

Research Article

Assessment of Knowledge, Attitude, and Perceptions Towards the Sustainability of Social Health Insurance Among Health Workers in Private Facilities in Benin City, Nigeria

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Abstract

In an attempt to provide effective healthcare services, a growing number of developing countries have recently implemented health financing strategies with a focus on social health insurance schemes. As a result, it is now necessary for a consistent assessment of various parameters in order to actualize the goals of the national health insurance scheme. Therefore, the present study aims to assess the knowledge, attitude, and perceptions towards the sustainability of social health insurance among health workers in private facilities in Benin city, Nigeria. The design used in this study is the survey research design and adopted descriptive statistics which involves the use of frequency and percentage. The result of this study revealed that majority of the respondent 98.3% understood what health insurance means, 46.7% and 42% ranked their level of knowledge to be very good and good respectively, 90.2% agreed to need for knowledge improvement and further reported that the knowledge gained was via health insurance facilitators 26.9% and then training 24.6%. Additionally, it was observed that a large number of the participants 72.8% reported that they are subscribers to available health insurance plan, 81.1% agreed to recommend health insurance to people who might ask for advice, and 60.5% agreed that health insurance is sustainable in Nigeria. Finally, a vast proportion of the respondent highlighted some perceived challenges that may obscure the sustainability of health insurance in Nigeria, particularly inadequate health infrastructure and as such, continual assessment of knowledge and other vital instrument to strengthen the efficiency and effectiveness of social health insurance scheme remains necessary.

Keywords: Social Health Insurance Scheme, National Health Insurance Scheme, and Universal Health Coverage.

Introduction

A worldwide concern today is the need for nations to attain universal health coverage (UHC) in order to provide assured accessibility and high-quality healthcare at a minimal cost [Obikeze et al., 2020; Abiola et al., 2019]. Developing countries have encountered certain obstacles in their pursuit of universal health coverage (UHC) due to a higher percentage of their populace being heavily reliant on direct (out-of-pocket, OOP) expenses. These include

costs associated with over-the-counter medications, consultations, and procedure fees [De-Alegri et al., 2009; Onoka et al., 2015].

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In the light of this, it was reported in the study of De-Alegri et al. (2009) that the World Health Organization (WHO) assert that medical expenditures stands to be a huge impediment to effective healthcare delivery, coverage and utilization and further reported that a viable escape route is for the national governments to encourage the risk-pooling prepayment approach and lessen the dependency on direct payment [De-Alegri et al., 2009; Odeyemi, 2014].

A growing number of low- and middle-income countries have been observed to be expanding pooling arrangements and adopting effective and sustainable purchasing strategies in an effort to achieve an effective UHC and reduce reliance on direct payment [McIntyre et al. 2013; Lagomarsino et al. 2012]. Many observational studies and other pieces of evidence point to the importance of a number of indices in the successful pursuit of universal health coverage (UHC), including a supportive environment, strong political backing, effective public accountability systems, and strong technical capacity [Savedoff et al., 2012; Balabanova et al., 2013; Onoka et al., 2015]. The experiences in the LMIC positions the social health insurance scheme which is designed to ensure the availability of necessary resources for members to access effective healthcare as a practicable preference for direct payment [Odeyemi, 2014].

In order to provide effective healthcare services, especially for the poor and vulnerable populations, a growing number of developing countries have recently implemented strategies in the area of health financing with a focus on social health insurance schemes. These initiatives, which use various prepayment systems, are expected to improve the general health status of the population [Anetoh et al., 2017; Shagaya, 2015; Mohammed et al., 2015]. The national health insurance scheme (NHIS) was created by federal law in 1999 as a component of Nigeria's health sector financing strategy and reform program. Its goal is to provide healthcare services that are equitable, easily accessible, efficient, and cost-effective [Mohammed et al., 2013; Umar and Mohammed, 2011; Adesanya et al., 2012].

Under the direction of the Nigerian Federal Ministry of Health, the Nigerian NHIS is an organization that manages three significant programs; two in the informal sector and one in the official sector [Odeyemi and Nixon, 2013; Sambo et al., 2013]. The Formal Sector Social Health

Insurance Programme (FSSHIP) provides insurance to organized private sector workers in addition to public sector workers. Organizations with more than ten workers are reportedly required to adopt and finance FSSHIP, which is handled by a percentage payment from both the employer and the employees [Odeyemi, 2014; Metiboba, 2011; Sambo et al., 2013]. The two programs that make up the informal sector are the Rural Community Social Health Insurance Program (RCSHIP) and the Urban Self-Employed Social Health Insurance Programme (USSHIP). Based on the community-based health insurance (CBHI) paradigm, USSHIP and RCSHIP are voluntary, non-profit programs [Odeyemi, 2014].

It is commonly noticed that the use of the health insurance program is still unpopular despite the NHIS and HMOs' persistent advocacy and education efforts. As such, efforts must be made constantly to guarantee that the program is extensively used by the populace [Onoka et al., 2013]. Similar to this, it has been demonstrated beyond contest that the Nigerian National Health Insurance System (NHIS) seeks to provide effective and affordable healthcare services; nevertheless, reports have shown that individuals covered by insurance continue to be dissatisfied with the careless attitude and unprofessional behavior of the providers [Umar and Mohammed, 2011; Adesanya et al., 2012; Mohammed et al., 2013]. Thus, it is now essential to monitor, evaluate, and assess health care delivery and user satisfaction in order to enhance future implementation measures, and as such the present study sought to assess the knowledge, attitude, and perceptions towards the sustainability of social health insurance among health workers in private facilities in Benin city, Nigeria.

MATERIALS AND METHODS

Population and Sample size

This study was based on a questionnaire developed by the research team. The sample population of the present study was three hundred (300).

Research Instrument

For this research work, the research instrument adopted was a formal standardized questionnaire. A total of 300 questionnaires were distributed to workers in private health facilities in Benin between the periods of January 2024 to March 2024. The questionnaire comprised of three main categories:

- 1. Socio-demographic characteristics, including the following: Designation, Gender, Years of practice and Educational level.
- 2. Knowledge and attitude towards the need for social health insurance
- 3. Relevance and sustainability of social health insurance.

Ethical consideration

Voluntary Participation

Respondents were informed of the purpose of the study.

RESULTS

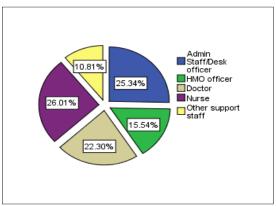


Figure 1(a). Designation

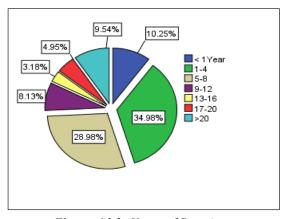


Figure 1(c). Years of Practice

They were informed that their participation in the study was voluntary and not paid for. They were also informed that the information provided was strictly for research purpose, and were requested to kindly provide honest responses to ensure the credibility of the study.

Anonymity and Confidentiality

The respondents were informed that their identity was confidential and as such their detail of names were not collected.

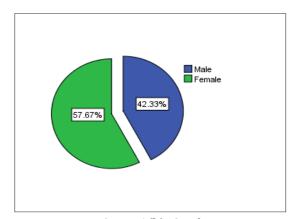


Figure 1(b). Gender

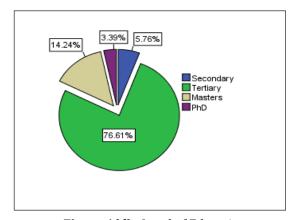


Figure 1(d). Level of Education

Figure 1. Showing Socio-demographic information of the participants

The present study examined the socio-demographic information of the participants, and it was observed that from the study population of three hundred participants the following responses were collected; designation (fig 1a) revealed that nurses and then administrative staff/desk officers were the dominant population with 26.01% and 25.34% respectively; Gender (fig 1b) revealed that

females were the dominant participants with 57.67% and male 42.33%; years of practice (fig 1c) shows that a greater proportion of the participants had 1-4 years of practice and a few had 13-16 year of practice; and it was observed that the majority of participants hold a tertiary degree.

Table 1. Knowledge and attitude towards the need for social health insurance

Variables	Frequency	Percentage (%)
Would you say that you understand what Health Insurance really	295	100
means	295	100
Yes	271	91.9
No	19	6.4
Not Sure	5	1.7
How would you rate your level of knowledge	300	100
Very Good	137	46.6
Good	126	42.0
Not so good	25	8.3
Just a passing knowledge	9	3.0
Would you be confident enough to teach others about Health	295	98.3
Insurance	293	70.3
Yes	229	77.6
No	28	9.5
Not Sure	38	12.9
How did you learn about Health Insurance	268	89.3
Training	66	24.6
Books/Journals	32	11.9
Internet	40	14.9
Colleagues	43	16.0
Health Insurance Facilitators	72	26.9
Television/Social Media	5	1.9
Patients on Health Insurance	10	3.7
Do you feel that your knowledge of Health Insurance needs to be improved	295	98.3
Yes	266	90.2
No	9	3.1
Not Sure	20	6.8
By what means would you recommend others to learn about Health Insurance	295	98.3
Books/Journals	48	16.3
Internet	34	11.5
Television/Social Media	39	13.2
Interaction with Health Insurance Facilitators	61	20.7
Training programs	113	38.3

Responses of participant's knowledge and attitude towards the need for social health insurance were collected and analyzed from well-structured questions to ascertain the level of knowledge and attitude as follows; Would you say that you understand what Health Insurance really means, there was a response rate of 98.3%(295) from the total population of 300 and it was observed that a vast proportion 91.9% of the respondent reported with a 'yes'. Regarding

the question how would you rate your level of knowledge, it was observed that majority of the participants 46.7 % and 42% reported very good and good with the frequency distribution of 137 and 126. On would you be confident enough to teach others about health insurance, majority of the participants 77.6% reported with a yes and the similar trend was observed for do you feel that your knowledge of Health Insurance needs to be improved, 90.2% reported

with a yes. The participants were then examined to know how they learnt about health insurance, it was observed that a greater proportion of them gained knowledge via health insurance facilitators 26.9% and then training 24.6%. Finally, responses gathered from the question

by what means would you recommend others to learn about Health Insurance, revealed that the participants a greater number of the participants concurred to training programs 38.3% and then via Interaction with Health Insurance Facilitators 20.7%.

Table 2. Relevance and sustainability of social health insurance

Variables	Frequency	Percentage (%)
Are you on any Health Insurance plan currently	290	96.7
Yes	211	72.8
No	79	27.2
Would you recommend Health Insurance to people who might ask for your advice	286	95.3
Yes	234	81.8
No	14	4.9
Leave them to decide themselves	38	13.3
What is the major challenge with Health Insurance in Nigeria.	291	97.0
Corruption	63	21.6
Government Involvement	43	14.8
Inadequate Health Infrastructure	61	21.0
Deceitful Health Insurance facilitators	27	9.3
Our cultural beliefs	46	15.8
Lack of adequate information about its modalities and advantages	51	17.5
Is Health Insurance sustainable in Nigeria	291	97
Yes	176	60.5
No	15	5.2
Not Sure	49	16.8
Let's wait and see	38	13.1
Indifferent	13	4.5

Participants views on the relevance and sustainability of social health insurance were collected, analyzed and data presented in table 2. In an attempt to determine the view of participants on the sustainability of social health insurance the following questions were examined; are you on any health insurance plan currently? it was observed that from the study population of 300, a large number of the participants 72.8% (211) reported yes. Would you recommend Health Insurance to people who might ask for your advice, it was observed that a vast proportion of respondents 81.1% reported yes. As per what is the major challenge with Health Insurance in Nigeria? a larger population of the participants reported corruption 63(21.6) and following that was inadequate health infrastructure 61(21%). Regarding the question is health insurance sustainable in Nigeria, a vast proportion 60.5% of the participants reported "yes".

DISCUSSION

Recently, implementation of strategies in the area of health financing with focus on social health insurance scheme has ensued in a growing number of developing countries in the quest of providing an efficient healthcare services via various prepayment systems with expected results of improving the overall health status of the citizens [Anetoh et al., 2017; Shagaya, 2015; Mohammed et al., 2015]. As part of the health sector financing strategy and reform programme in Nigeria, in 1999, the national health insurance scheme (NHIS) was established by federal law with aim of providing, equitable, easy accessibility, efficient and cost-effective healthcare delivery services [Mohammed et al., 2013; Umar and Mohammed, 2011; Adesanya et al., 2012]. Despite the sustained advocacy and sensitization by the NHIS and HMOs, it is widely

observed that the utilization of the health insurance scheme still remains unpopular among citizens [Onoka et al., 2013], and though the NHIS core objective is to provide excellence and cost-effective healthcare services [Umar and Mohammed, 2011; Adesanya et al., 2012], however, it is still reported that subscribers have complained of the poor approaches of service providers. Therefore, this study assessed the knowledge, attitude, and perceptions towards the sustainability of social health insurance among health workers in private facilities in Benin city, Nigeria. The first section of this study examined the sociodemographic characteristics of the participants, and the result revealed that well over half of the respondent were nurses and administrative officers with 1-4 years of practice and tertiary degree as the minimum educational qualification. The observation on the educational qualification of the respondent corresponds to the study that was conducted in health facilities in Lagos state [Abiola et al., 2019], and contrast the findings conducted in health facilities in the rural southwest of Nigeria indicating that perhaps geographical locations contributes to educational qualification [Awosika, 2007].

Additionally, the study further examined the knowledge of the respondent on social health insurance and the result revealed that 98.3% of the respondents reported that they understand what health insurance really means, 46.7 % and 42% rated their knowledge on health insurance to be very good and good respectively. The direction of the result of this study was not unfounded, as majority of the respondent were found to be nurses and health administrative officers with a tertiary degree as the minimum educational qualification and worked in a NHIS registered facility. The result of the present study on high level of knowledge on health insurance conforms to the finding of Adeniyi and Onajole, [2010] on the study conducted among dentist, Karatu et al. [2012] on the study conducted among primary healthcare managers in Lagos state, and Abiola et al. [2019] on a study carried out among adult patients attending a tertiary health facility in Lagos State, South-Western Nigeria. The high level of knowledge demonstrated by more than half of the respondent was observed to be gained via health insurance facilitators 26.9% and then training 24.6%. In the light of this, it was observed that majority of the respondent 77.6% were confident enough to teach other about health insurance, 90.2% agreed to fact that an improvement in knowledge and awareness was very necessary to speed up the achievement NHIS objectives, and a vast proportion of the respondents indicated that training programs via interaction with health insurance facilitators would act as catalyst for improved knowledge and utilization of the social health insurance schemes.

In attempt to determine the need for sustainability of social health insurance, participant's views on sustainability of social health insurance were collected, analyzed and it was observed that a large number of the participants 72.8% of the study population were currently on health insurance plan available and a vast proportion of the participants 81.1% also reported that they would recommend the scheme to people who might ask for advice. The quality of care given to individuals and a friendly environment in which they are treated when seeking health care is among the target of health insurance scheme [Adesanya et al., 2012; Ibe et al., 2017] and most often than not, good recommendations emanates from quality service delivery, perhaps the recommendation of health insurance scheme to people who might ask for advice. As per what is the major challenge with health insurance in Nigeria? a larger population of the participants reported corruption 63(21.6%) and following that was inadequate health infrastructure 61(21%). Regarding the question is health insurance sustainable in Nigeria, a vast proportion 60.5% of the participants reported "yes". Identification of challenges provides insights into resolution for an enhanced sustainability and provision of avenue for reforms to achieve set objectives. The present study identified some perceived challenges that may obscure the sustainability of health insurance in Nigeria, which should be considered for periodic monitoring, and assessment of vital instruments that guarantee the achievement of the objectives of reform to yield an effective and efficient health care system as observed in extensive body of literatures [Mohammed et al., 2013; Carrin and James, 2005; Mohammed et al., 2011].

CONCLUSION

This study observed that majority of the respondents demonstrated a good understanding as to what health insurance means, agreed that the knowledge and awareness on health insurance needs to be improved, agreed to recommend health insurance to people who might ask for advice, and felt that health insurance is sustainable in Nigeria. Finally, a vast proportion of the respondent highlighted some perceived challenges that

may obscure the sustainability of health insurance in Nigeria, particularly inadequate health infrastructure and as such, continual assessment of knowledge and other vital instrument to strengthen the efficiency and effectiveness of social health insurance scheme remains necessary.

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Cite this article: Dr. Amegor Ilelosa Rock, Dr. Obazee Osazee Toyin, Omorogbe Owen Stephen, et al. Assessment of Knowledge, Attitude, and Perceptions Towards the Sustainability of Social Health Insurance Among Health Workers in Private Facilities in Benin City, Nigeria. International Journal of Research in Medical and Clinical Sciences. 2024;2(1): 91-98.

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