

AWARENESS AND PERCEPTION OF CONTRIBUTORY SOCIAL HEALTH INSURANCE SCHEME AMONG RESIDENTS IN URBAN COMMUNITIES OF SOKOTO STATE, NIGERIA

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Abstract

Health care services are adjudged to be unsatisfactory and inadequate in meeting the needs and demands of the public as reflected by the poor state of health of the population of Nigeria. The current high rate of morbidity and mortality can be substantially reduced by a more rational application of available resources, even at the time of financial stringency in Nigeria, the health sector's contribution to national development remains a serious issue, therefore, as part of government efforts to address the problems in the sector, the National Health Insurance Scheme (NHIS) was initiated to address the health problems in Nigeria. Regrettably the emergence of NHIS seems not to garner the much expected acceptance support and cooperation from the civil servants. This was a cross-sectional study carried out to assess awareness and perception of contributory social health insurance scheme among the residents in the selected urban communities in Sokoto metropolis, Sokoto State, Nigeria. Data were analyzed using IBM® SPSS version 20 statistical package. A large proportion of the respondents were between 21-30 years 137 (34.2%) and 31-40 years 99 (24.7%) with a mean age of 38.5 ± 15.5 . Majority of them were males 257 (64.1%), Hausa by tribe 329 (82.0%) and Muslims 344 (85.8%). More than half of the respondents, 249 (62.1%) had tertiary education, and were civil servants 235 (58.6%). Less than half 188 (46.9%) of the respondents were aware of contributory health insurance scheme, with health workers being their main source of information. More than half (51.5%) of the respondents had positive perception of contributory social health insurance. Even though low level of awareness was reported among the respondents, over half of them demonstrated positive perception of contributory social health insurance scheme. This underscore the need for governments at all levels to intensify action on enlightenment campaign and education of the general public aimed at raising the level of awareness and participation in the CSHIS

Keywords: Awareness, Contributory social health insurance scheme, Perception, Residents of urban communities, Sokoto

Introduction

A social health insurance scheme involves contribution based on means and utilization that is based on need. A health insurance scheme is an arrangement whereby contributions are made by or on behalf of individuals or groups (members) to a purchasing institution (a fund) which is

responsible for purchasing covered services from providers on behalf of the members of the scheme (Kutzin, 1997). The history of Social Health Insurance (SHI) is as old as the history of mankind, predated in 1883 with Germany being one of the first countries that instituted SHI. Since then, the concept of Social Health Insurance has spread throughout the world (WHO, 1999). Many European states have long embarked on healthcare reforms by introducing SHI for increased efficiency and consumer satisfaction in the provision of health care services (Stefan, 2004). Health insurance as a health care financing mechanism has become a sought-after approach to financing health care all over the world. The current concern with financing, and specific interest in health insurance is often the result of parallel trends, the recognition of basic health care for all citizens as a right on the one hand, and the difficulties faced by government in developing and maintaining resource to provide health care through general taxation revenue on the other (Ron, 1993). Health services are mostly adjudged to be unsatisfactory and inadequate in meeting the needs and demands of the public as reflected by the poor state of health of the population of Nigeria ((FMOH, 1998). It is realistic to argue that some of the deaths and serious illnesses which affect Nigerians are due to conditions which are easily preventable with simple remedies, lack of timely and appropriate care often increases the risk of serious complications in the course of minor ailments (Irinoye, 2001). The current high rate of morbidity and mortality can be substantially reduced by a more rational application of available resources, even at the time of financial stringency (Irinoye, 2001). In spite of a well-structured health system, development of the Primary Health Care (PHC) has not improved the health experiences of the population especially those in rural areas (Eyong et al, 2016). In Nigeria, the health sector's contribution to national development remains a serious issue, therefore, as part of government efforts to address the problems in the sector, the National Health Insurance Scheme (NHIS) was initiated to address the health problems in Nigeria (Eyong et al, 2016). Regrettably the emergence of NHIS seems not to garner the much expected acceptance, support and cooperation from the civil servants. It appears that majority of them reject it out rightly, others are still reluctant to take a stand as they are all suspicious of governments' motive, intention and strategies especially when they realized that there will be monthly deduction from their salaries as their contributions into the 'solidarity pool' for running the Scheme (FRN, 1999).

In its 2010 World Health Report, the World Health Organization noted that there is no single, best path for reforming health financing arrangements to move systems closer to universal health coverage, i.e., to improve access to needed effective services while protecting users from financial ruin (WHO, 2010). However, this lack of a blueprint for health financing reforms was not meant to convey the message that "anything goes" on the path to universal health coverage. Indeed, concerns have been raised that some reforms, often implemented in the name of expanding coverage, may actually compromise equity (Gwatkin & Ergo, 2011). Predominant reliance on compulsory or public financing is essential for universal coverage. No country has attained universal population coverage by relying mainly on voluntary contributions to insurance schemes, whether they are run by nongovernmental organizations, commercial companies, "communities", or governments. Compulsion, with subsidization for the poor, is a necessary condition for universality (Fuchs, 1996). Health services consumers' awareness, attitude and perception are important, since quality is one of the most important determinants in the success of any policy aimed at providing equitable, efficient and sustainable health care services to the citizenry (Sanusi & Awe, 2009). Therefore, this study is aimed at assessing the awareness and perception of Contributory Social Health Insurance Scheme among the residents of Sokoto metropolis, Sokoto State, Nigeria.

Materials and Methods

This was a descriptive cross-sectional study carried out among residents of Sokoto metropolis, Sokoto state, Nigeria; Using the Cochran formula for calculating the sample size for cross-sectional studies (z^2pq/d^2), (Ibrahim, 2009) a 57.6% awareness on social health insurance scheme among the respondents as observed from a previous study by Olanrewaju et al., Lokoja, Kogi state (Olanrewaju et al, 2019) and a precision level of 5%, a sample size of 401 was obtained.

The eligible participants were selected using multi-stage sampling technique. Stage 1: one local government (Wamakko LGA) out of five local government areas in Sokoto metropolis was selected using simple random sampling technique by balloting. Stage 2: three wards were selected out of eleven wards in the selected LGA by simple random sampling technique using balloting (Arkilla, Bado and Gawon nama). Stage 3: three settlements were selected from each of the selected wards by simple random sampling technique using balloting option. Stage 3: House numbering was done and using systematic sampling technique, a one in three houses was selected and eligible respondents were enrolled into the study. A pre-tested, semi-structured, interviewer-administered questionnaire was used to obtain respondents' information on socio-demographic characteristics, awareness and perception on contributory social health insurance scheme. Four Fifth year level medical students of the Usmanu Danfodiyo University, Sokoto and six medical records staff of the Usmanu Danfodiyo University Teaching Hospital, Sokoto assisted in questionnaire administration after pre-training on conduct of survey research, the study objectives, and questionnaire administration. Ethical clearance for the study was obtained from Sokoto State Research and Ethics committee. Permission to carry out the study was sought from the authorities of the LGA where the study was conducted, while written informed consent was obtained from the study participants before data collection.

Scoring and Grading of Participants perception of Contributory Social Health Insurance

Respondents' perception of Contributory Social Health Insurance was scored and graded on a 12-point scale. One point was awarded for a correct response, while a wrong response or a non-response was awarded no point. This gives a minimum score of '0' and a maximum score of '12' points. Those that scored equal to or greater than 50% of the maximum perception score (i.e., ≥ 6 of 12 points) were adjudged to have 'positive' perception, while those that scored less than 50% of the maximum perception score (i.e., < 6 of 12 points) were graded as having 'negative' perception.

Data collected were cleaned, entered into and analyzed using the IBM® SPSS version 20 statistical package. Frequency runs were done for further editing and cleansing of the e-data. Frequency distribution tables were generated; and cross tabulations were done to examine relationship between categorical variables. Chi-square and Fisher's exact tests were used to test for relationship between categorical variables. Level of statistical significance was set at $p \leq 0.05$.

Results

Table 1: Socio-demographic characteristics of the respondents

Variable	Frequency (n=401)	Percent (%)
Age in years		
≤20	12	3.0
21-30	137	34.1
31-40	99	24.7
41-50	79	19.7
51-60	48	12.0
>60	26	6.5
What is the mean age 38.5 ± 15.5		
Gender		
Male	257	64.1
Female	144	35.9
Tribe		
Hausa-Fulani	329	82.0
Yoruba	33	8.2
Igbo	15	3.7
Others	24	6.0
Religion		
Islam	344	85.8
Christianity	57	14.2
Marital status		
Single	130	32.4
Married	271	67.6
Educational level		
Qur'anic only	64	16.0
Primary	11	2.7
Secondary	77	19.2
Tertiary	249	62.1
Occupation		
Civil servant	235	58.6
Self employed	93	23.2
Retired	9	2.2
Unemployed	64	16.0
Number of children		
1-5	159	58.7
6-10	86	31.8
>10	26	9.6
Number of wives		
1-2	248	91.5
3-4	23	8.5
Average monthly income (in Naira)		
≤9,000	27	6.7
>9,000-18,000	64	16.0
>18,00-50,000	189	47.1
>50,001-150,000	104	25.9
>150,000	17	4.2

Majority of the respondents were between 21-30 years 137 (34.2%), males 257 (64.1%), Hausa 329 (82.0%) by tribe and Muslims 344 (85.8%). More than half of the respondents, 249 (62.1%) had tertiary education while only 64 (16.0%) had Quranic education alone. Majority of the respondents were married 271 (67.6%) and had between 1-2 wives 248 (61.8%) with only 159 (39.7%) of them having between 1-5 children. A greater proportion of the respondents were civil servants 235 (58.6%) and self-employed 93 (23.2%), while the average monthly income of the respondents ranged between ≤ 9000 to $> 150,000$ (≤ 22 to 366 USD) with majority of the respondent 189 (47.1%) earning between 18,000 to 50, 000 naira which is between 44 to 122 USD per month (Table 1)

Table 2: Respondents' awareness of contributory health insurance scheme (CSHIS)

Variable	Frequency	Percent (%)
Awareness of CSHIS		
Yes	188	46.9
No	213	53.1
Sources of information		
Television	33	17.5
Newspaper	18	9.6
Radio	86	45.7
Neighbour	20	10.6
Health worker	23	12.2
Others	8	4.3

Less than half 188(46.9%) of the respondent were aware of contributory health insurance scheme, and the main sources of information were, Radio and Television 86 (45.7%), 33 (17.5%) respectively

Table 3: Perception of respondents regarding CSHIS

Variable	Correct responses Frequency (n = 188)	(%)
Do you believe that CSHIS is a better option for the society	148	78.7
Do you believed that CSHIS can improve efficiency of the health care system	120	64.0
Do you believed CSHIS would be convenience for everybody	142	75.5
Do you think that CSHIS can provide equity of services among population in all the 3 levels of health care	143	76.1
Do you agree that CSHIS would improve the health of the users	126	67
Do you consider CSHIS program to be meant for civil servants and well to do people only	43	22.9
Do you believed that CSHIS can reduce financial hardship due OOP for healthcare	44	23.4
Do you believed that CSHIS is better than cash and carry system of health care financing	158	84.0

Do you believe that cash and carry system has a wider coverage of health services than CSHIS	134	71.3
Do you believe that CSHIS is capable of providing standard/ quality of health care services	38	20.2
Do think that CSHIS would record success in Nigeria	24	12.8

Up to 148 (78.7%) of the respondents believed that CSHIS is a better option for the society while 120 (64%) of them believed the scheme can improve efficiency of the healthcare system

Most 142 (75.5%) of the respondents believed CSHIS would be convenient for everybody, can provide equity of services among population in all the 3 levels of health care 143 (71.6%) and improve the health of the users 143 (67%). Only 43 (22.9%) of the study participants considered CSHIS program to be meant for civil servants and well to do people, while 44 (23.4%) of them believed that CHIS can reduce financial hardship due to Out of Pocket (OOP) for healthcare. (Table 3)

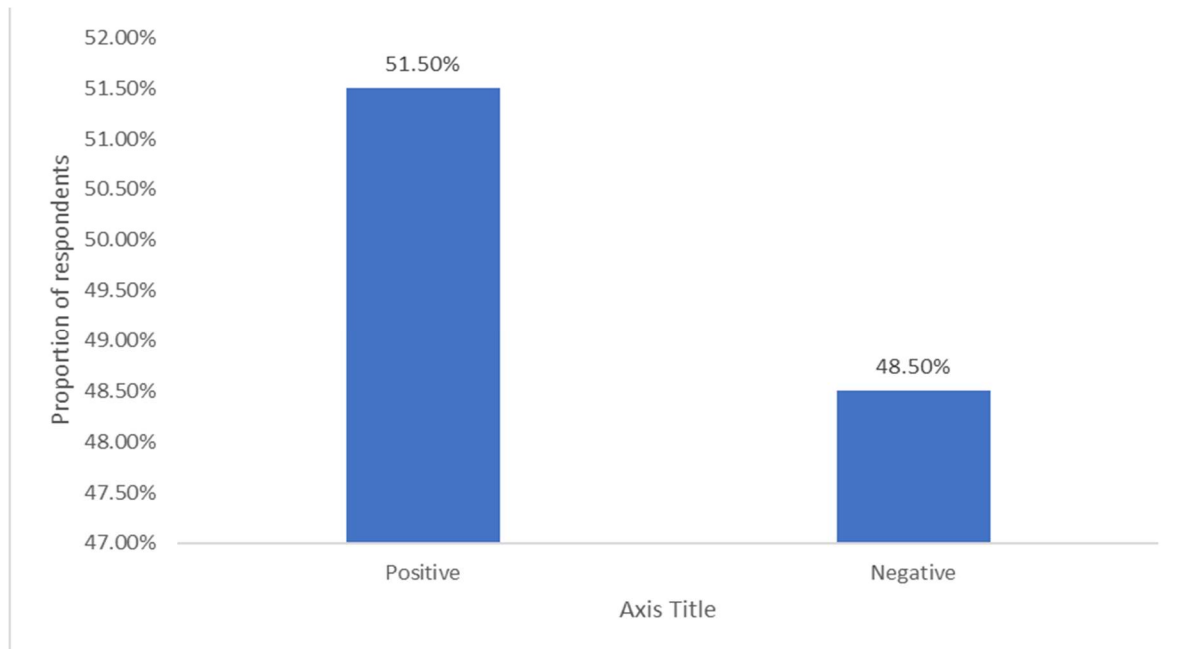


Figure 1: Overall perception of the respondents regarding CSHIS

About (51.5%) of the respondents had Positive perception on contributory social health insurance.

Table 4: Factors associated with awareness of CSHIS among the respondents

Variable	Awareness (n = 401)		Test statistic (p-value)
	Aware Frequency (%)	Not aware Frequency (%)	
Age			
<40	113 (60.1)	117 (54.9)	$\chi^2 = 1.094$ (p = 0.296)
≥40	75 (39.9)	96 (45.1)	
Sex			
Male	95 (50.5)	162 (76.1)	$\chi^2 = 28.268$ (p = 1.000)
Female	93 (49.5)	51 (23.9)	
Tribe			
Hausa-Fulani	154 (81.9)	175 (82.2)	$\chi^2 = 12.716$ (p = 0.005)
Yoruba	9 (4.8)	24 (11.3)	
Igbo	7 (3.7)	8 (3.8)	
Others	18 (9.6)	6 (2.8)	
Religion			
Islam	158 (84.0)	186 (83.8)	$\chi^2 = 0.882$ (p = 0.348)
Christianity	30 (16.0)	27 (12.7)	
Marital status			
Married	120 (63.8)	133 (62.4)	$\chi^2 = 0.083$ (p = 0.774)
Unmarried	68 (36.2)	80 (37.6)	
Number of children			
<5	84 (44.7)	75 (35.2)	
>5	41 (21.8)	67 (31.4)	
Number of wives			
≤ 2	118 (62.8)	130 (61.0)	$\chi^2 = 0.604$ (p = 0.739)
>2	9 (4.8)	14 (6.6)	
Educational level			
Formal	179 (95.2)	158 (74.2)	$\chi^2 = 32.941$ (p = 0.000)
Informal	9 (4.8)	55 (25.8)	
Occupation			
Employed	150 (79.8)	185 (86.9)	$\chi^2 = 3.627$ (p = 0.05)
Unemployed	38 (20.2)	28 (13.1)	
Average monthly income			
<50,000	121 (64.4)	159 (74.7)	$\chi^2 = 3.573$, p < 0.05
>50,000	67 (35.7)	54 (25.3)	

Whereas there was no statistically significant association between age, sex, religion, marital status and number of wives with awareness of CSHIS among the respondents, there was a significant association between tribe, number of children, education levels, occupation and average monthly income of the respondents and awareness of CSHIS. The proportion (44.4%) of the respondents with average monthly income of 18,001 – 50,000 naira was statistically significantly higher compared to other average monthly income of the respondents (p < 0.05)

The proportion ((62.8%) of the respondents with 1-2 children also found to be statistically significantly higher compared to other respondents ($p < 0.05$)

The proportion (95.2%) of the respondents with formal education who were aware of CSHIS was statistically significantly higher compared to respondents with informal education ($p < 0.05$) (as shown in table 4)

Table 5: Factors associated with respondents' perception regarding CSHIS

Variable	Perception of CHIS		Test statistic (p-value)
	Positive Frequency (%)	Negative Frequency (%)	
Age			
<40	5 (55.6)	108 (60.3)	Fisher's Exact ($p = 1.000$)
≥40	4 (44.4)	71 (39.7)	
Sex			
Male	6 (66.7)	89 (49.7)	Fisher's Exact ($p = 0.497$)
Female	3 (33.3)	90 (50.3)	
Tribe			
Hausa-Fulani	8 (88.9)	146 (81.6)	Fisher's Exact ($p = 0.409$)
Yoruba	0 (0.0)	9 (5.0)	
Igbo	1 (11.1)	6 (3.4)	
Others	0 (0.0)	18 (10.1)	
Religion			
Islam	8 (88.9)	150 (83.8)	Fisher's Exact ($p = 1.000$)
Christianity	1 (11.1)	29 (16.2)	
Marital status			
Married	8 (88.9)	112 (62.6)	Fisher's Exact ($p = 0.160$)
Unmarried	1 (11.1)	67 (37.4)	
Number of children			
<5	7 (77.8)	140 (78.2)	Fisher's Exact ($p = 0.03$)
≥5	2 (22.2)	39 (21.8)	
Number of wives			
≤ 2	8 (88.9)	110 (61.5)	Fisher's Exact ($p = 0.304$)
> 2	0 (0.0)	9 (5.0)	
Educational level			
Formal	8 (88.9)	171 (95.5)	Fisher's Exact ($p = 0.363$)
Informal	1 (11.1)	8 (4.5)	
Occupation			
Employed	9 (100)	141 (94.0)	Fisher's Exact ($p = 0.208$)
Unemployed	0 (0.0)	38 (21.2)	
Average monthly income			
≤ 50,000	6 (66.6)	115 (64.7)	
> 50,000	3 (33.4)	64 (35.3)	

Whereas there was no association between age, sex, tribe, religion, levels of education and occupation, it was found to be associated with average monthly income. The proportion of respondents with average monthly income of >18,000-50,000 was statistically significantly higher compared to respondents with other monthly incomes ($p = 0.049$) associated with what???

Discussion

The study revealed that majority of the respondents were between 21-40 years of age and this finding is similar to the findings of studies conducted in Cross River and Niger states, Nigeria, where majority of the respondents were between 21- 40 years (63.7%) and (70.3%) respectively (Eyong et al, 2016; Chukwu & Ezenduka, 2020) It is also correlate with a study conducted among librarians in Lagos state, Nigeria where majority of the respondents were between 20-39 years (53.7%) (Olayemi, 2017). This findings may be due to the fact that majority of the study population are civil servants who are within their productive ages, however, this finding is in contrast to finding from a study carried out in Kano state among National Youth Service Corps (NYSC) members where the ages of the respondents were between 19 and 30 years. The findings from the study in Kano may not be unrelated to the fact that this mandatory scheme covers new graduates from the universities who are not more than 30years of age on the day of enrolment into the scheme (Michael et al, 2020).

In this study majority of the respondents were males 257 (64.1%), which is in consonance with the findings of studies in Lagos and Kano states, Nigeria where majority of the respondents were males (67.0%) and (53.7%) respectively (Olayemi, 2017; Michael et al, 2020), but it is at variance with a study conducted in Ile- Ife, Osun state, Nigeria where female respondents constituted the majority (54.9%) (Illochonwu & Adebigha, 2017). The preponderance of Hausa/Fulani ethnicity and Islam religion in this study is not surprising because the study was conducted in predominantly Hausa/Fulani and Muslims communities; the finding of the study is in disagreement with the study done in Kano state at NYSC camp where there was predominance of Igbo tribe (30.1%) and Christian religion (71.9%) Michael et al, 2020). However, the current study's finding correlate with the finding in a study in Abuja where there was predominance of Islam religion (49.8%) (Ogben & Ilesanmi, 2018).

Most of the respondents in our study were married and this is in consonance with the findings in Cross River, Niger and Osun states and Abuja, Nigeria (72.4%), (65.4%), (70.0%) and (82.2%) respectively (Eyong et al, 2016; Chukwu & Ezenduka, 2020; Illochonwu and Adedigba, 2017; Ogben & Ilesanmi, 2018) This is not unexpected since the heads of households and their representatives in most localities of Nigeria are married. Findings from our study showed that most of our respondents had tertiary education 249 (62.1%), and similar findings were observed from studies carried out in different parts of the country (Eyong et al, 2016; Illochonwu & Adedigba, 2017; Ogben & Ilesanmi, 2018; Okaro et al, 2010) This high literacy rate amongst our study subjects may not be unconnected to the fact that our study was carried out in the metropolitan part of the state capital where a lot of civil servants, business men and captains of industries resides. However, our findings are in contrast to findings from rural communities of Abuja, Nigeria where majority (60.35%) of their respondents had no formal education (Ogben & Ilesanmi, 2018)

In this study majority of the respondents were civil servants (58.6%), this corroborate with findings from other states of Nigeria (Eyong et. al, 2016; Olayemi, 2017; Illochonwu & Adedigba 2017; Okaro et al, 2010) however, this differs from the study in Abuja, Nigeria. (Ogben & Ilesanmi, 2018) It was observed from our study that most (73.1%) of our respondents had between one and five children; this is in keeping with findings from the study by Illochonwu and Adedigba in

South-west, Nigeria where most of their respondents, (96.7%) had between one and five children (Ilochonwu & Adedigba 2017). Since the study took place in the metropolis, it was not surprising that most of our respondents were civil servants earning between 50-120USD which is in agreement with studies from Cross River and Delta states of Nigeria (Eyong et al, 2016; DSCHS, 2016), in contrast to these findings, studies carried out in Niger state and Abuja (Chukwu & Ezenduka, 2020; Adedeji et al. 2017) the seat of the Federal government of Nigeria showed that the civil servants there earned much higher income than our study subjects. This is not unrelated to the fact that Niger state and Abuja is home to most federal civil servants who earn more than the respondents in our study

The level of awareness concerning CSHIS was low amongst our respondents as less than half of them were aware of the scheme; however, the level of awareness observed in this study was higher than what was obtained in the rural areas of Abuja by Adedeji and colleagues (Adedeji et al, 2017) who recorded only 13.0% of awareness. These findings are however in sharp contrast to other states of Nigeria where much higher levels of awareness were observed amongst their study subjects (Eyong et al, 2016; Olanrewaju et al, 2019; Chukwu & Ezenduka, 2020; Michael et al, 2020; Okaro et al, 2010).

Regarding the sources of information concerning's, majority of the respondents got their information from radio and television and this is in synergy with the findings of studies in Niger and Lagos states and the Federal Capital territory of Abuja where majority of the respondents opined that their main sources of information about CSHIS were from the radio and television. (Chukwu & Ezenduka, 2020; Olayemi, 2017; Adedeji et al. 2017) But the finding of the current study is in contrast to the finding of the studies in conducted among the corps members in NYSC camp in Kano state and Radiographers in a hospital from the South eastern part of Nigeria where schools and seminars were their main channels of information concerning CSHIS (Michael et al, 2020; Okaro et al, 2010).

The understanding of the perceptual process helps to understand why individuals behave the way they do and goes a long way in influencing choices. In this study, more than half of the respondents had positive perception towards CSHIS and this is consistent with findings from similar studies elsewhere in Nigeria and Ghana; (Olayemi, 2017; Michael et al, 2020; Okaro et al, 2010; Ilochonwu & Adebigha, 2017; Adewole et al. 2015; Dalinjong & Laar, 2012) however our findings are at variance with studies done in Kogi State Nigeria and Myanmar (Olanrewaju et al, 2019; Myint et al, 2019). It is interesting to note that about two-thirds of the respondents in this study opined that CSHIS can improve efficiency of the healthcare delivery system in the country and, this is in agreement with the finding from the study among resident doctors in a Teaching Hospital, in South Western Nigeria where over two-thirds of the respondents agreed that CSHIS can improve efficiency of the healthcare system (Ilochonwu & Adebigha, 2017). Similarly, it is also in agreement with a survey done on the Knowledge and Opinions of Nigerian Dentists' in Lagos state Nigeria where 76.0% reported that CSHIS can improve efficiency of the healthcare system (Adeniyi & Onajola, 2010). In contrast to our findings, the study by Olugbenga and Adebimpe in 2010, observed that only half of their study subjects reported CSHIS could improve the health care system of the country (Olugbenga & Adebimpe, 2010).

A high proportion of our respondents believed that the structure and modus operandi of CSHIS would be convenient to everyone which is similar to what was observed in a study carried out in Ghana where 63.0% of the respondents shared similar perception of the scheme (Dalinjong & Laar, 2012). For any nation to attain a high level of health care, there must be equity in the health care delivery system, in fact, health care planners and providers now have enough evidence to

defend the planning and provision of equitable health care services and systems on the basis of improving overall population health in addition to lowering the gap between those groups with the best and worst health outcomes. In this study, about 76.1% of the study participants agreed that CSHIS can provide equity of services to the population across all the 3 levels of health care and up to two-thirds of them agreed that CSHIS would substantially improve the health of the users; this is consistent with the findings from a study in southwest Nigeria (Agba, 2010), but in contrast to the observation in the study at Federal Polytechnic Idah, Kogi state, Nigeria where 48% of the respondents believed that the scheme has not improved the health status of the users (Agba, 2010).

Only 43 (22.9%) of the respondents considered CSHIS program to be meant for civil servants and well to do people, this finding is in agreement with findings of studies in Kogi and Oyo states where only (20.3%) and (22.9%) of the study participants considered CSHIS to be meant for civil servant and well to do individuals (Olanrewaju et al, 2019; Adewole et al. 2015). Less than one-third of the respondents believed that CHIS can reduce financial hardship due Out of Pocket expenditure for healthcare, this finding disagrees with finding of a study in Oyo state where most (95.1%) agreed that CHIS can reduce financial hardship due Out of Pocket expenditure for healthcare.²⁵ Most of the respondents in this study believed that CHIS is better than cash and carry system of health care financing, 158 (84%), this is comparable to a study in Oyo states (Adewole et al. 2015), but in contrast to a study done in Lagos state among the Librarians (Olayemi, 2017). A good number of respondents believe that cash and carry system has a wider coverage of health services than CHIS 134(71.3%), this is in synergy with studies carried out in Ile-Ife, Osun state among the resident doctors and in Ghana (Ilochonwu & Adebigha, 2017; Dalinjong & Laar, 2012).

In this study fewer number 38 (20.2%) of respondents believed that CHIS is capable of providing standard/ quality health care services, this is in agreement with the study in Kogi state where only 26% of the respondents reported that the services provided are standard (Agba, 2010), but disagrees with study in Lagos where 89.9% of the study participants reported that CSHIS provides better/quality services, it is also in contrast with a study in Ghana where majority (78.0%) of the respondents reported that CSHIS provide quality services (Dalinjong & Laar, 2012). The current study recorded as few as 24 (12.8%) of the study subjects who reported that CSHIS programme would record success in Nigeria, this is closely similar with 20% reported among study participants in Enugu state (Chubike, 2013),³⁰ but lower than studies in Osun, Lagos and Kogi states, Nigeria (Ilochonwu & Adebigha, 2017; Adeniyi & Onajola, 2010; Agba, 2010).

Conclusion

Less than half of the respondents in this study were aware of the contributory social health insurance scheme and their main sources of information were from radio. Little above half of the respondents had positive perception. There is need for the government at all levels to pay more emphasis on public enlightenment campaign and education on CSHIS among the general public in the communities and government agencies through the media and all clinics outlets in the health facilities across the state

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