https://abueducationjournals.com/gjhrr

ASSESSMENT OF AWARENESS OF TERTIARY INSTITUTION SOCIAL HEALTH INSURANCE PROGRAMME (TISHIP) AMONG STUDENTS OF TERTIARY INSTITUTIONS IN KADUNA STATE, NIGERIA

AG Sule [1], SN Akorede[2], MA Suleiman [2], AO Aiyebelehin[1], NA Sharu[1], HK Dila[3],

[1]Department of Family Medicine, Ahmadu Bello University Teaching Hospital Zaria.
[2]Department of Human Kinetic and Health Education, Ahmadu Bello University Zaria.
[3]School of Health Information Management, Ahmadu Bello University Teaching Hospital Zaria.

Corresponding Authour: gbensule@gmail.com, 2348065535088

Abstract

The Tertiary Institutions Social Health Insurance Programme (TISHIP) is a healthcare delivery scheme that is targeted at students of tertiary institutions to ensure that every student has access to quality healthcare while schooling. The benefit package of TISHIP are the various healthcare services that the students are entitled to access without any out of pocket implication. It is against this backdrop that this study assesses the level of awareness of TISHIP benefit package among students of tertiary institutions in Kaduna State.

In a cross-sectional study design, a total of four hundred (400) full-time students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria who have assessed participated. The data were analysed using descriptive statistics, one-way ANOVA and chi-square to determine the level of awareness of the students and relationship between awareness and other variables.

The level of awareness of TISHIP benefit package among the students was (47.2%) and there was no significant difference in the level of awareness (F = 0.061; p=0.941) among students of the various tertiary institutions that participated in the study. The study also reveals that no difference in the level of awareness of TISHIP among the students based on their place of resident (p=0.071) or gender (p=0.301). However, this study shows that there is difference in the level of awareness of TISHIP among students based on their marital status(p=0.021) and length of stay in school (p=0.000), i.e. less than 2 years and more than two years stay in tertiary institutions in Kaduna State, Nigeria.

The study concludes that the level of awareness of TISHIP benefit package among students of tertiary institutions in Kaduna State, Nigeria is below average (47.2%). Therefore, stakeholders need to create awareness about the TISHIP among students of tertiary institutions in Kaduna State, Nigeria.

Keywords: Awareness, Students, Tertiary Institutions, Tertiary Institutions Social Health Insurance Programme.

Introduction

Health is considered as wealth, and to create wealth at individual or national level, citizens must be healthy and to enjoy wealth, such individual or nation must be healthy to certain extent (Sule, Ijadunola, Onayade, Fatusi, Soetan & Connel, 2008). This is why health care financing is gaining more prominence on the global health space. Developing countries face the challenges of providing for the health care provisions of their population due shrinking budgetary support for health care services, an overtly low quality of health services in the public domain, inefficiency in public health care and the resultant imposition of excessive user charges which are reflective of nation's inability to provide the health care needs of the less privilege (International Labour Organization, 2010). Health risks probably present the greatest threat to the lives and livelihoods of the people especially in Sub Sahara Africa. A health shock when it happens, leads to direct expenses on medications, transport and treatment, and also increase

indirect costs related to a reduction in academic performance, labour supply and productivity (Akande, Salaudeen & Babatunde, 2011).

The World Bank in 2013 introduces the concept of Universal Health Coverage (UHC) as a condition to achieving the health development goals of a country (Iloh, Ofoedu, Njoku, Okafor, Amadi & Godswill, 2013). It was further explained that out-of-pocket expenses constitute a major hitch to the accessibility of healthcare services. Therefore, UHC is enhanced in way that there is pre-payment and risk pooling for the purpose of healthcare provisions. It can be obtained that "health insurance is a policy that encourages pre-payment and risk pooling and the corollary is enhanced Universal Health Coverage" (Prasad, 2003). Hence, countries both developed and under-developed, across the globe presently consider health insurance schemes as means to ensuring access to quality health care provision and shielding patients from financial risks (Jane, Obinna, Benjamin & Ogochukwu, 2014).

The introduction of National Health Insurance Scheme (NHIS) by developing countries is expected to improve the quality and accessibility of healthcare services the general public and especially the poor. "Improved health conditions lead to increased productivity, educational performance, higher life expectancy, savings, investments, decreased debts and expenses on health care" - this would translate into greater economic return, equity, social and political progress (Yusufu & Gbadamosi 2009). These needs prompted the Federal Government of Nigeria to join other nations of the world to commence the search for other means of funding health care for proper national development (National Health Insurance Scheme Operational Guidelines, 2005). The National Health Insurance Scheme (NHIS) in Nigeria was so established in 2005 as a social security system that is based on social health insurance to ensure that enrollees have access to quality and effective healthcare.

The Federal Government of Nigeria through the NHIS has established and institutionalized the Tertiary Institutions Social Health Insurance Programme (TISHIP) with the hope to achieve a more flexible, more competitive and more innovative response to the health needs of students in tertiary institutions in the Nigeria (Ibiwoye & Adeleke, 2009). The TISHIP is a healthcare delivery scheme that is targeted for only students of tertiary institutions such as universities, polytechnics and colleges of education. This is to ensure that every students in tertiary institution have "access to quality healthcare while schooling, ensure equitable distribution of healthcare costs among different students, that parents and guardians are protected from the financial hardship of huge medical bills, ensure equitable distribution of healthcare facilities within the nation's tertiary institutions of learning and to ensure the availability of funds to the health sector for improved service delivery (Operational Guidelines for Implementation of Tertiary Institutions Social Health Insurance Programme, 2014).

The TISHIP is a scheme where the healthcare of students in tertiary institutions is paid for from funds obtained by pooling together the contributions of students and Government. The programme is committed to ensuring access to qualitative healthcare service for students of tertiary institutions, thereby promoting the health of students with a view to creating conducive learning and studying environment (Precious Healthcare, 2012). An actual review has been carried out by TISHIP and ₦2,000:00 per annum was recommended as minimum premium to be paid by every student in tertiary institution (Operational Guidelines for Implementation of Tertiary Institutions Social Health Insurance Programme, 2014).

Students' awareness of this scheme is as important as the scheme itself. The adequacy of the information available to the students determines the popularity and acceptance or otherwise of the scheme among students. Since the scheme is meant to take care of the healthcare services of students; for the scheme

to be successful. Healthy students are indispensable tools for rapid socio-economic and sustainable development the world over. Despite this undisputable fact, Nigeria tertiary institutions always have serious problem with the provision of quality, accessible and affordable healthcare services. This is because the health sector generally is perennially faced with gross shortage of personnel, inadequate and outdated medical equipment, poor funding, policies inconsistence and corruption (Yahaya, 2015). Other factors that impede quality healthcare services in tertiary institutions in Nigeria include inability of the students or their parents to pay for healthcare services. Many Nigerians students have lost their lives due to inability to meet their healthcare needs. However, with the high demand for health care services of good quality by the students and the extreme under-awareness of healthcare services available in the institutions, it has been argued that TISHIP may not have the awareness of its healthcare services.

The purpose of TISHIP is to cater for the health care needs of Nigerian students in tertiary institutions who due to their studentship status cannot benefit under other health insurance programmes. This population constitutes a very large percentage of the institutions' population. By virtue of their age and their status as students, most of them cannot benefit from the public sector programme as either enrollees or dependants of enrollees. This necessitates a programme designed to meet their needs (Operational Guidelines for Implementation of Tertiary Institutions Social Health Insurance Programme, 2014).

Providing students access to qualitative and affordable healthcare is not only important to the achievement of universal health coverage and access to healthcare services for all Nigerians and legal residents but also to the overall development of our nation. The ultimate goal of TISHIP is to ensure that the health and well-being of this critical population with a view to creating a conducive learning environment and contributing to the overall development of the country (Operational Guidelines for Implementation of Tertiary Institutions Social Health Insurance Programme, 2014). The objectives of this Tertiary Institutions Social Health Insurance programme are: (i) To ensure that every student in tertiary institutions has access to good health services; (ii)To protect students and families from the financial hardships of huge medical bills; (iii) To maintain high standard of health care delivery services within tertiary institutions; (iv) to ensure availability of funds to the tertiary institution health centres for improved services and (v) to take cognizance of the peculiar health needs of students in the design of the programme, including access to periodic health education and outreaches.

The awareness of TISHIP benefit package among the students is crucial to assuring the continuous attractiveness of the scheme and active participation of students. It is against this backdrop that this research seeks to determine the level of awareness of TISHIP benefit package among students of tertiary institutions in Kaduna State, Nigeria.

Methods and Material

A cross-sectional study was carried out amongst students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria in Kaduna State. The study population was made up 123,651 full-time, on and off- campus students from the three tertiary institutions. Yamane's equation was used to determine the minimum sample size for this study. Purposive sampling technique was used to assessed proportionately allocated numbers of students from the selected Federal tertiary institutions. The instrument for data collection in this study was adapted questionnaire based on TISHIP benefit package outlined in the TISHIP operational guideline. The responses are in five-points Likert format to show degree of agreement or disagreement with the level of awareness. The data

obtained from the field were analyzed using both descriptive and inferential statistical tools. The descriptive statistics that were used are mean, standard deviations and percentage to summarize the level of awareness. The inferential statistical analysis used were one-way ANOVA and chi square to analyze and test the hypotheses. Statistical Package for Social Scientist (SPSS version 22) software was used for the analysis while confidence interval level of 95% and p-value≤ 0.05 were set for the study.

Results and Discussion

In determining the level of awareness of TISHIP benefit package among students of the tertiary institutions, the means scores and percentages are used find out whether the students are aware and the extent of their awareness.

Table 1: Mean scores, percentages and standard deviations of level of awareness of TISHIP among students

	Mean score	Percentage (%)	Std. Deviation	N
Ahmadu Bello University, Zaria	2.39	47.8	0.91	203
Federal Polytechnic, Kaduna	2.38	47.6	1.05	74
Federal College of Education, Zaria	2.30	46.0	0.81	123
Aggregate Scores	2.36	47.2	0.92	400

Source: Field Survey, (2020)

Table 1 shows the mean of the level of awareness of TISHIP among students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria. The mean level of awareness of TISHIP among students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria are (M=2.39, SD=0.91), (M=2.38, SD=1.05) and (M=2.30, SD=0.81) respectively. The mean scores of the institutions and consequently the aggregate mean score of 2.36 ± 0.92 reveals that there is a low level of awareness among the students. In summary, the level of awareness of TISHIP benefit package among students of tertiary institutions in Kaduna State is below average, about forty seven percent (47.2%).

Table 2: Summary of analysis of variance on levels of awareness among students based on school type

Statistics	Sum of Squares	F	Df	P
Tukey's test	17.234	0.061[a]	35	0.941
Ahmadu Bello University, Zaria,				
Federal Polytechnic, Kaduna				
Federal College of Education, Zaria				

a. Exact statistic

Table 2 shows a one-way ANOVA calculated to examine the significance difference between the levels of awareness among students of tertiary institutions in Kaduna State based on school type. No significant difference was found (F = 0.061; p=0.941) between the level of awareness among students of tertiary institutions in Kaduna State. The null hypothesis which stated no significant difference was retained. This indicates that there is no significant difference between the level of awareness of TISHIP benefit package among students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria.

Table 3: Summary of chi square on level of awareness among students based on Gender

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.581[a]	399	0.071**
Likelihood Ratio	124.251		0.231
N of Valid Cases	400		

Source: SPSS output (Research Survey, 2020)

From the table 3, the chi-square analysis presented reveals that asymptotic significant is 0.071 (i.e. $p > 0.05$) which means that the null hypothesis is accepted at 5% level of significance. This is an indication that there is no significant difference in the level of awareness of TISHIP between male and female students of tertiary institutions in Kaduna State, Nigeria. In addition, the likelihood ratio of 124.251 is large (larger than Pearson chi-square value of 43.581) which is an indication that the null hypothesis is likely to be assumed.

Table 4: Summary of chi square on level of awareness between students residing off campus and on campus

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	98.162[a]	399	0.301**
Likelihood Ratio	134.897		0.434
N of Valid Cases	400		

Source: SPSS output (Research Survey, 2020)

From the table 4, the chi-square analysis presented reveals that asymptotic significant is 0.301 (i.e. $p > 0.05$) which means that the null hypothesis is accepted at 5% level of significance. This is an indication that there is no significant difference in the level of awareness of TISHIP between students residing off campus and on campus. In addition, the likelihood ratio of 134.897 is high (higher than Pearson chi-square value of 98.162) which is an indication that the null hypothesis is likely to be assumed.

Table 5: Summary of chi square on level of awareness between married and unmarried students

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	154.121[a]	399	0.021**
Likelihood Ratio	45.871		0.02
N of Valid Cases	400		

Source: SPSS output (Research Survey, 2020)

From the table 5, the chi-square analysis presented reveals that asymptotic significant is 0.021 (i.e. $p < 0.05$) which means that the null hypothesis is rejected at 5% level of significance. This is an indication that there is a significant difference in the level of awareness of TISHIP between married and unmarried

students of tertiary institutions in Kaduna State, Nigeria. In addition, the likelihood ratio of 45.871 is small (smaller than Pearson chi-square value of 154.121) which shows that the null hypothesis is not likely to be assumed.

Table 6: Summary of chi square on levels of awareness among students based on the years spent in school

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	209.667[a]	399	0.000**
Likelihood Ratio	58.983		0.002
N of Valid Cases	400		

Source: SPSS output (Research Survey, 2020)

From the table 6, the chi-square analysis presented reveals that asymptotic significant is 0.000 (i.e. $p < 0.05$) which means that the null hypothesis is rejected at 5% level of significance. This is an indication that there is a significant difference in the level of awareness of TISHIP between students with less than 2 years and those with more than two years stay in tertiary institutions in Kaduna State, Nigeria. In addition, the likelihood ratio of 58.983 is small (smaller than Pearson chi-square value of 209.667) which is indication that the null hypothesis is not likely to be assumed.

Discussion

This study revealed that the level of awareness of TISHIP benefit package among students of tertiary institutions in Kaduna State is below average, that is, 47.2%. This finding is slightly lower than 50% found in the study by Ndie (2013) who assessed the awareness of National Health Insurance Scheme (NHIS) by civil servants in Enugu and Abakaliki and 60% found by Chikwe (2011) in Imo state and in Ghana by Naseem, Muzamil, Talal and Jacob, (2013). The level of awareness in this study is far less than 87.4% found in Oyo State by Sanusi (2009) and 92% by Andrew *et al*. (2007) on awareness of NHIS in Asaba Delta state. However, the finding is higher than less than 40% found by Mohammed (2008) in the same study area from his study on perceptions of formal-sector employees on the health insurance scheme in Nigeria: The Case study of Ahmadu Bello University Staff, Zaria-Nigeria.

Based on the findings of Andrew *et al*. (2007) and Jolie and Robert (2009), it was revealed that the level of exposure, education and media campaign account for the level of awareness. Although the participants in this study are literate and have post-secondary education however, there is far less publicity and public enlightenment campaigns by all the stakeholders (NHIS, HMO, Media, healthcare workers, student union, school authorities etc) for TISHIP compare to formal sector NHIS programme for civil servants which was the focus of other studies.

This study also found no significant difference between the levels of awareness between male and female students of tertiary institutions in Kaduna State. This indicates that gender has no role in the level of awareness among students of Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria. This may be due to the fact that the participants across all the three institutions have comparably same level of education and similar low level of publicity for TISHIP by the stakeholders despite fact that there are differences in the structure, premium, scope, coverage and benefit packages of TISHIP compare to the civil servants NHIS programme.

This study also reveals that there is no significant difference in the level of awareness of TISHIP between students residing off campus and on campus. This may be due to the fact that there are no additional information or awareness creation as well as health post and more importantly services of health education officers within the students' hostels. However, it is observed that there is a difference in the level of awareness of TISHIP between married and unmarried students of tertiary institutions in Kaduna State, Nigeria. This may be due to fact that married students often have reason to be more financially constrained and/or more healthcare needs especially the female married students because of motherhood.

Finally, this study reveals that there is difference in the level of awareness of TISHIP between students with less than 2 years and those with more than two years stay in tertiary institutions in Kaduna State, Nigeria. It is expected that the longer the students stay in the institution, the more likely they become exposed to various information, programmes and activities in the school. Moreover, it's possible that the longer the students spent in the school the higher the likelihood of developing health related challenges which may necessitate the need to seek for healthcare services and information within the institutions.

Conclusion

The findings in this study revealed a low level of awareness of TISHIP benefit package among students across all the Federal tertiary Institution in the study area (Ahmadu Bello University, Zaria, Federal Polytechnic, Kaduna and Federal College of Education, Zaria). The level of awareness among the students was not affected by their gender or the place of resident in school (on-campus or off-campus). However, the marital status the students and their length of years spent in their various institutions affected their level of awareness of the TISHIP benefit package.

Therefore, it's pertinent that to ensure success of this laudable programme stareholders (NHIS,HMO, student Unions, School authorities as well as media) must create awareness among the students about TISHIP. School authorities need to take advantage of lecturers who are health education experts to sensitize and create awareness among students not only on TISHIP but all relevant health related programmes.

References

Akande, T; Salaudeen, A. & Babatunde, O. (2011). The effects of national health insurance scheme on utilization of Health Services at Unilorin Teaching Hospital Staff Clinic. *Health Science Journal.* 5(2).

Andrew, E. Agba, A. M. O; Ushie, E. M. & Osuchukwu, N.O. (2007) National Health Insurance Scheme and Employees‟ Access to Healthcare Services in Cross River State, Nigeria. *Global Journal of Human Social Science. Vol.10 (7)*

Babbie, E. (2003). *The practice of social research* 10th ed) Belmon: CA Thompson. 23-44

Chikwe, C. (2011). The Effects of National Health Insurance Scheme on Utilization of Health Services at Unilorin Teaching Hospital Staff Clinic. *Health Science Journal. Vol. 5 (2).*

Ibiwoye, A. & Adeleke, A. A. (2009). Linear analysis of factors affecting the usage of Nigeria's National Health insurance Scheme. *The Social Sciences 4*(6). pp. 587-592

Iloh, G.U., Ofoedu, J.N., Njoku, P.U., Okafor, G.O.C., Amadi, A.N. and Godswill E.U. (2013). Evaluation of patient satisfaction with quality of care provided at the national health insurance

scheme clinic of a tertiary hospital in south-eastern Nigeria. *Annals of Medical and Health Science Research*, *3*(1). pp 31-37 Accessed 10 April, 2020.

International Labour Organization (2010). *Primary Health Care and Health Strategies in Latin American Social Security*, Geneva, 30-42.

Jane C., Obinna E. O., Benjamin U. & Ogochukwu P. E. (2014). Patients' satisfaction and quality of care in a tertiary institution in Southeast Nigeria. *International Research Journal of Basic and Clinical Studies 2*(2) pp 14-19.

Jolie J.G. and Robert, A.M. (2009). Quality of healthcare and patient satisfaction in liver disease*:* The development and preliminary result of QUOTE – Liver questionnaire*, BMC Gastroenterology* 8:25.

Mohammed, S. (2008). *Perceptions of Formal-Sector Employees on the Health Insurance Scheme in Nigeria: The Case of Ahmadu Bello University Staff, Zaria-Nigeria*. Un published MPH Thesis, Ruprecht-Karls University Heidelberg.

Naseem, A.Q., Muzamil, H.A., Talal, H.A. and Jacob, P. (2002). Strategies for Enhancing the Use of Health Care Services by Nomads and Rural Communities in Saudi Arabia

National Health Insurance Scheme Operational Guidelines (2005). available at: http://www.nhis.gov.ng/index.php? Accessed March, 12, 2020

Ndie, A. (2013). Awareness of NHIS in Enugu, *Social Science Medicine* 3(43):459-471 Nigerian Bureau of Statistics (2007). Care Welfare Indicator Questionnaires Survey, Nigeria, NISER (2013). *Utilization of NHIS*Nigeria Institute of Social and Economic Research

Operational Guidelines for Implementation of Tertiary Institutions Social Health Insurance Programme, (2014). Available at: http://www.nhis.gov.ng/index.php? Retrieved March, 12, 2020

Prasad, V.M. (2003). Level of satisfaction in patients/attendants admitted with traumatic brain injury at an advanced ER/Casualty in a Tertiary Care Teaching Hospital. *Journal of Hospital Administration*, *2*(2). pp 89-96.

Precious Healthcare, (2012). Tertiary Institutions Health Insurance Scheme: Nigerian Perspective. Retrieved from www.googlesearch/TertiaryInstitutionInsurance on March 11, 2020.

Sanusi, A. (2009). *Knowledge/awareness among civil servants in Sokoto State on National Health Insurance Scheme*. Unpublished Master's thesis, Ahmadu Bello University, Zaria

Sule, S.E., Ijadunola, K.T. Onayade, A.A., Fatusi, A.O., Soetan, R.O. & Connel, F.A. (2008). Utilization of primary health care facilities: Lesson from a rural community in Southwest Nigeria. *Nigeria Journal of Medicine*, *17*(1). pp 98-106.

Yahaya J. S. (2015). Assessment of student's satisfaction and quality of patient care under the Nigerian Tertiary Institutions Social Health Insurance Programme (TISHIP). *European Journal of Business and Management, 7*(6).

Yusufu, T. & Gbadamosi, A. (2009). Attitude of Nigerians towards insurance services: An empirical study. *African Journal of Accounting, Economics, Financing and Banking Research 4*(4) pp18-34.