

**CLIENTS' SATISFACTION WITH NATIONAL HEALTH INSURANCE SCHEME (NHIS) IN OBAFEMI
AWOLOWO UNIVERSITY TEACHING HOSPITAL COMPLEX (OAUTHC) ILE IFE, OSUN STATE NIGERIA**

By

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**A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH, FACULTY OF CLINICAL
SCIENCES, COLLEGE OF HEALTH SCIENCES, OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, OSUN STATE
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE OF MASTER OF
PUBLIC HEALTH (M.P.H)**

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DECLARATION

I hereby declare that this work was carried out by me under the supervision of Professor Adedeji A. Onayade and that it has not been submitted for any other examination elsewhere for publication.

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CERTIFICATION

I certify that the study reported was duly carried out by AKINSOJI, OLATINWO ISHOLA of the Department of Community Health, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria under my supervision.

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DEDICATION

I dedicate this research work to God for His undying love and mercies upon my life and to my beloved family, most especially my parents, for their belief in me always.

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LIST OF ACRONYMS

DRF	Drug Revolving Funds
HCPs	Health Care Providers
HMO	Health Maintenance Organisations
ILO	International Labour Organisation
LMICs	Low and Middle Income Countries
MDG	Millennium Developmental Goal
NGOs	Non Governmental Organisations
NHA	National Health Account
NHIS	National Health Insurance Scheme
OAUTHC	Obafemi Awolowo University Teaching Hospitals Complex
OOPS	Out of pocket spending
THE	Total Health Expenditure
UNDP	United Nations Development Programme
WHO	World Health Organisation

ABSTRACT

The study assessed knowledge of civil servants or their dependents that are registered into the national health insurance scheme to receive care in OAUTHC about NHIS; assessed the respondents' satisfaction with the quality of services received on the day of visit; and identified the determinants of satisfaction with NHIS with a view of providing information on clients' satisfaction with NHIS operations to guide policy and decision making towards improvement of the scheme.

The study was a cross-sectional descriptive survey of four hundred respondents (272 primary enrollees and 128 dependants). Respondents were recruited by systematic sampling technique and data was collected with self-administered questionnaire that sought information on the socio-demographic characteristics, knowledge of NHIS operations as well as satisfaction with quality of care received on the day of visit. Data were analyzed using descriptive and inferential statistics while binary logistic regression was used to ascertain the determinants of satisfaction with care.

One hundred and eighty five (46.2%) respondents had good knowledge of NHIS operations; 136 (50.0%) of the primary enrollees had good knowledge of NHIS compared to 49 (38.3%) of the dependants. Two hundred and seventy six (69.0%) respondents were satisfied with NHIS procedures in the hospital while 313 (78.2%) were satisfied with the quality of care received. Two hundred and twenty six (56.5%) were satisfied with some NHIS operations and quality of care received. The younger age group (20-29 years, $O.R=0.187$; $p=0.004$) are twice more likely to be satisfied with NHIS operations compared to the older age group (40-49 years, $O.R=0.176$; $p=0.001$); the Hausas attending the hospital ($O.R=4.791$; $p=0.046$) were almost five times more likely to be satisfied with NHIS operations compared to the reference ethnic group (Yoruba). Respondents with poor knowledge ($O.R=1.525$; $p=0.048$) of NHIS operations were twice more likely to express satisfaction compared to those with good knowledge.

This study concluded that though a higher proportion of the respondents were satisfied with NHIS, the knowledge about the scheme and its operation was poor. Public enlightenment about NHIS operations and service packages should be improved and enrollees should receive more information about the scheme and the services they are entitled to at the time of enrolment.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Many low and middle income countries (LMICs) rely heavily on patients' out-of-pocket health payments to finance their health care systems (Xu et al., 2007). According to the World Health Organisation (WHO), empirical evidence indicates that out-of-pocket health payment is the least efficient and most inequitable means of financing health care. It prevents people from seeking medical care and may exacerbate poverty (WHO, 2000; Gobah et al. 2011). There is a growing movement, globally and in the Africa region, to reduce financial barriers to quality health care generally, but with particular emphasis on high priority services and vulnerable groups (Witter and Garshong, 2009). Health insurance schemes are increasingly recognized as a tool to finance health care provision in developing countries. It has the potential to increase utilization, better protect people against (catastrophic) health expenses and address issues of equity (WHO, 2000). Health financing systems through general taxation or through the development of social health insurance are generally recognized to be powerful methods to achieve universal coverage with adequate financial protection for all against healthcare costs (Carrin et al. 2005; Doetinchem et al. 2006). Many African countries including Ghana, Rwanda, Tanzania, Kenya and Nigeria are experimenting with a variety of comprehensive, social health insurance schemes that combine both private and public-funding arrangements (Carrin et al. 2008; Witter and Garshong, 2009; Mensah et al. 2010).

Like any other country, the National Health Insurance Scheme (NHIS) in Nigeria aimed to provide health insurance so that insured persons and their dependants are able to have access to

good quality and cost-effective healthcare services (NHIS 2005). But, the formal sector programme of the NHIS specified that “contributions made by or for an insured person entitled him or her, a spouse and four biological children under the age of 18 years to a defined health benefits package” (NHIS 2005). The Formal Sector Social Health Insurance Programme is a “scheme where the healthcare of employees in the formal sector is paid from funds created by pooling the contributions of employees and/or employers” (NHIS 2005). Currently, only the government employees, a subset of the formal sector group has been actively participating. It is essential to consider how policy interventions such as the NHIS have influenced the barriers to health care utilization, including geographical access, but also perceived quality of care and access to information (Mohammed et al. 2011).

1.1 Statement of the Problem

Healthy population and indeed work force are indispensable tools for rapid socio-economic and sustainable development. In Nigeria, the provision of quality, accessible and affordable healthcare remains a serious challenge (WHO, 2007a; Oba, 2008; Omoruan et al., 2009). The health sector is perennially faced with gross shortage of personnel (WHO, 2007a), inadequate and outdated medical equipment (Yohesor, 2004; Johnson et al., 2009), poor funding (WHO, 2007a&b), inconsistent policies (Omoruan et al., 2009) and corruption (Oba, 2008). Other factors that impede quality health care delivery in Nigeria include inability of the consumer to pay for healthcare services (Sanusi et al., 2009), gender bias due to religious or cultural beliefs (NCBI, 2009) and inequality in the distribution of healthcare facilities between urban and rural areas (Omoruan et al., 2009). Available data from National Health Account (NHA) shows that a disproportionately large percentage of health expenditure in Nigeria comes from household in the form of out of pocket spending, only about 22% comes from the three tiers of government

(Lecky, 2006; Salawudeen, 2011). Direct out of pocket payments for health are widely agreed to be inequitable, inefficient, impose major financial burden and serve as a barrier to quality healthcare and utilization of health services. Out of pocket spending (OOPS) has been widely adjudged as a poor method of financing access to quality health care. It tends to push low income households to poverty since they are often forced to borrow and/or decapitalize their savings or assets to pay for health care.

The alternative sources of financing of health such as user fees and Drug Revolving Funds (DRF) that were instituted some years ago have collapsed in most instances. Available data from NHA also suggest that less than 4% of total health expenditure (THE) comes from some form of health insurance, which is wholly private. With the commencement of social health insurance coverage, this has risen to about 15% of THE in 2005 alone (Nigerian Health Review, 2006). Since its inception, NHIS represents a singular most important element in a rapidly emerging health care financing strategy for our national health system.

Client satisfaction is a fundamental indicator of performance in any form of service delivery and is therefore a key component of quality of healthcare (Uwais, 2008). In recent times, it has gained widespread recognition as a measure of quality of care. Since health insurance provides a viable way of protecting the poor from catastrophic healthcare expenditure, the Federal Government initiated a national health insurance scheme to address the challenges facing financing of quality health care. Though the scheme had been in operation for ten years, not many studies have assessed satisfaction of enrollees with the quality of care provided under the scheme hence this study.

1.3 Justification for the Study

Accessing the appropriate care and clients satisfaction is crucial to have assured the continuous attractiveness of the care contracted (Huber, 2002). There has been insufficient literature in

LMICs, most notably in African countries that dealt with clients' satisfaction with health insurance schemes. One study that assessed enrollee's experiences and concerns in West African region advocated that research of clients' satisfaction should be ongoing (Huber, 2002). Satisfaction surveys have been widely used to address the problems of access and performance (Andaleeb 2001; Myburgh et al. 2005; Kruk et al. 2008; Oladapo et al. 2008), help government agencies to identify target groups, clarify objectives, define measures of performance, and develop performance information systems (WHO 2000; Mohammed et al. 2011). In addition, patient satisfaction is a dominant concern that is intertwined with strategic health services decisions (WHO 2000; Mohammed et al. 2011). The study will provide information that would be useful to the policy makers on necessary policy amendments and improvement of development strategies of the scheme.

1.4 Aim and Objectives

1.4.1 Aim

To investigate clients' satisfaction with National health Insurance Scheme (NHIS) in Obafemi Awolowo University Teaching Hospital Complex (OAUTHC) Ile Ife Osun State Nigeria.

1.4.2 Specific Objectives

1. To assess knowledge of clients or their dependants that are registered into the national health insurance scheme to receive care in OAUTHC about NHIS
2. To assess the clients' satisfaction with the quality of services received on the day of visit
3. To identify the determinants of satisfaction with NHIS