

ASSESSMENT OF THE LEVEL OF AWARENESS AND FACTORS AFFECTING ENROLMENT FOR HEALTH INSURANCE SCHEME AMONGST UNIVERSITY STAFF IN ENUGU STATE, NIGERIA.

*OMOLE, OLUYOMI. O; DR. (MRS.) N. T. IWUEKE

Department of Geography and Meteorology, Faculty of Environmental Sciences, Enugu State
University of Science and Technology, Enugu State, Nigeria.

ABSTRACT

This study assessed the Level of Awareness and factors affecting Enrolment for Health Insurance Scheme amongst University Staff in Enugu State, Nigeria. The objectives of this study were (a) to examine the level of awareness of health insurance scheme amongst university staff in Enugu state (b) to examine the level of enrolment of health insurance scheme amongst university staff in Enugu state (c) to examine the mode of healthcare financing amongst university staff in Enugu state (d) to examine factors affecting enrolment of health insurance scheme amongst university staff in Enugu state. Three universities were selected purposively for this study using the following criteria: one Federal, one State and one Private University. Namely these were: University of Nigeria (UNN), Enugu State University of Science and Technology (ESUT), and Renaissance University (RNU), all in Enugu state. The population size of the three Universities in 2018 was 4056 University staff, while the sample size for this study was 200 University staff selected proportionately from each of the three Universities. Thus, ESUT contributed 91, UNN contributed 75 and RNU contributed 34 respondents that make up the sample population of 200 university staff for this study. This figure (5%) is in accord with Nworgu (2006), that a sample size of about 5% of population is appropriate for such a study. Data for the study were collected using structured questionnaires randomly and administered as well as Data collected were analyzed and presented in frequency tables and bar charts. ANOVA was used to test the hypothesis that; there is no significant difference in the level of awareness and the level of enrolment of health insurance scheme amongst University staff in Enugu State at 0.05 level of significance. The results showed that although there is a high level of awareness about health insurance scheme amongst the university staff in Enugu State, the level of utilization of health insurance scheme is still very low amongst the Universities staff in Enugu State. The reasons were (a) due to inadequate understanding of how the scheme functions (b) health insurance is not mandatory amongst University Staff. The mode of healthcare financing amongst university staff

was largely out-of-pocket payments. The University staff were strongly of the opinion that Lack of compulsory government insurance policy, inadequate spatial distribution of healthcare facilities, Lack of sensitization workshop by health insurance providers, inadequate knowledge of the potential benefits, mode of operation of the scheme, Location and relative distance of accredited health insurance scheme to users were some of the factors affecting enrolment and utilization of health insurance scheme amongst university staff in Enugu state. Therefore, the research recommends a massive and far reaching enlightenment workshop to educate the University Staff in Enugu State on how the scheme functions and the benefits there in. Also compulsory enrolment into health insurance scheme should be instituted for all university staff in Enugu state. This will further increase the level of enrolment and by implication reduce out-of-pocket expenditure on healthcare amongst staff.

Keywords: Insurer, WHO, Health care, Insurance, NHIS

INTRODUCTION

Health Insurance is basically, a social security system that guarantees the provision of needed health services to persons on the payment of token contributions at regular intervals, where the *insured* pays costs out-of-pocket and is then reimbursed by the insurer, or the *insurer* makes payments directly to the *provider*, depending on the type of health insurance coverage the individual belongs to. Under a health insurance scheme, the “provider” is a clinic, hospital, doctor, laboratory, health care practitioner, or pharmacy while the “insurer” is the third party organization that provides the framework for the insurance program to hold. The “insured” is the owner of the health insurance policy (the person or dependent(s) with the health insurance coverage), (**National Health Insurance Scheme Operational Guideline NHISOG, 2015**).

Health insurance embodies Health security which over the years has become a point of concern, for individuals, families, local governments, states, countries, nations as well as international bodies like World Health Organization (WHO) running Global Health Security Programs, United Nations (UN) who have seventeen Sustainable Development Goals (SDGs) of which number (3) is to “*Ensure healthy lives and promote well-being for all at all ages*” (**NHISOG, 2015**).

The National Health Insurance Scheme (NHIS) in Nigeria took off in the year 2005 as a corporate body established under Act 35 of 1999 Constitution by the Federal Government of Nigeria to improve the health of all Nigerians by providing easy access to healthcare at an affordable cost through various prepayment systems (National Health Insurance Scheme, 2012).

The need for health insurance scheme in Nigeria came up as a result of poor health indices, high mortality rate, and poor state of healthcare services, excessive dependence on government health

facilities, pressure on public health facilities and poor integration of private health facilities into the nation's healthcare delivery system (NHIS, 2012).

Health insurance systems are designed to improve the standard of health care of the population, improved funding and management of health systems lead to social stability. Health insurance as a health care financing mechanism has become a sought-after approach to the problem of financing healthcare all over the world. The current concern with financing and the specific interest in health insurance is often the result of parallel trend; the recognition of basic healthcare for all citizens as a fundamental human right on the one hand, and the difficulties faced by Governments in developing and maintaining resources to provide health care through general taxation revenue on the other (Mgbe and Kelvin, 2014).

World Health Organization (WHO) has been giving tremendous support and cooperation to nations that pursue their citizen's welfare through health insurance. They further noted that, nations equally are channelling large chunk of their budget to the attainment of good health for their people. Health insurance can be categorized as social (or government) health insurance and private health insurance. Where a system is financed by compulsory contributions mandated by law or taxes and the system provisions as specified by legal status, it is social (or government) health insurance plan. On the other hand, private health insurance is usually financed on a group basis but most plans also provide for individual policies (Adeoye, 2015).

How societies pay for health care and how many resources they devote to health affects both the care people can get and its quality. The definition of health (WHO, 2012) would look like an aberration in Nigeria if we go strictly by it because no Nigerian would be said to be a healthy client for the insurance industry. Every country strives to provide for its citizens affordable and accessible healthcare. The provision of accessible and affordable health care services on a sustainable basis in any country is an important obligation of government and the fundamental right of the citizens, through direct participation in health delivery system and good legislature on health (Obansa and Orimisan, 2013).

“A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient” (WHO, 2007). Health care financing therefore does not only involve how to raise sufficient resources to finance health care needs of countries, but also on how to ensure affordability and accessibility of healthcare services, equity in access to medical services as well as guarantee financial risk protection (Riman and Akpan, 2012). In South Africa for instance, there is no nationally operated public health insurance scheme. Yet, they can boast of better health indices

than Nigeria. They have private health insurance schemes that are affordable, well developed and functioning effectively and efficiently (Gana, 2010).

In most developed countries, health care are paid for largely by the government or an organization associated with it, using taxes collected from citizens. The United Kingdom, for example has a “single payer” system in which the government pays directly for care; in France and Germany, the government collects taxes to fund part of the government health care system, and employers and individuals pay for the remainder of the costs directly (United State National Centre for Health Statistics Reports, 2007). In other countries, such as the United States, a portion of the health care system is market based, that is, paid for by private entities such as employers and individuals. Even in market based systems, the government may provide health care to vulnerable people. For instance, in the U.S, there is federal funds support which covers low income people (WHO, 2015).

Both market-based and government-financed health care systems strive to manage overall health care costs. The difference lies in the way they approach the task. Market-based health care relies primarily on the force of companies competing against each other to bring the best new products to customers. Customers make their choices based on many variables such as quality, convenience and service, not just cost (USNCHSR, 2007).

Most government-financed health care systems do not use competition, but rather a variety of other tools to keep costs down. Some of these tools harm continued medical progress, others are useful and effective ways to control costs without slowing advances and the effect of still others depends on how they're applied (USNCHSR, 2007).

The Nigerian System allows private healthcare providers as major stakeholders despite the establishment of the NHIS. The extent of coverage of the NHIS is such that artisans, farmers, sole proprietors of businesses, street vendors, traders and the unemployed are not yet accounted for. Even within the formal sector, not all government and corporate organization employees are enrolled within the scheme. Our public and private hospitals therefore are still operating on a fee for service basis for the majority of its clients (Gana, 2010).

Social health insurance schemes generally understood as Health insurance stands for a pooling of health risks, in order for the participants to get benefits due to the uncertainty underlying ill-health occurrence and payments for treating such ill-health. This is because the need for health-care is often highly unpredictable and very costly for the individual although it is predictable for large groups (Oyefabi, Aliyu & Idris, 2014). It is a system of financing health care through contributions to an insurance fund that operates within the framework of government regulations. The NHIS was established to reduce the financial burden of OOP for health care services

(Oyefabi *et al*, 2014). It only covers 4-5% of Nigerians (largely federal government employees).

Sanusi, (2009) 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 programme and 83.2 percent were registered under the programme and the person who enjoys the programme is just 58.9percent. A similar study was conducted in Andrew, (2007) 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.

Jibo, 2011 cited in Edna, (2015), used across sectional descriptive study with 152 respondents drawn from the public sector to examine the awareness and utilization of NHIS among public servants in Kano, his findings showed that more than half of the respondents were males 88 (62.99 percent) married (80 percent) had tertiary education (93.6 percent) and that awareness is high among male compared to females Ibo further noted that there are obvious reasons for under awareness of the scheme in some rural areas because of low educational level, access to good health care and lack of information on the scheme. Ndie (2013) assessed the awareness of National Health Insurance Scheme (NHIS) awareness by civil servants in Enugu and Abakaliki. The results showed that 64 percent were nurses, 20 percent were artisan, 28.1 percent were clerical officers and 20 percent were teachers only 1 percent are registered members of NHIS. Nurses that know the health care facilities accredited for NHIS were 56.1 percent while 12.5 percent, 20.88 percent and 8.5 percent were artisans, clerical officer and teachers respectively, knows health care facility accredited for NHIS. The author concluded that the result indicates that civil servants working with Ebonyi and Enugu state governments do not know much about the NHIS. Nurses have the greatest knowledge about NHIS when compared to artisans, clerical officers and teachers.

However, efforts of the NHIS to implement a prepayment scheme have only been among the formal sector workers mainly, with coverage of about 4% of the general population (Onoka, Onwujekwe, Uzochukwu and Ezumah, 2013). This scenario has attributed, among others to the fact that enrolment into the health insurance schemes in Nigeria is presently voluntary unlike in neighbouring Ghana where it is mandatory and thus with a better coverage in the latter (Odeyemi and Nixon, 2013).

Agba, Ushie, and Osuchukwu, (2010), argued that enrolment in prepayment schemes as a health status enhancing social policy as shown that awareness about, and any other factor that can enhance individuals' levels of awareness of existing beneficial of social policies could positively influence enrolment in an available prepayment scheme for health. Nevertheless, it has been shown that prepayment schemes enjoys favourable disposition when its basics of operation,

benefit package as well as the inherent benefits especially the availability of financial risk protection are made known to its potential beneficiaries (Onoka, Onwujekwe, Uzochukwu and Ezumah, 2013).

Social health insurance (SHI) is based on individuals or mandatory enrolment in several low and middle-income countries. Voluntary insurance mechanisms include private health insurance (PHI), which is implemented on a large scale in countries like Brazil, Chile, Namibia and South Africa. In Asian countries, the demand for PHI is speedily on the increase. For instance, in China, 30% of the urban people currently possess some kind of PHI while almost 20% are planning to buy the same in the nearest future. A major determinant is the economic factor (Dreschler and Jutting, 2007).

In a research done by (Gottret and Schieber, 2006), argued that a health care financing system involves the means in which funds are generated, allocated, and utilized for health care. It has three basic functions of collecting revenues, pooling resources, and purchasing services. The commonly used mechanisms for implementing these functions include tax-based financing, out-of-pocket payments, donor funding, and health insurance (social and private). The success of the different health financing methods can be measured by the overall effect on equity of access and health outcomes, revenue generation and efficiency, and the effects on user behaviour and provider (Palmer, Mueller, Gilson, Mills, Haines, 2004).

The prime objectives of social health insurance are; to provide health care that avoids large out of pocket expenditure, increase appropriate utilization of health services and improve health status (Oyefabi *et al*, 2014). Adinma and Adinma, (2010), stated that social health insurance scheme is a form of mandatory insurance scheme (normally on a national scale). It provides a pool of funds to cover the cost of health care and it also has a social equity function which eliminates barriers to obtaining health care services at the time of need especially for the vulnerable groups.

The prime objectives of social health insurance are; to provide health care that avoids large out of pocket expenditure, increase appropriate utilisation of health services and improve health status (Oyefabi *et al*, 2014).

Study on the assessment of the level of awareness and enrolment for health insurance schemes is still understudied in Nigeria, especially in Enugu state. In Enugu State and its environs, no study on the assessment of the of the level of awareness and enrolment for health insurance schemes amongst the university staff has been done, yet such a study should create awareness amongst the elites on the utilization of the health insurance and by implication, the schemes amongst the host communities in this study area. This study therefore fills this yawning research gap in time and

space.

THE STUDY AREA

Enugu State is one of the states in the eastern part of Nigeria, it is located between Latitude 6° 27' 35.8704" North and Longitude 7° 32' 56.2164" East, The state shares borders with Abia State and Imo State to the south, Ebonyi State to the east, Benue State to the northeast, Kogi State to the northwest and Anambra State to the west with a total land mass area of 7,161 square kilometres sitting at about 223 metres above sea level. Enugu State has a population of 3,267,837 people at the census held in 2006 (estimated at over 4.3 million in 2018), with a growth rate of 2.8% per annum. This gives a population density of about 268 persons per sq. km., which is high when compared with the average national population density ratio of about 96 persons per sq. km. As regards Demographics, Enugu State is the home of the Igbo of South-eastern Nigeria National population census.

Enugu is located in a tropical rain forest zone with a derived savannah. The city has a tropical savannah climate (Köppen: *Aw*). Enugu's climate is humid and this humidity is at its highest between March and November. For the whole of Enugu State the mean daily temperature is 26.7 °C. As in the rest of West Africa, the rainy season and dry season are the only weather periods that recurs in Enugu. The average annual rainfall in Enugu is around 2,000 millimetres, which arrives intermittently and becomes very heavy during the rainy season. Other weather conditions affecting the city include Harmattan, a dusty trade wind lasting a few weeks of December and January. Like the rest of Nigeria, Enugu is hot all year round.

MATERIALS AND METHODS

The study adopted a survey design to elicit information through questionnaires administered to a randomly selected sample of the population of university staff. It gives each member of the population the equal opportunity of being represented by the sampling method (Ezeji, 2000). Purposive sampling technique was used to select three Universities for this study in Enugu State. The basis of selection of the three universities selected was one Federal, one State and one Private University. The universities were: University of Nigeria (UNN), Enugu State University of Science and Technology (ESUT) and Renaissance University (RNU), respectively. The population size of the three Universities in 2018 was 4056 University staff, while the sample size for this study comprised 200 University staff selected proportionately from each of the population size of the three Universities namely, UNN (75), ESUT (91), and RNU (34) respondents. These figures (5%) are in agreement with Nworgu, (2006), that a sample size of about 5% of population is appropriate for such a survey. Data for the study were collected using structured questionnaires randomly and administered as well as Data collected were analyzed

and presented in frequency tables and bar charts. ANOVA was used to test the hypothesis that; there is no significant difference in the level of awareness and the level of enrolment of health insurance scheme amongst University staff in Enugu State at 0.05 level of significance.

Research questions were evaluated using the Mean scores earned to make decision. The response option of Very Great Extent (VGE), Great Extent (GE), Low extent (LE) and Very Low extent (VLE) were weighted as; 4,3,2 and 1 respectively. The weighted scores were used to derive the Mean score item by item; this method was used to evaluate the responses from the respondents on the assessment of the Level of awareness and factors affecting enrolment of the Health Insurance Schemes amongst the University Staff of Enugu State from the three Universities used for this study in Enugu State. The limits of means adopted and interpreted. Thus

Great extent (VGE) [4] = 3.50- above

Great extent (GE) [3] =2.50-3.49

Low extent (LE) [2] =1.50-2.49

Very low extent (VLE) [1] = 1.00-1.49

Weight scores (WS)

Mean expression

$$\frac{\sum \bar{X}}{N}$$

\sum = represents the summation.

\bar{X} = represents sample mean scores

N = represents the number of items in the sample.

RESULTS

Table 1 Presented the gender ratio of respondents was 78 Females to 122 Males.

Table 2 Present result of the level of awareness of the health insurance scheme amongst university staff in Enugu state, reveals that the university staff strongly shared the same opinion that they are aware of health insurance scheme as they all independently rated awareness of health insurance scheme amongst university staff to a very great extent and awareness through media were equally rated to a very great extent as their main source of the awareness of the scheme.

The Cluster Mean score of **(2.51)** in the four point rating scale implies that there is great level of awareness of the health insurance scheme amongst the university staff of Enugu state.

Table 3 Present result of the Level of enrolment for health insurance scheme amongst universities staff in Enugu State, indicates that the Level of enrolment and utilization of health insurance scheme in the last 5years were rated to a low extent amongst university staff in Enugu state as a result of lack of compulsory health insurance policy at work place and inadequate understanding of how the scheme works were rated to a great extent were the reasons for not yet enrol and utilized the scheme amongst university staff in Enugu state.

Item one on this table were used to make decision on the Level of enrolment for health insurance scheme amongst the University staff and with a Mean score of **(2.34)** in the four point rating scale, implies that university staff in Enugu State do not enrolled and utilized health insurance scheme to a great extent, due to inadequate understanding of how the scheme works, secondly health insurance were not made compulsory amongst the university staff in Enugu state.

Table 4 Present the result on the mode of health care financing amongst university staff in Enugu state, as payment for healthcare services through health insurance were rated to a low extent which implies that university staff in do not really pays for their healthcare service through health insurance why payment for health healthcare services through Out-of-pocket were rated to a great extent amongst the university staff which implies most of university staff in Enugu state pays through health insurance through Out-of-pocket as their mode for their healthcare services as they rated annual financial commitment from Out-of- pocket between ₦30,000- ₦60,000 for their healthcare service to a great.

The parameter used for decision of Mode of health care financing amongst the University staff was the highest mean scores between Item 1 and 2 on the table. The result on the table indicates that Staff who pays for healthcare service through health insurance has a mean score of **(2.29)** in the four point rating scale, implies that mode of health care financing through health insurance amongst the Universities staff were in low extent while Universities staff who pays for healthcare service through Out-of-pocket has a mean score of **(2.63)** in four point rating scale, Therefore the mode of health care financing amongst the staff can be attributed to Out-of-pocket mode of healthcare financing to a great extent.

Table 5 Present result of the factors affecting enrolment and the utilization of health insurance scheme amongst university staff in Enugu state indicates that the respondents independently rated all item listed on the table 5 to a very great extent.

The Cluster Mean score of **(3.65)** in the four point rating scale, implies that the respondents

strongly agreed and with all the factors listed on the table 5 as they independently rated it to a very great extent as factors affecting enrolment and the utilization of health insurance scheme amongst the university staff of Enugu State.

INFERENCE STATISTICAL ANALYSIS

ANOVA was used to test this hypothesis that; there is no significant difference in the level of awareness and the level of enrolment of health insurance scheme amongst University staff in Enugu State at 0.05 level of significance

F_{cal} Calculated value: **3.98**

F_{tab} 0.05 tabulated value **3.55**

Decision: The decision rule for hypothesis was if the F_{cal} value is less than the F_{tab} value, the null hypothesis will be accepted, but where the F_{cal} value is equal to or greater than the F_{tab} value, the null hypothesis will be rejected

From the F- ratio distribution table, the critical value of F with 2 and 18 degrees of freedom at 0.05 level of significance is 3.55. Since the F_{cal} value of 3.98 is greater than the F_{tab} value of 3.55, the null hypothesis is rejected. Therefore, there is a significant difference between level of awareness and enrolment of health insurance scheme amongst the university staff of Enugu state.

Table 1: Distribution of respondent's by Gender and Institution

S/N	GENDER OF RESPONDENTS	ESUT	UNN	RN U	TOTAL
1	Female	37	28	13	78
2	Male	54	47	21	122
	Total	91	75	34	200

Source: (Fieldwork, 2018)

Table 2: Level of Awareness of the Health Insurance Scheme amongst University Staff in Enugu State

S/N	ITEM	VG E (4)	GE (3)	L E (2)	VL E (1)	Scores earne d	\bar{X} Mean	Decision
1	Are you aware of health insurance?	152	44	4	0	748	3.74	VG E
2	Awareness through media	112	84	4	0	708	3.54	VG E
3	Awareness through employer	63	12	0	125	413	2.07	LE
4	Awareness through health insurance provider	0	2	29	169	233	1.17	LE
5	Awareness through family and friends	11	11	169	9	404	2.02	LE
To tal						2506	12.54	
Cluster mean							2.51	

Source: (Field survey, 2018)

Table 3: The Level of Enrolment of Health Insurance Scheme amongst University Staffs in Enugu State.

S/N	ITEM	VGE (4)	GE (3)	LE (2)	VLE (1)	Scores Earned	– (X) Mean	Decision
1	Level of enrolment and utilization of health insurance scheme in the last 5years	88	2	0	110	468	2.34	LE
2	health insurance not compulsory at place of work	0	0	54	146	254	3.80	VGE
3	University staff who are yet to enrol for health insurance due to inadequate understanding of how the scheme works	96	16	0	90	522	2.61	GE
4	Availability of accredited health insurance provider to users	22	16	55	107	353	1.77	LE
5	Staff who frequently visit healthcare centres for medication	33	34	129	4	498	2.5	GE
Total						2095	13.02	
Cluster Mean							2.60	

Source: (Field survey, 2018)

Table 4: Mode of Health Care Financing amongst University Staff in Enugu State

S/N	ITEM	VG E (4)	G E (3)	L E (2)	VL E (1)	Scores Earned	– (X) Mean	Decision
1	Staff who pays for healthcare service through health insurance	81	9	0	110	458	2.29	LE
2	Staff who pays for healthcare service through Out-of-pocket	106	4	0	90	526	2.63	GE
3	Staff whose employer pays part for their healthcare services	75	0	0	125	425	2.13	LE
4	University staff who pays between 15%-20% for their Healthcare service	68	2	5	125	413	2.07	LE

5	Range of annual financial commitment by staff from Out-of- pocket between ₦30,000- ₦60,000 for their Healthcare service	91	18	10	81	519	2.70	GE
6	Range of annual financial commitment by staff from Out-of- pocket above ₦60,000 for their Healthcare service	21	58	42	79	421	2.11	LE
T o t a l						2762	13.93	
Cluster Mean							2.32	

Source: (Field survey, 2018)

Table 5: The Factors Affecting Enrolment of Health Insurance Scheme amongst University Staff in Enugu State

S/N	ITEM	VGE (4)	GE (3)	LE (2)	VLE (1)	Scores Earned	\bar{X} Mean	Decision
1	Lack of compulsory government insurance policy	189	19	0	0	781	3.91	VGE
2	Location and distance of accredited health insurance scheme providers to users	114	74	12	0	702	3.51	VGE
3	Inadequate knowledge of potential benefits and how the scheme Operates	144	47	9	0	734	3.67	VGE
4	Inadequate spatial distribution of Healthcare facilities	130	63	7	0	721	3.61	VGE
5	Lack of sensitization workshop by health insurance providers amongst university staff	132	48	20	0	712	3.56	VGE
Total						3650	18.26	
Cluster Mean							3.65	

Source: (Field survey, 2018)

DISCUSSIONS

Table 1: Present distribution of gender ratio of respondent sampled from each institution for this study. From the result Enugu state university of science and technology (ESUT) has 37 Female and 54 Male staffs, university of Nigeria (UNN) has 28 Female and 47 Male staffs while Renaissance university has 13 Female and 21 Male staffs respectively which brings the sum of the respondents gender sampled to be 78 Female and 122 Male.

Table 2: Indicate the results of the level of awareness of health insurance scheme amongst university staff in Enugu state. From the result the universities staff strongly agreed that they were aware of health insurance scheme to a very great extent, they equally identified mass media as their major source of their awareness, as few of the staff got their awareness through family and friends who are on health insurance scheme, most of the respondents agreed that their challenges was that they do not fully understand how health insurance scheme works especially amongst the university staff of Enugu state.

The cluster mean of (2.51) in the four point rating scale, implies that there is a great level of awareness of the health insurance scheme amongst the university staff of Enugu. Researcher findings indicated that the mass media in various platforms have been mentioned as major source of information on health insurance schemes amongst the universities staff in Enugu which was also reported by (Nyagero, Gakure and Keraka, 2012).

Table 3: Indicates that enrolment into health insurance scheme in the last 5years amongst university staff in Enugu state were rated to a low extent as a result of lack of compulsory health insurance policy at work place and inadequate understanding of how the scheme works were among other reasons for not yet to enrol for the scheme amongst university staff in Enugu state.

Table 4: Indicate results and the parameter used for decision for Mode of health care financing amongst the University staff was the highest mean scores between Item 1 and 2 on the table. The result on the table indicates that Staff who pays for healthcare service through health insurance has a mean score of (2.29) in the four point rating scale, implies that mode of health care financing through health insurance amongst the Universities staff were in low extent while Universities staff who pays for healthcare service through Out- of-pocket has a mean score of (2.63) in four point rating scale, Therefore the mode of health care financing amongst the staff can be attributed largely to Out-of-pocket mode of healthcare financing to a great extent. The result also reveals that most of the university staff has annual financial commitment from Out-of-pocket between ₦30,000- ₦60,000 for their healthcare financing. Thomas and Gilson, (2004) reported that cash and carry system also known as out-of -pocket payment, it is a situation patients were required to pay for the full cost of medication and care.

According to Onoka, onwujekwa, Hanson & Uzochukwu, (2013), out-of-pocket (OOP) expenses this is referred to as *catastrophic health expenditure* and this has been shown to be high in Nigeria. Catastrophic health expenditure is defined as that level of OOP health spending which exceeds some fixed proportion of household income or household's ability to pay. Many Nigerian households have been tipped into poverty as result of catastrophic health expenditure, particularly those living close to the poverty line. Many have had to even sacrifice basic necessities for their well being such as food, shelter and even education while some who has no means of raising money for treatment dies (Onoka, *et al*, 2010).

This study assessed the Level of Awareness and level of enrolment of health insurance scheme amongst the University Staff in Enugu state. The Data analysis result shows that there is a great level of awareness of health insurance scheme amongst the University in Enugu State. Despite this high level of awareness, Enrolment for Health Insurance Scheme is still very low amongst Universities Staff in Enugu State.

This research also shows that the major source of awareness of health insurance amongst the University staff in Enugu State was to a very great extent through Mass Media. Also, few of the University Staff got their awareness through their employers and health insurance providers.

The low level of enrolment of staff for the scheme was due to inadequate understanding of the scheme on how the scheme functions and also health insurance were not made compulsory amongst the Universities Staff in Enugu State were among other reasons. The research result shows that only university staff in the University of Nigeria (UNN) were fully enrolled and utilized the health insurance scheme this study area this is because they are Federal University they benefit from the subsidized health care service under the National health insurance scheme established by the Federal government which only covers federal employees.

The mode of health care financing amongst the University Staff in Enugu State were strongly attributed to Out-of-pocket expenditure while very few were on health insurance plan in this study area.

The implication of this is that, if all the University Staff had firsthand knowledge of the scheme from their employers and health insurance providers rather than through mass media it would have increased the level of their knowledge as well as level of enrolment and this should reduced Out-of-Pocket expenditure amongst the staff.

Table 5: Present the result of the factors affecting enrolment and the utilization of health insurance scheme amongst university staff in Enugu state indicates that the respondents independently rated the entire item listed on the table 5 to a very great extent.

The Cluster Mean score of **(3.65)** in the four point rating scale, implies that the respondents strongly agreed to a very great extent that all this items listed on this table are factors affecting enrolment and the utilization of health insurance scheme amongst the university staff of Enugu State.

RECOMMENDATION

- The research recommends a massive and far reaching enlightenment workshop by health insurance providers amongst the university staff in Enugu state to educate them of the benefits and how the scheme works.
- Compulsory Enrolment for Health insurance Scheme should be instituted for all University Staff in Enugu state. This will further increased the level of enrolment and by implication reduced Out-of- Pocket expenditure amongst staff.
- The research recommends a proper documentation of all registered clients to authentic registered client to avoid impersonation of unregistered client receiving treatment in designated health insurance scheme providers.

CONCLUSION

In conclusion the prime objectives of social health insurance scheme are; to provide health care that avoids large out of pocket expenditure, increase appropriate utilization of health services and improve health status. A lot of people, at the time they need health care, they either do not have cash at hand or pay a lot of money at point of service delivery which is one of the things health insurance stand to cover to take care of Nigerians that enroll for the scheme. This study showed that the Universities staff in Enugu State were aware of health insurance scheme to a great extent, but despite this high level of awareness, enrolment for Health Insurance Scheme is still very low. The major factors behind the low level of enrolment into the scheme were inadequate understanding of the scheme on how the scheme functions and also health insurance were not made compulsory amongst the Universities Staff in Enugu State were among other reasons.

The mode of health care financing amongst the University Staff in Enugu State is strongly attributed to Out-of-pocket expenditure while very few were on health insurance plan in this study area.

Therefore, if University Staff are sensitized by health insurance providers and have firsthand knowledge of the scheme this will increase the level of enrolment of the scheme amongst the university staff in Enugu state.

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