increase in the use of evidence-based treatments and a decrease in unnecessary hospitalizations. Furthermore, NHIS has is reported to have significant impact on reducing poverty. This is because it helps to reduce out-of-pocket health expenses, which can take up a large portion of a household's budget.

Furthermore one way that the NHIS has reduced poverty is by increasing economic productivity. Of course, when individuals are healthier, they are more productive at work and are able to earn higher incomes (Aisha & Umar, 2021, p.12). This consequently can lead to improved standards of living and reduction in poverty. From the foregoing, it appears the scheme holds very high utility function for both the civil servant and general public.

NHIS and the Nigerian Economy: What Challenges?

Irrespective of the plethora of advantages of the NHIS health scheme, there appears to be a number of challenges bedeviling the scheme. This, Amoo, Adenekan & Nagodo (2017) argue: "have overtly, and at other times, covertly remained the reasons that the scheme has over the years, recorded low enrolment" Put differently, the scheme is bedeviled with numerous challenges that could possibly account for its operational sluggishness in Nigeria (Okofor, 2019). Some of these challenges range from administrative lapses to contextual issues. They include:

The Public Poor Conception of the Scheme: There is shallow understanding of the program by the teeming Nigerian public arising mainly from in-exposure to how the scheme works in other climes, as well as limited education. Again, since insurance generally in Nigeria appears to be a fluke and as a state supported means of extortion from members of the public, health insurance is also conceived along such lines. This therefore calls for the media effort in re-narrativising the scheme and framing it in a more positive light.

Cultural Dementia: Culture possesses the tendency of making people not to think clearly or decipher between what is real and what is not real (Nwosu and Okeke, 2020), it possesses a hypnotizing effect that turns men to irrationally consider events and issues. In the Nigerian context, planning or preparing for an unforeseen danger or possible danger in future is highly sacrilegious. It is considered a conscious invitation to ills. Preparing for the evil days is not tolerated by most cultures and individuals, hence the lack luster attitude to embracing health insurance schemes (Okofor, 2019)

The problem of the federal system reserve powers associated with the federal system: The diverse authority structure, the federal system of government practiced in Nigeria comes with diverse authority structure. It is not in all cases where directives from the center (National Government) are imposed on the federating units (the states). While the center may flag off health insurance schemes for federal workers, the states may not be ready or interested to get involved in the scheme (Apeloko & Olubunmi 2017). We have a scenario in Nigeria where only federal public servants are involved in the scheme, while little or nothing is reported of state public servants (Apeloko & Olubunmi 2017). The disparity is extremely high and reduces the effort of the scheme to a trivial level.

The challenge of infrastructure: Instituting a health insurance scheme in terms of policy formulation is one thing and translating the articulation to concrete reality (implementation) is another. The latter is conditioned by the nature of infrastructure that serves as a conveyance belt of the scheme. Health infrastructure is either generally inadequate or grossly dilapidated and substandard. Under this condition, the scheme dies the very day it is commissioned for implementation.

Excessive bureaucratization of the administrative process: The delay in processing the transaction of the scheme has been a discouraging factor in embracing the scheme (Awojobi,2019) Those who have dared to register with the scheme complain of delay in having their documentations regularized to enable them begin to get the full benefit of the scheme (Awojobi,2019). Therefore, many who are yet to register get discouraged by the experiences of those who have started the process of documentation. The implication is that the number embracing the scheme tends to be reducing or not encouraging. Service provider's complaint of excessive delay in processing their claims leading to delay in payments of their bills. In other words, operational issues, particularly as it affects the processing of claim for repayment has been very cumbersome. The vetting system is excessively manual and is likely not to speedily address the volume of claim submitted for verification.

University Workers in Nigeria and the National Health Insurance Scheme: In Nigeria, the public sector has been facing a number of challenges, including a lack of funding for essential services like healthcare. This has led to a decline in the quality of healthcare services, including a shortage of doctors and nurses. In addition, the cost of healthcare has become unaffordable for many people. All of these factors have led to a situation where many university workers are not able to access the healthcare they need. Consequently, a look at some of the specific challenges that university workers are facing with respect to the NHIS. First, many workers are not aware of the benefits of enrolling in the scheme. This is partly due to a lack of information about the scheme and its benefits. In addition, the process of enrolling in the scheme can be complicated and time-consuming and even when workers are able to enroll in the scheme, they often face long waiting times for treatment.

In regards to the above challenges therefore, one solution has been proffered to close the gap that these challenge are posing is to increase awareness of the NHIS among university workers and the public. This research has shown, can be done through educational campaigns, as well as simplifying the process of enrollment (Awojobi, 2019). Also, more funding should be allocated to the scheme, in order to improve the quality of healthcare services.

Improving the Use of NHIS in Nigeria through Media Creation of Awareness and Audience Attitude Change

Audience attitude change usually refer to the process of influencing how people think and feel about a particular issue. So, the question is how we can use media to influence how people think and feel about the NHIS in Nigeria and one specific ways that media could be used to improve the use of the NHIS in Nigeria, one option would be to create media campaigns that educate people about the NHIS and its benefits. This could include advertising on television and radio, or publishing information about the NHIS in newspapers and magazines. The goal would be to increase people's understanding of the NHIS and encourage them to use its services. Another option would be to create media content that changes people's attitudes about the NHIS. A great example of content that could change people's attitudes about the NHIS would be testimonials from people who have benefited from its services. These testimonials could be shared through media channels like television, radio, and the internet. They would show people how the NHIS has improved the

lives of others, and this could change their own attitudes and encourage them to use the NHIS. More so, another example would be content that highlights the benefits of the NHIS, such as how it provides access to quality healthcare for all.

Another way to use media to improve the use of the NHIS would be to create content that addresses common misconceptions and misunderstandings about the program. For example, many people may not realize that the NHIS is affordable and accessible to everyone, regardless of income. Media content could address this misconception and explain how the NHIS works to ensure that everyone has access to quality healthcare. This would be a powerful way to improve people's attitudes about the NHIS and encourage them to use its services.

Theoretical Framework

The study adopts both the planned behaviour theory. The Theory of Planned Behaviour began as the Theory of Reasoned Action in 1980 to anticipate a person's expectation to take part in a behaviour at a specific time and spot (Montano and Kasprzyk, 2015). The basic aspect of the theory is that behavioural intentions are impacted by the probability that the behaviour will have an expected positive result on the public. TPB has been utilized to control a scope of health behaviour. It is well acclaimed that TPB behavioural achievement depends on continuous hearing or viewing of same information and ability to change behavioural pattern. (Conner 2020).

The theory has its restrictions such as: not considering that behaviour our can change with time and the time span between "intent" and "behavioural action" is not tended to by the theory. Despite its limitations, The TPB has record considerable success in public health. Some constructs of the TPB have been used by researchers over the years, and more components have been added from behavioural theory to make it a more incorporated model (Montano and Kasprzyk, 2015). As posited by Conner (2020) the provision of information is presumably to appeal to those who want to know how to change their behaviour in time of crisis. For a person to perform a given behaviour, the person must accept that the benefits of performing the behaviour surpass the disadvantages (Gielen & Sweet 2003, Uzochukwu, Nwosu & Okeke, 2022). The spread of information can unequivocally impact individuals' behaviour. To this regard therefore, it is the researchers assumption that when Nnamdi Azikiwe University staff members perceive NHIS as beneficial and helpful arrangement the probability that their very lackluster attitude and/or behaviour towards the scheme will change. In other words, it becomes increasingly imperative that multi-media campaigns at all levels - the society, university, schools, homes and places churches be increased to create a situation where the benefits of the scheme is grossly highlighted. With this in view, it is the conjecture of these researchers that staff of the universities in Nigeria will pay more attention to the scheme.

Methodology

The survey design was adopted as the methodology for this study. The population of the study comprise of the teaching and non-teaching staff of Nnamdi Azikiwe University Awka, Anambra State. According to the Registry of the university, the teaching staff members number up to 2675 while the non-teaching staff members are 5171. The researchers decided to make use of this population given that the university teaching and non-teaching staff members are qualified, based on their condition of service, to enroll in the NHIS scheme. The sample size for this study was determined by making use of Taro Yamane sample determining procedure. A sample of 100 respondents was drawn from the study population of 7846, based on the computation using Taro Yamane's formula. The multi stage sampling technique was employed in selecting the teaching and non-teaching staff members of the university. At the first stage, the researchers selected the teaching and non-teaching staff members of the university. For the teaching staff, the researchers selected three faculties, out of the fourteen faculties in Nnamdi Azikiwe University, and these faculties include: Social Sciences, Arts and Management Sciences faculties. On the other hand, for non-teaching staff members, the researchers employed the table of random numbers in selecting 4 units, out of the 12 units in the university. The units selected for non-teaching staff members include: the administrative unit, ICT unit, the Security unit and Works unit. The selections also followed the random sampling approach. At the second stage, which involved the selection for the teaching staff, the researcher employed a table of random numbers, in selecting

two departments each from the already selected faculties of the university, a total of six departments that include: for Social Sciences: Mass Communication and Economics departments were chosen. For the Faculty of Arts: Music and Theatre Arts departments were selected, while for the Faculty of Management: Accountancy and Business Administration departments were randomly selected. For non-teaching staff, the researchers again made use of the random sampling method in selecting 15 respondents, from the administrative unit. Also using random sampling method, the researchers selected 12 respondents from the ICT unit. Using the same random sampling method, the researchers similarly selected 12 respondents from the security unit and for the works department they also employed the random sampling method to select another 12 respondents making it a total of 51 respondents. At the third stage, the researcher employed the random sampling method in choosing 8 university workers from Mass Communication department. They also employed the random method in choosing another 8 respondents who are from Economics department. Another 8 respondents were chosen from Music department using the random sampling method. In the same manner, 9 respondents were also chosen from Theatre Arts department. Again employing the random sampling method, the researchers also selected another 8 respondents from Accountancy. They also selected 8 respondents from Business Administration, bringing the total number of selected respondents to 49 teaching staff members of the university. At this point the researchers added up the selected 49 teaching staff to the 51 non-teaching staff members of the university, making it 100, which is the sample size of the study. The researchers made use of the Statistical Package for Social Sciences (SPSS) in obtaining frequencies and percentages. Statistical tables were also employed in presenting the data.

Demographic Variables

Five demographic variables that include: gender, medical status, marital status, work category and educational qualification were measured and data presented below: The table showed that 51 (51%) of the respondents were males, while 49 (49%) were females. This is an indication that there is only a slight difference between both genders. The medical status of the respondents indicated that 4 (4%) of the respondents were always sick, 71 (71%) were rarely sick, 25 (25%) of the respondents said they are never sick. The data on marital status showed that 29 (29%) of the respondents are single, while 71 (71%) are married. The implication of this data is that the distribution of the married people against that of the singles is higher. The data on educational status indicated that 0 (%) none of the respondents had FSLC, 4 (4%), 4% had WASSCE, 36% had BSc and equivalent, 24 (24) had MSc/MA and 36 (36%) had their PhD. From the foregoing, it is clear that respondents with BSc, MSc and MA had the highest distribution

Data Presentation and Analysis of Result

Awareness of National Health Insurance Scheme among NAU Staff Members

Table 1. Are you aware of Nigerian’s workers use of NHIS

Response	Frequency	Percentage
Yes	80	80%
No	20	20%
TOTAL	100	100%

Data from table 1 shows that 80 (80%) of the respondents are aware of the Nigerian’s workers use of NHIS while 20(20%) of the respondents are not aware of Nigerian’s workers use of the scheme. This data implies that majority of the respondents are aware of the Nigerian’s workers use of the scheme.

Table 2: Have you been exposed to any message to NHIS?

Response	Frequency	percentage
Yes	84	84%
No	16	16%
TOTAL	100	100%

Table 2 shows that 84 (84%) of the respondents have been exposed to messages on NHIS while 16(16%) of the respondents are not exposed to any messages on NHIS at all. In terms of exposure to messages on NHIS majority of the respondents are significantly exposed.

Table 3: How frequently have been exposed to messages on NHIS?

Response	Frequency	Percentage
Frequently	52	62%
Very frequently	9	11%
Rarely frequently	18	21%
Not at all	5	6%
TOTAL	84	100%

Table 3 shows that 52 (62%) of the respondents are frequently exposed, 9 (11%) of the respondents are very frequently exposed, 18 (21%) of the respondents are rarely frequently exposed and lastly 5 (6%) of the respondents are not exposed to the message at all. In other words, in terms of messages on NHIS, it is evident that majority of the respondents are exposed to it.

Tables 4: Are you aware of the benefits of NHIS?

Response	Frequency	Percentage
Yes	84	84%
No	16	16%
TOTAL	100	100%

Table 4 shows that 84 (84%) of the respondents were aware of the benefits of NHIS (National Health Insurance Scheme) while 16 (16%) of the respondents were not aware of the benefits of NHIS. In others words, among the Teaching and Non-teaching staff members of Nnamdi Azikiwe University, Awka, it is evidently shown that a higher number of the respondents are aware of the benefits of NHIS.

Table 5: Which medium did you access messages on NHIS?

Response	Frequency	Percentage
TV	4	4%
Internet	40	40%
Newspaper	4	4%
Public Health Institution	49	49%
TOTAL	100	100%

Table 5 shows that 4 (4%) of the respondents access messages on NHIS through TV (television), 40 (40%) of the respondents access messages using Internet, 4 (4%) of the respondents access messages through Newspaper, 3 (3%) of the respondents access messages through magazine, 49 (49%) of the respondents access messages on NHIS through Public health institution. The data presented in tables 3-7 clearly suggest that majority of the respondents are aware of the National Health Insurance Scheme (NHIS) which is important and beneficial to the study.

The data in tables 1, 2, 3, 4 and 5 were consulted in other to analyse the first research question. Based on the data supplied by these five tables, it is clear that the teaching and non-teaching staff members of Nnamdi Azikiwe University, Awka are significantly aware of the National Health Insurance Scheme.

Attitude of NAU staff members to National Health Insurance Scheme

Table 6: Do you think that NHIS is a credible health scheme for the Nigerian workers?

Response	Frequency	Percentage
Yes	93	93%
No	7	7%
TOTAL	100	100%

In table 6 above, the data shows that 93 (93%) of the respondents think that NHIS is a credible health scheme for Nigerian workers, while 7 (7%) of the respondents said they don't think so. This data indicates that majority of the respondents think that NHIS is a credible health scheme for Nigerian workers.

Table 7: Do you think that staff member of NAU should employ the use of NHIS?

Response	Frequency	Percentage
Yes	69	69%
No	2	2%
Don't know	29	29%
TOTAL	100	100%

Data in table 7 shows that 69 (69%) of the respondents also think that staff members of NAU should employ the use of NHIS, 2(2%) of the respondents said no they don't think so and 29 (29%) of the respondents don't whether Staff members of NAU should employ the use of NHIS or not. This shows the fact that majority number of the respondents thinks that staff members of NAU should employ the use of NHIS.

Table 8: Rate the effectiveness of NHIS Health Scheme

Response	Frequency	Percentage
Good	19	19%
Fairly good	52	52%
Very good	26	26%
Poor	3	3%
Very poor	0	0%
TOTAL	100	100%

Data in table 8 shows that respondents who rated the effectiveness of NHIS health scheme good were 19 (19%), 52 (52%) of the respondents were fairly good, 26 (26%) of the respondents were very good, while 3 (3%) of the respondents were poor.

Table 9: Do you agree that being enrolled is important?

Response	Frequency	Percentage
Agree	73	73%
Strongly agree	24	24%
Disagree	3	3%
Strongly disagree	0	0(0%)
TOTAL	100	100%

Data in table 9 shows that 73 (73%) of the respondents agree that being enrolled is important, 24 (24%) of the respondents strongly agree that being enrolled is important, 3 (3%) of the respondents disagree and 0 (0%) strongly disagree. From the data above, it implies that majority of the respondents agreed that being enrolled is important.

Table 10: Do you feel satisfied with NHIS program and services?

Response	Frequency	Percentage
Satisfied	93	93%
Very satisfied	4	4%
Dissatisfied	3	3%
Very dissatisfied	0	0%
TOTAL	100	100%

Data in table 10 as presented above shows that 93 (93%) of the respondents are satisfied with NHIS program and services, 4 (4%) of the respondents are very satisfied, 3 (3%) of the respondents were dissatisfied. The tables presented in 4.4 shows that considerable number of respondents has a very high positive attitude towards National Health Insurance Scheme.

The data contained in tables 6, 7, 8, 9 and 10 were referred to in order to provide answer to research question 2. From the figures supplied, it was evident that a considerable number of both the teaching and non-teaching staff member of Nnamdi Azikiwe University see NHIS as not only credible, but important. They generally had positive attitude towards the scheme.

NAU staff Members Use of National Health Insurance Scheme.

Table 11: Have you ever made use of NHIS medical health scheme for yourself?

Response	Frequency	Percentage
Yes	49	49%
No	51	51%
TOTAL	100	100%

From the data presented in table 11 above, it is evident that 49 (49%) of the respondents said yes they have made use of the NHIS medical health scheme for their selves while 51 (51%) of the respondents said no, that means majority of the respondents have not made use of the NHIS medical health scheme even when its easy and accessible for them.

Table 12: Have you ever made use of the NHIS medical health scheme for your Dependent (spouse/children)?

Response	Frequency	Percentage
Yes	36	36%
No	60%	60%
Don't know	4	4%
TOTAL	100	100%

The computation in table 12 above shows that 36 (36%) of the respondents have made use of the medical health scheme for their dependent (spouse/children), 60 (60%) of the respondents said no they have not made use of the health scheme for their dependent and 4 (4%) of the respondents don't know on whether they have made use of it for their dependent (spouse/children) or not.

Table 13: If yes how often do you use it?

Response	Frequency	Percentage
Frequently	6	6%
Very frequently	31	31%
Rarely frequently	63	63%
TOTAL	100	100%

Data presented in table 13 above shows that 6 (6%) of the respondents frequently make use of the health scheme, 31(31%) of the respondents makes use of the scheme very frequently and 63 (63%) of the respondents makes use of the scheme rarely frequently. From the data above, the researcher inferred that significant number of Teaching staff and non- teaching staff of Nnamdi Azikiwe University rarely make use of the Health Insurance scheme for themselves.

In order to provide answer to research question three, tables 11, 12 and 13 were referred to. It is against the statistics supplied from the above table that the researchers aver that significant number of Nnamdi Azikiwe University teaching and non-teaching staff members do not make use of the National Health Insurance Scheme.

Factors Affecting the Staff Members of NAU, Awka towards NHIS

Table 14: Do you agree that NHIS program is easy and accessible for University staff?

Response	Frequency	Percentage
Agree	53	53%
Strongly agree	24	24%
Disagree	7	7%
Strongly disagree	16	16%
TOTAL	100	100%

The data in table 14 shows that 53(53%) of the respondents agree that NHIS program process is easy and accessible for university staff, 24(24%) of the respondents said strongly agree, 7(7%) of the respondents said disagree and 16(16%) of the respondents said strongly disagree. This indicates that high percentage of the respondents agree that NHIS program process is easy and accessible for university staff.

Table 15: Is monthly contribution fee of NHIS affordable to you?

Response	Frequency	Percentage
Very affordable	7	7%
Affordable	80	80%
Costly	13	13%
Very costly	0	0%
TOTAL	100	100%

Data presented in table 15 shows that 7(7%) of the respondents said that the monthly contribution fee of NHIS is very affordable, 80(80%) of the respondents said the fee is affordable, 13(13%) of the respondents said the fee is costly and 0(0%) of the very costly were recorded. This implies that majority of the respondents said that the monthly contribution fee is affordable

Table 16: What factors do you think affect your use of NHIS?

Response	Frequency	Percentage
Monetary factors	11	11%
Unavailability of time	58	58%
Lack of knowledge on NHIS Process	7	7%
Poor hospitality facilities Of NHIS	16	16%
Ineffective service	8	8%
TOTAL	100	100%

Data from table 16 shows that 11(11%) of the respondents said that monetary factors affects their use of the health scheme, 58(58%) of the respondents said unavailability of time affects their use of the health scheme, 7(7%) of the respondents said lack of knowledge on NHIS process, 16(16%) of the respondents said poor hospitality facilities on NHIS and 8(8%) of the respondents said ineffective services affects their use. The data shows that majority of the respondents said unavailability of time affects their use therefore they don't have time to access the health scheme and make use of it for themselves.

In order to provide answer to research question 4, the researchers relied on the data supplied by tables 14, 15 and 16. It is based on statistics I those tables that the researchers conclude that irrespective of the fact that Nnadi Azikiwe University staff members see NHIS as affordable and accessible, they said that factors like unavailability of time and poor hospital facilities constitute the most significant challenge that affect their use of the scheme.

Discussion of Findings

This first finding of the study shows that the teaching and non-teaching staff members of Nnamdi Azikiwe University, Awka are significantly aware of the National Health Insurance Scheme. The results indicate that a significant percentage of respondents are aware of NHIS. As the data shows, 80% of respondents are aware of NHIS (Table 2), and 84% have been exposed to messages about NHIS (Table 2). Additionally, 62% are frequently exposed to NHIS messages (Table 2). This high level of awareness is further evidenced by 84% of respondents being aware of the benefits of the health scheme (Table 2), and 49% accessing messages about NHIS through public health institutions). The present study is in congruity with Adeniji and Adegoke (2018) who found in their study that “awareness of health insurance is relatively high, but more education is still needed to create an overwhelming awareness among the Nigerian worker.” Overall, the data provides evidence that most teaching and non-teaching staff at Nnamdi Azikiwe University are aware of the existence and purpose of NHIS.

The second findings discovers that the respondents saw the scheme as not only credible but accessible and as such had positive attitude towards National Health Insurance Scheme (NHIS). What the above presupposes is that most of the respondents had constructive view of NHIS. Interestingly, the above findings is in in agreement with prior research carried out by Cofie, De Allegri, Kouyate & Saverborn (2018) who stated that “most of the respondents they studied had positive attitude towards health insurance scheme.” The researchers also stressed the importance of positive attitudes in encouraging citizens who have opportunity of making use of health insurance schemes to maximize such opportunities, as they help cut cost. This present work also aligns with the study by Adeniji and Adegoke (2018). The researchers discovered favourable attitude towards health insurance, especially regarding the benefits of the scheme.

The third finding shows that a significant number of teaching and non-teaching staff of Nnamdi Azikiwe University Awka, do not make use of the National Health Insurance Scheme (NHIS). As shown in Table 4, only 49% of respondents have used NHIS for themselves and just 36% have used it for dependents. Additionally, 63% rarely use NHIS, even if enrolled (Table 4). This is irrespective of the positive attitudes and widespread awareness. The study highlighted a potential gap in the utilization of NHIS services. A significant portion of the participants reported limited use of NHIS services. At this point one would ordinarily have expected that the respondents who were aware of the health insurance scheme would have made use of the scheme with the level of awareness and benefits of the scheme, but this was not so. These finding echoes previous studies by Arigbosola, & Samina (2022) which discovered a disparity between awareness/attitude and actual health insurance enrolment and utilization. Thus, it might be imperative to extrapolate that while the staff at Nnamdi Azikiwe University have embraced NHIS in theory, the majority are not taking advantage of it in practice.

The last findings in this study shows that various factors affect the respondent's use of health insurance scheme. Factors like not being enrolled in NHIS program process, poor hospital facilities, unavailability of time, ineffective services. As a result of this, the researcher draw conclusions that these factors would have been the reason for non-utilization of NHIS among teaching and non-teaching staff of Nnamdi Azikiwe University Awka. Previous research by Arigbosola, & Samina (2022) had also cited time limitations as a significant obstacle to health insurance enrollment. Identifying and addressing these barriers is essential to improve the utilization rate.

Conclusion and Recommendation

From the findings of this study, the data obtained from 100 teaching and non-teaching staff of Nnamdi Azikiwe University, Awka showed that about 80% of the respondents are aware of the Nigerian's workers use of the National health insurance scheme, also over 80% of the respondents have a positive attitude towards the National health scheme but below average of respondents do not make use of the scheme. This is instructive as the result suggests that in spite of the high level of awareness of the national health insurance scheme among the teaching and non-teaching staff of Nnamdi Azikiwe University, Awka, there is still low compliance to the use of the health scheme.

However, the identified gap in utilization calls for targeted interventions to overcome barriers and enhance the overall effectiveness of the NHIS in providing accessible and affordable healthcare services to the university staff members.

It is based on the findings of this study that the following recommendations are deemed appropriate by the researchers:

- In order to improve awareness, firstly, there's a need for targeted awareness campaigns to reach those who might still be unfamiliar with the NHIS. Furthermore, efforts should be directed toward understanding the specific concerns that limit utilization and addressing them, whether they are related to the range of services covered, the quality of healthcare provided, or administrative processes.
- It is also important to seek feedback from people to identify ongoing knowledge gaps on the national health scheme.
- In order to improve attitude it might be important to highlight the value of preventive care and financial protection offered by NHIS, offer counselling services to staff who may have had negative perceptions based on past experiences.
- In addition it is very imperative to conduct surveys in order to understand concerns and apprehensions about NHIS, and if possible, explore the possibility of introducing incentives for staff

members who enroll in NHIS, such as discounted premiums, wellness programs, or additional health-related benefits. This is given that incentives can motivate staff to actively participate and perceive NHIS as a valuable resource.

- It is also important to expand network coverage of NHIS by partnering with more healthcare providers, Set up a NHIS desk on campus for seamless service.

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