

Staff Perception of National Health Insurance Scheme in Nnamdi Azikiwe University Awka, Anambra State Nigeria.

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Abstract: Good Health is sacrosanct to achieving a strong workforce in any given bureaucratic society. It is one of the vital rights which every Nigerian citizen ought to enjoy. Hence, having the fundamental necessities to maintain good health and healthy living becomes vital. The paper broadly evaluated Staff Perception of National Health Insurance Scheme in Nnamdi Azikiwe University, Awka, Anambra State Nigeria. Methodology adopted for the study is descriptive case design, mean and standard deviation were used in analyzing generated data, while T-Test Statistics (via Statistical Package For Social Science) was utilized to test formulated hypotheses at 0.05 level of significance. The study revealed that NHIS has no significant relationship with access to maternal healthcare services in NAU, Awka in Anambra State, Nigeria. It also revealed that cost reduction occasioned by NHIS has not significantly enhanced the quality of healthcare services in NAU, Awka, Anambra State, Nigeria. However, the researcher propagated that NHIS should be reviewed to improve access to maternal healthcare services in NAU in particular and Nigeria in general as well as strive towards transforming the mindset of healthcare providers. The study further recommended that the federal government should review NHIS in such a way that its accessibility will be enjoyed by every of its enrollees/subscribers, irrespective of one's destination or designation.

Keywords: NHIS, Healthcare, Healthcare Services, Staff Perception, Enrollees

1.0 Introduction

1.1 Overview of NHIS In Nigeria

Good Health is sacrosanct to achieving a strong workforce in any given bureaucratic society. It is one of the vital rights which every Nigerian citizen ought to enjoy. Hence, having the fundamental necessities to maintain good health and healthy living is vital. Given the country's declined growth in many of its sectors, health is a crucial determinant affecting medical and financial infrastructure (Walia 2022). Apparently, Inyang and Basse (2018), had stressed that health insurance is an important part of an overall strategy to achieve Universal Health Coverage (UHC). As an ideal health package for alleviating Nigerians healthcare suffering, the act establishing the scheme makes it optional rather than mandatory for people to register for the healthcare services. It is important to note that universal or national health insurance scheme is not peculiar in Nigeria. Spaan, Mathijssen, Tromp, McBain, Have and Baltussen (2012), revealed that other groups of Health Insurance system exist in other countries. National or Social Health Insurance (SHI) is one group of the different sets of Health Insurance system. It is based on individuals' mandatory enrolment and it is in operation in numerous countries with low- and middle-income. Such countries are: Thailand, Vietnam, to mention but a few. Another set of Health Insurance system/scheme is the Private Health Insurance which is based on voluntary mechanism. It is functional in countries like South Africa, Chile, Brazil, among others, on an enormous scale. Community-Based Health Insurance (CBHI), is another set of Health Insurance policy, adopted in countries like Ghana, Senegal, the Democratic Republic of Congo, among others (Adewole, 2019).

Olubunmi (2017) argued that before the advent of the National Health Insurance Scheme (NHIS), health service to government officials, their dependents and students were supposed to be free, while the general populace was expected to Pay Out of Pocket (POP) for health service received at all level of the healthcare system. Although Nigeria has witnessed drastic decline in her overall health condition (HDI Report, 2014), great disparities also exist among the population in regards to access to health care services.

Thus, the application of the scheme in Nnamdi Azikiwe University, Awka Nigeria marked the beginning of a new dawn for the numerous staff who became subscribers. Among the many other federal institutions in Anambra state, only one academic institution has been under review which is the Nnamdi Azikiwe University, Awka. While smiles persistently stock on the faces of a number of workers who seemed to benefit from the health policy, many others seemed quite confused and are yet to get along with the scheme. It is against this backdrop that the study evaluated staff perception of NHIS in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria. Specifically, the study is to:

1. Examine the extent to which NHIS has improved access to maternal health care services in selected federal academic institutions in Anambra State, Nigeria 2011-2022.

2. Evaluate the extent to which cost reduction has enhanced the quality of health care services in selected federal academic institutions in Anambra State, Nigeria 2011-2022.

1.2 Research Question

The following research questions were raised to guide the study:

1. To what extent is the nature of relationship between NHIS and access to maternal health care services in Nnamdi Azikiwe University, Awka, Anambra State?
2. To what extent has cost reduction occasioned by NHIS, enhanced the quality of health care services in Nnamdi Azikiwe University, Awka, Anambra State?

1.3 Research Hypotheses

The following null hypotheses were formulated to guide the study:

1. H_0 : NHIS has no significant relationship with access to maternal health care services in Nnamdi Azikiwe University, Awka, Anambra State.
2. H_0 : Cost reduction occasioned by NHIS has not significantly enhanced the quality of health care services in Nnamdi Azikiwe University Awka, Anambra State.

1.4 Significance of the Study

The study is relevant from two distinct perspectives. Theoretically, the findings of the study will serve as a reference materials to scholars, intellectuals and researchers who may wish to carry out studies in related field in the nearest future. Empirically, the study will be tremendously beneficial to national stakeholders such as the technocrats and the bureaucrats, as this will help in shaping their diverse political influence for the betterment of the health sector in particular, and the overall improvement of other sectors at large. For the transformation of every Nigerian sector denotes and brings about, positive improvement in the lives of many Nigerians. This study will further inform, educate and enlighten both the technocrats and the bureaucrats such that knowledge gathered will immensely influence their actions and inaction at the state and national levels.

2.0 Review of Related Literature

2.1 Enrollees' Rights to the National Health Insurance Scheme

Enrollees (also referred to as Subscribers) of National Health Insurance Scheme are people, persons or individuals who receive healthcare services from healthcare service providers, having applied, subscribed or enrolled in the NHIS. These people, persons or individuals are either civil or public servants of the federal government, and employees or employers of private firms. Ideally, subscribers to this scheme are provided with treatment relating to their various health complications at affordable cost. To this end, Adefolaju (2014), outlined certain rights which participants (enrollees/subscribers) in the scheme should enjoy. They include:

- a) Right to register and access medical care listed in the benefit package.
- b) Right to change provider after six (6) months of the receipt of an identity card, if not satisfied.
- c) Right to access care in any NHIS accredited provider in the country on emergency.
- d) Right to know the names of drugs given to the beneficiary.
- e) Right to request and know the total cost of drugs (10 percent).
- f) Right to genuine and efficacious drugs.
- g) Right to identify the specialty of treating personnel and
- h) Right to complain about poor services from health care providers.

In real life situation, enrollees encounter delays, emerging from long wait in NHIS medical institutions, communication tends to be barricaded or in most cases not effective between a subscriber and his/her service provider owing to poor attitude display on the part of the service provider. Enrollees are as well faced with the problem of having access to prescribed drugs. Most times, these healthcare service providers often sound convincing and promising about the provision of certain drugs which are never in any of the NHIS pharmaceutical outlets and of which may never be provided for. While the scheme is ideally packaged to be provided at affordable rate, enrollees are always faced with situations of purchasing most of the prescribed drugs, outside the NHIS pharmacies at exorbitant prices, in reality.

2.2.1 The Application of National Health Insurance Scheme and Staff Perception in NAU

In improving access to quality healthcare services, the World Health Assembly in 2005 has increasingly called for countries to prioritize universal health coverage (UHC). This remains a viable means of providing appropriate promotive, preventive, curative,

and rehabilitative services at an affordable cost for all. Thus, globally, stakeholders have laid much emphasis on funding mechanisms of health systems. Aside the tax-based (Beveridge model) method of health financing, the social health insurance (SHI) (Bismark model) which has its root in Germany in the nineteenth century is one of many approaches used to address the challenges related to providing access to health care services for the poor segments of the population (Alawode G., and Adewole D. 2021) In the course of the present study, we investigated NHIS as it is being adopted and operated in NAU, Awka, Anambra State.

National Health Insurance Scheme has been an aged long phenomenon in the school. Subscribers to it comprise of both the academic (teaching) and non-academic (non-teaching) staff, of whose monthly deductions are made from their various salaries to sustain the health programme. One basic merit of the health policy to every UNIZIK staff is that accessibility of NHIS affiliated hospitals Health Maintenance Organisations (HMOs) are within reach, in spite of the university's enormous staff population. Another notable advantage which the staff seem to be enjoying is the fact that they have access to standard hospitals in and within Awka axis, which ordinarily, majority of their junior staff may not be able to afford (especially the non-tutorial staff).

The compulsory nature of the health policy in UNIZIK seems to also be a problem as some percentage (although fewer) of her staff prefer the programme to be optional. Another notable discomfort posed by the health policy is that while the affordable drugs seem not to always be available, the non-accessibility of some essential drugs for the treatment of certain sensitive ailments, (probably because of its exorbitant price) becomes plausible. Although there may be slight connection between NHIS and access to maternal healthcare in NAU but cost reduction has not in any way enhanced quality of healthcare services by NHIS healthcare service providers. The policy is not a complete one and should be subject to further reviews by the federal government because of some controversies in the implementation process in UNIZIK. For instance, in the just concluded recruitment exercise conveyed by the university, many new staff have grievously cried out that enrollment into the NHIS package is actually characterized with long delays and during the delaying period, none of the staff involved could be regarded as a subscriber or an enrollee and will not enjoy any benefit whatsoever from any of the NHIS hospitals. This automatically is an impediment to the objective one, two and three of the study.

Statistics has portrayed that UNIZIK staff strength comprise more of women of whom are somewhat within the period of procreation/childbirth. Ideally, these sects ought to benefit immensely from the NHIS package, right from the time conception takes place, ante-natal period, child birth and post-natal as well, although the study has discovered that the rendering of healthcare services by NHIS service providers differ from one NHIS affiliated hospital to another and from one healthcare service provider to another. While some tend to be more tolerable and accommodating, some others tend to be sarcastic toward UNIZIK staff (NHIS enrollees).

However, the policy seems quite beneficial to majority of the staff but the bottom line lies in the fact that these staff who are NHIS subscribers are not apologetically, not satisfied with the health programme with emphasis to the low-quality healthcare they receive as well as the exclusion of full coverage of treatment of certain ailment (which are rather terminal) from the programme.

2.2.2 Statistical Evidence to Illustrate the Implementation of NHIS in the Academic Institution Under Review and Staff Perception of the Health Policy

The study indicates that there are variations in staff strength which has a greater impact in the implementation of NHIS in NAU. Statistics below indicates that the total number of NHIS enrollees (staff) vary in terms of sex, enrollment in the health programme, as well as level of satisfaction. The pie chart below is indication of the percentage of staff who are NHIS subscribers, the non-subscribers, the number of staff who are satisfied with the health policy as well as the number of staff who are not satisfied with the health programme.

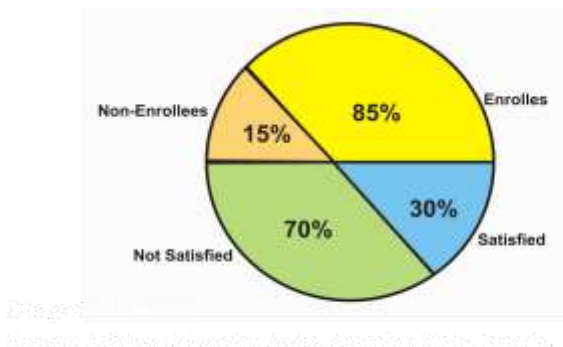


Fig. 2.2.2

Source: Nnamdi Azikiwe University, Awka, Anambra State, Nigeria.

On a scale of hundred percent (100%), the study indicated that 75% of the staff of NAU, Awka, are subscribers to the National Health Insurance Scheme, while the other 25% are not subscribers because of the delays associated with the enrollment of the newly recruited staff of the university into the health programme. Accordingly, on a scale of hundred percent (100%) 40% of the staff are satisfied with NHIS, while the other 60% are not satisfied with the health policy. The staff believed that the health policy is reasonably beneficial but should be reviewed to accommodate the treatment of chronic health challenges, as well as improve access to maternal healthcare services.

2.3 Theoretical Framework

The study was anchored on Behavioural Model which was the primary basis in psychology between the era of 1920s' and 1950s' respectively. Its major concern is basically 'Prediction and Control'. Contributors to this model are many but each have their area of interest. For instance, in the human behavior, B.F. Skinner who is regarded by many scholars to be the greatest psychologist of all time, expressed in his postulations in 1938, that Behavioural Model has been concerned with stimulus-response connections. Skinner further considered the learning process in the opposite direction, examining how learning was influenced by stimuli presented after an act was performed. He realized that certain stimuli caused organisms (all living creature such as humans, animals and plants) to repeat an act frequently. Skinner therefore called stimuli with the repeating effect "reinforcers. Over the years, scholars and theorists have benefited from Skinner's behavioural model as a means of controlling and motivating human behavior. Behavioural Model can be viewed as the changing of one's attitude by means of reinforcement which is given after the preferred response. Skinner itemized the classes of this reinforcement which he also referred to as 'Operant Conditioning' to be three (3). These are The Neutral Operant (which are responses from the environment that neither increase the probability of a behavior being repeated, nor decrease it, the Reinforcers (which are responses from the environment which increase the likelihood of a behavior being repeated). Reinforcers can either be positive or negative and the Punishers (which are responses from the environment that decrease the likelihood of a behaviour being repeated). Punishment is the opposite of reinforcement owing to the fact that it weakens or eliminate a response rather than increase it. Other contributors of behaviouralism include Ivan P. Pavlov, John B. Watson and Theresa Lowry-Lehnen.

2.3.1 Tenets of the Behavioural Model/Theory

1. The Behavioural Model/ Theory is used to describe the entire behavior of a system.
2. The theory suggests that humans are rational in decision-making.
3. Behavioural Model indicates perceived susceptibility which suggests an individual's chances of getting involved in a condition/circumstance, which implies being exposed to risk.
4. The Model encourages perceived severity which portrays an individual's opinion of how serious a condition and its consequences are.
5. The theory embraces the perceived benefits which is an indication of an individual's belief in the efficacy of the advised action to reduce risk or seriousness of impact.
6. The Behavioural Model indicates the perceived barriers which is a person's opinion of the psychological costs of the advised action. The Behavioural Theory suggests cues to action which implies strategies to activate 'readiness'.
7. It embraces self-efficacy which indicates confidence in an individual ability to take action.

For better understanding, the tenets of the Behavioural Model was represented in the figure 2.3.1 below



Fig. 2.3.1.
Source: B.F Skinner’s Behaviourist Theory of Learning (1968)

PERCEIVED SUSCEPTIBILITY - PERCEIVED SEVERITY - PERCEIVED BENEFITS - PERCEIVED BARRIERS - CUES TO ACTION - SELF-EFFICACY.

2.3.2 Application of the Behavioural Model to the Present Study

Applicability of the behavioural theory or model to the present study suggested that cognitions inform human actions. The Behavioural Model intended to determine changes in enrollees actions through changes in their cognition. Therefore, the applicability of the behavioural model to the present study, was an indication that enrollees would feel more satisfied with NHIS and would ever demand and support the continuity of the policy from the Nigerian Government, if there is availability of drugs in every NHIS pharmaceutical outlets (as proposed in the NHIS guideline) and if enrollees would have access to these drugs when needed via physician’s (NHIS service provider’s) prescription, if the enrollees would receive more cordial treatment and be engaged in effective communication by healthcare service providers during medical consultations.

This will automatically activate changes among the NHIS subscribers (staff) in NAU, as well as many other NHIS subscribers across states of the federation. However, the applicability of the Behavioural Model serves as a vital analytical tool in determining the present behavior of the enrollees of NHIS, so as to predict what the future occurrence of their actions will likely be, for rational decision-making.

3.0 Methodology

The study adopted a descriptive survey design for this study. A total number of seven thousand, nine hundred and one (7,901) constituted the population of NAU, according to the personnel and statistics departments of the university. The sample size of the study was obtained using the Taro Yamani (1964) formula. The formula was given as follows:

$$N = \frac{N}{1 + Ne^2}$$

In order to get the sample size, we have:

Where n = Sample Size

N = Population

l = Constant

E = Error limit or margin of error (accepted error at 5% i.e. 0.05)

$$n = \frac{7,901}{1 + 7,901 (0.05)^2}$$

$$n = 7,901$$

$$\frac{7,901}{1 + 7,901 (0.0025)}$$

$$n = 7,901$$

$$\frac{7,901}{1 + 19.7525}$$

$$n = \frac{7,901}{20.7525}$$

$$N = 380$$

Therefore, the sample size for this study is 380.

The validity of research instrument was obtained through the use of content validity. A pilot study was carried out among forty (40) employees in NAU, Awka Nigeria, to test the validity of the questionnaire. Misleading questions were utterly avoided and the wordings of the questions were unambiguously stated. The results showed that only six questions were not clearly stated, hence, were rephrased. The data collected by administering the research instrument was analyzed in line with each research question. While Mean and Standard Deviation were used to analyze data generated, the Statistical Package for Social Science (SPSS) (T-Test Statistics) was used in testing formulated hypotheses at 0.05 level of significance.

4.0 Data Analysis and Presentation of Result

This section deals with the demographic presentation of the respondents who are the staff NAU and subscribers to the NHIS. It also indicated the analysis of data generated as well as the test of formulated hypotheses.

4.1 Demographic Representation of the Respondents

Sex	Frequency	Percentage
Male	133	35
Female	247	65
Total	380	100
Age Distribution	Frequency	Percentage
18-25	70	18.4
26-46	195	51.3
47-60	79	21
61 and above	36	9.4
Total	380	100
Educational Background	Frequency	Percentage
Professors	38	10
Associate Professors	70	18
Academic Doctors	113	30
Master Degree Holders	66	17
Degree Holders	53	14
WAEC/SSCE/NECO	40	11
Total	380	100

Source: Field Survey 2023.

The table above shows the sex, age and educational background of respondents. The sex distribution indicated that 35 percent of the respondents were male while 65 percent were female. This is an indication that the female respondents were more than the male respondents in the study population. Accordingly, the age distribution showed that 18.4 percent

and 51.3 percent of the respondents are within the ages of 18 - 25 and 46, while 21 percent and 9.4 percent of the respondents are within the age brackets of 47 - 60 and 61 and above. This is an indication that majority of the NAU workforce falls between the age brackets of 26/46 and 46/60, respectively. On the educational background of the staff, 10 percent of the respondents were professors, 18 percents were Associate Professors, 30 percent, were Academic Doctors, 17 percent were Master Degree holders, 14 percent were Degree holders, while remaining 11 percent were WAEC/SSCE/NECO holders. By indication, academic doctors are higher in the population of respondents to study, followed by associate professors and afterwards, master degree holders before degree holders and WAEC holders respectively.

4.2 Data Presentation and Analysis According to Research Question

The full meaning of the acronyms in the table below are listed as follows:

VHE - Very High Extent

HE - High Extent

U - Undecided or

(ME) - Medium

LE - Low Extent

VLE - Very Low Extent

N - Total Number

SD - Standard Deviation

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X - Mean

Research Question One: To what extent is the nature of relationship between NHIS and access to maternity health care services in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria?

Table 1: Summary of Mean and Standard Deviation Analysis on the extent of the nature of the relationship between NHIS and access to maternity health care services in selected federal academic institutions in Anambra State, Nigeria 2011-2022.

S/N	PRESENTATION OF THE RESPONSES	VHE	HE	U(ME)	LE	VLE	N	\bar{X}	SD	REMARK
1.	Number of staff on NHIS program has increased.	7	380	0	0	0	387	4.02	0.00	Accepted
2.	Total number of males. are fewer than the females	37	341	2	5	2	387	4.83	0.58	Accepted
3.	Number of females on NHIS is more than the males	61	293	4	15	14	387	4.56	0.98	Accepted
4.	Total number of women who are academic staff have more access to maternal healthcare than the number of women who are non-academic staff	22	83	3	56	223	387	2.62	.1.39	Disagree
5.	Total number of women who are non-academic staff. are fewer than the total number of women who are academic staff	47	30	4	19	287	387	2.44	1.03	Disagree
GRAND MEAN								3.69	0.80	Accepted

From table 1 above, items 1,2,3 with mean scores of 4.02, 4.83 and 4.56 respectively were accepted by respondents in order to examine the extent of the nature of relationship between NHIS and access to maternity health care services in NAU, Awka, Anambra State, Nigeria. The mean ratings were above the critical point of 3.5. However, item 4 and 5 with the mean scores of 2.62 and 2.44 were rejected. Hence were not considered on the extent of the nature of the relationship between NHIS and access to maternity health care services in NAU, Awka, Anambra State, Nigeria.. Also, the grand mean of 3.69 implies that most of the items in table 1 were generally accepted by the respondents.

Research Question Two

To what extent has cost reduction occasioned by NHIS enhanced the quality of health care services in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria?

Table 2: Summary of Mean and Standard Deviation Analysis on the extent to which cost reduction occasioned by NHIS has enhanced the quality of health care services in NUA, Awka, Anambra State, Nigeria.

S/N	PRESENTATION OF THE RESPONSES	VHE	HE	U(ME)	LE	VLE	N	-- X	SD	REMARK
6.	Many staff of Nnamdi Azikiwe University do not enjoy good medical treatment as a result of cost reduction.	55	265	8	23	29	380	4.35	1.20	Accepted
7.	Cost reduction has slight connection with quality healthcare service delivery.	79	224	2	28	47	380	4.13	1.31	Accepted
8.	Few staff of NAU are not well informed about the NHIS programme	53	271	4	37	15	380	4.30	1.28	Accepted
9.	NHIS is beneficial to few staff of NUA because of reduced cost.	14	40	11	225	90	387	1.83	1.29	Disagree
10.	NHIS has reduced some identified health challenges in the academic institution under review because of cost reduction in their staff medical treatment.	17	32	7	38	286	387	2.56	0.99	Disagree
GRAND MEAN								3.50	1.08	Accepted

From table 2 above, items 6,7,8, with mean scores of 4.35, 4.13, and 4.30, respectively were accepted by respondents on the extent to which cost reduction occasioned by NHIS has enhanced the quality of health care services in NAU, Awka, Anambra State, Nigeria. The mean ratings were equal to the critical point of 3.5. However, item 9 and 10 with the mean scores of 1.83 and 2.56 and were rejected. Hence, were not considered on the extent to which cost reduction occasioned by NHIS has enhanced the quality of health care services in NAU, Awka, Anambra State, Nigeria.. Also, the grand mean of 3.50 implies that most of the items in table 2 were generally accepted by the respondents.

4.3 Test of Hypotheses

The formulated null hypotheses were tested using t-test statistic at 0.05 level of significance.

Hypothesis One

H₀: NHIS has no significant relationship with access to maternal health care services in Nnamdi Azikiwe University, Awka, Anambra State.

Table 3: Summary of t- test analysis on NHIS effect on access to maternal health care services in the study area.

CATEGORY	N	X	SD	DF	t-cal	t-crt	DECISION
MALE	97	3.51	0.728	68	0.119	2.000	Accept null Hypothesis
FEMALE	111	3.49	0.622				

Decision Rule: reject the null hypothesis if the calculated t-score is greater than the table value.

From table 3 above, the introduction of National Health Insurance Scheme (NHIS) has not improved access to health care services in NAU, Awka, Anambra State. The result shows that t-calculated is 0.119 which is less than t-critical value of 2.000. Since t-calculated is less than t-critical value, the null value was accepted. Any observed difference in mean response may have occurred by chance and hence not significant.

Hypothesis Two

H₀: Cost reduction occasioned by NHIS has not significantly enhanced the quality of healthcare services in Nnamdi Azikiwe University, Awka, Anambra State.

Table 4: Summary t –test analysis on effect of NHIS on reduction of identified health challenges in selected federal academic institutions in Anambra State.

CATEGORY	N	X	SD	DF	t-cal	t-crt	DECISION
MALE	97	4.24	1.17	68	0.119	2.000	Accept null Hypothesis
FEMALE	111	3.72	1.00				

Decision Rule: reject the null hypothesis if the calculated t-score is greater than the table value.

From table 4 above, the result indicated that cost of reduction by NHIS has not significantly enhanced the quality of health care services in NAU, Awka, in Anambra State, Nigeria. The result indicated that t-calculated value is 0.119 which is less than t-critical value of 2.000. Since t-calculated value is less than t-critical, the null hypothesis was accepted. The observed difference in the mean response between the male and female staff may have occurred by chance and hence not significant

5.0 Discussion of Findings, Conclusion and Recommendation.

5.1 Research Findings

The study arrived at the following findings:

1. NHIS has no significant relationship with access to maternal healthcare services in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria. This finding validated the first null hypothesis which states that NHIS has no significant relationship with access to maternal health care services in NAU, Awka, Anambra State, Nigeria. The result shows that t-calculated is 0.119 which is less than t-critical value of 2.000. Since t-calculated is less than t-critical value, thus, the null hypothesis is therefore accepted while the alternative hypothesis is rejected.

2. Cost reduction occasioned by NHIS has not significantly enhanced the quality of healthcare services in Nnamdi Azikiwe University, Awka, Anambra State, Nigeria. This finding validate the second null hypothesis which states that cost reduction occasioned by NHIS has not significantly enhanced the quality of healthcare services in NAU, Awka, Anambra State. This result shows that t-calculated value is 0.119 which is less than t-critical value of 2.000. Since t-calculated value is less than t-critical, thus, the null hypothesis is therefore rejected while the alternative hypothesis is accepted.

5.2. Conclusion

Many staff of NAU who are subscribers to NHIS, are left with tremendous disappointments as they have expressively demonstrated in their various responses. Health and health related issues have always remained the fulcrum of the twenty-first (21st) century and to this end, the Nigerian government has resorted to plausible ways to address these menace. The emergence of NHIS gave more hope to the less privileged and the average masses, although it was noted adversely for its exclusion of the unemployed (which exception to those category of persons paying a certain fee before being considered as enrollees to NHIS) who should have been included in the “essential list” of the programme.

5.3 Recommendation

In line with the deductive discoveries made in the course of this study, the study has arrived at the following recommendations:

1. NHIS should improve on access to maternal healthcare services in NAU in particular and Nigeria in general as well as strive towards transforming the mindset of healthcare providers. NHIS objectives could have been seventy percent (70%) actualized, if the healthcare service providers have a mindset devoid of corrupt practices such as laxity towards the same occupation which serves as means of their individual survival, their lackadaisical attitude towards their patients (enrollees), communication gap created as a result of the aforementioned attitude, between the healthcare service providers and NHIS enrollees.

2 This study in its quest to reveal that cost reduction occasioned by NHIS has not significantly enhanced the quality of healthcare services, has therefore, advocated a wider coverage of every Nigerian citizen. The exclusion of the unemployed and those within informal sector from the health programme (NHIS) is a complete error and should be addressed. Accordingly, the study also suggested that Nigerian government should review NHIS., and at the same time, the study propagated the recruitment of more and more healthcare service providers in the programme, so as to reduce the workload on various medical personnel and in different NHIS centers.

3. Nigerian Government should ensure that there is no form of political influence whatsoever, in the administration of NHIS. In actual sense, the Nigerian government should rebrand the health policy in such a way that it will not tolerate any kind of unhealthy interference by the political class.

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