

## Original Article

### Awareness and Acceptance of a Contributory Health Insurance Scheme (GO HEALTH) amongst Civil Servants in a North Eastern State of Nigeria

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## Abstract

**Background:** The deployment of accessible, equitable, and affordable healthcare packages to all is vital to the achievement of Universal Health Coverage (UHC), especially in developing nations like Nigeria. Hence, effective planning, funding, coordination, communication, and prioritization of proven strategies such as the health insurance scheme will reduce the catastrophic out-of-pocket payment for health services. **Objectives:** This study investigated the awareness and acceptance of Gombe State Contributory Health Insurance Scheme (GO-HEALTH) amongst Civil Servants working in the state. **Methodology:** The research was a descriptive cross-sectional study carried out amongst 400 enrollees of the Gombe State contributory health insurance scheme (GO-HEALTH). Study participants were selected from five (5) state ministries using a multi-stage sampling technique. Data collection was done using a thirty-nine (39) item self-administered questionnaire. The completed questionnaires were retrieved and analyzed using the IBM Statistical Package for Social Sciences (SPSS V.26). **Results:** The respondents comprised 243 Males (60.8%), and 157 Females (39.2%) with a male-female ratio of 1.6:1, and a mean  $\pm$ SD age of  $38.5 \pm 10.2$  years. The mean  $\pm$ SD monthly income was  $\text{₦}76,400 \pm 27,600$ . The findings revealed that there were low levels of awareness ( $2.63 \pm 1.05$ ,  $P=0.704$ ) and acceptance ( $2.84 \pm 1.24$ ,  $P=0.502$ ) of the scheme with a significantly ( $p<0.000$ ) high Spearman's correlation coefficient  $\rho$  ( $r_s$ ) = 0.586, between the two variables, namely; awareness and acceptance of GO-HEALTH among the respondents. **Conclusion:** This study concluded that there were low levels of awareness and acceptance of the Gombe State Contributory Health Insurance Scheme (GO-HEALTH) amongst the state civil servants. The researchers recommend continuous public enlightenment, education and promotion, periodic monitoring and evaluation, and effective collaboration with critical stakeholders for the sustainability of the scheme.

**Keywords:** *Acceptance, Awareness, Out-of-pocket payment, Universal health coverage*

## Introduction

The declaration of health as a core human right issue by the World Health Organization (WHO) Constitution of 1948, and its commitment to ensure attainable fitness for all, forms the basis of Universal Health Coverage (UHC).<sup>1</sup> This pronouncement remains a major global goal in Sustainable Development Goals (SDGs) for quality, affordable, and equitable health services and poverty reduction.<sup>1,2</sup> The concept of UHC involves coverage of essential health services and collaboration, partnership, funding, funding management, and delivery

to needed locations. Achievement of the lofty ideals of this goal has largely been a work in progress, as more than half of the population of the world is yet to benefit from the complete coverage package, rather, millions of people tend to slip into extreme poverty, especially in Low and Middle-Income countries (LMICs) like Nigeria, thereby resulting in an unbearable burden of health care because of increased Out-of-Pocket (OOP) payment for health services that inevitably leads to catastrophic health expenditure.<sup>3</sup> Financial protections remain a cardinal

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necessity for minimizing the cost of care by reducing the hardship of OOP payments for healthcare and services. Health insurance is a social form of insurance that involves the payment of health services to contributors from the contributory pool of funds. It is the critical pillar of universal health care and one of the mechanisms for financial protection from the high cost of health services in Nigeria, especially in the Northeastern part of the country where healthcare accessibility and affordability are severely limited.<sup>3</sup>

Healthcare insurance coverage remains a global challenge to all countries as only about 5% of the world's population is covered.<sup>3</sup> This is probably because of the inability of national governments to provide sustainable funds for health care and associated responsibilities. As a result, innovative policies and strategies are being developed to ensure that basic essential healthcare services are available for accessibility, affordability, and equitability. The social health insurance scheme is a financial mechanism that offers financial protection, which is supposed to be a welcome development as it promises to be of huge relief to stakeholders of the healthcare industry in addressing the problems of disparity, globally.<sup>3</sup> Health insurance coverage remains very low, especially in the LMICs like Nigeria where at the federal and state level only about 2.5% of the populace is covered.<sup>5</sup> Some micro-level factors that significantly determine both access and usage of the scheme are: age, marital status, region, level of education, wealth index, and household sizes.<sup>5</sup> Regrettably, the scheme seems not to gain acceptance, support, and cooperation from civil servants in North Eastern Nigeria, probably due to suspicion of the government's motive, intention, and strategies in the monthly percentage salary deduction as a premium into a financial pool for running the scheme. This study is aimed at investigating the awareness, and acceptance of the Gombe State contributory health insurance scheme (GO-HEALTH) as well as to determine the correlation between them among civil servants in Gombe State.

### Materials and Methods

The study is a descriptive cross-sectional study designed to evaluate the awareness and acceptance of the Gombe Contributory Health Insurance Scheme (GO-HEALTH) and to determine the correlation between perception and acceptance of the scheme. A total of 400 civil servants were included in the study from 5 State Ministries.

A multistage sampling method was adopted for the study. The first stage involved grouping Gombe state Go-Health enrollees into five ministries (A-E) as follows: A- Education, B- Finance and Economic Development, C- Health, D-Justice, and E-Works. The second stage involves the selection of two departments under each

group using a simple random sampling technique. Fifty questionnaires were distributed to the staff employees from each of the departments which amounted to a total of 400 questionnaires.

**Instrument and data collection:** The instrument used for data collection for the study was a semi-structured self-administered questionnaire with all the questions. The questions were divided into four sections A-D. Section A was aimed at assessing the socioeconomic and demographic characteristics of respondents; Section B was to assess the awareness of the scheme; Section C assessed the acceptance of the scheme by the respondents; and Section D evaluated the correlation between awareness and acceptance of the scheme by the GO HEALTH enrollees. Before administering the instrument to the main respondents of the study, it was subjected to a split-half reliability test which yielded a Pearson Product Moment Correlation Co-efficient (r) of 0.87. Completed questionnaires were retrieved in sealed envelopes provided during follow-up visits.

### Data Analysis

The retrieved questionnaires were sorted and inputted into version 26 of the Statistical Package for Social Sciences (SPSS V.26) for analysis. Descriptive statistics on the respondents were computed into frequency, mean score, SDs, and 95% confidence interval. P-values of less than 0.05 were interpreted as significant.

### Ethical Considerations.

Ethical clearance and approval were obtained from the Research and Ethics Committee of the Gombe State Ministry of Health (MOH/ADM/621/V.1/318), and all data collected from the respondents were treated with confidentiality. The respondents were firstly briefed on the purpose of the study and their informed consents were obtained with an assurance that the process was going to be confidential and anonymous.

### Results

Out of a total of 400 study participants 157(39.2%) were females. Their mean age was 38.5±10.2 years. Majority of respondents 170(42.5%) were in income range ₦51,000-₦100,000 (Table 1).

**Table 1: Demographic Data of Respondents**

Variable	Frequency	Percentage	Mean±SD
<b>Age Group (n=400)</b>			<b>38.5±10.2</b>
15 -25	24	6.0	
26 -35	157	39.3	
36 -45	114	28.5	
46 -55	82	20.5	
> 55	23	5.7	
<b>Gender (n=400)</b>			
Female	157	39.2	
Male	243	60.8	
<b>Marital Status (n=400)</b>			
Divorced	5	1.3	
Married	301	75.2	
Single	94	23.5	
<b>Ministry/Place of Work (n=400)</b>			
Education	91	22.7	
Finance and Economic Development	80	20.0	
Health	98	24.5	
Justice	78	19.5	
Works and Housing	53	13.3	
<b>Monthly Income (n=400)</b>			
12,000 - 50,000	108	27.0	
51,000 - 100,000	170	42.5	
101,000 - 200,000	86	21.5	
201,000 - 300,000	25	6.2	
301,000 - 400,000	9	2.2	
401,000 - 500,000	2	0.5	

Out of the study population, 397(99.3%) participants were aware of GOHEALTH, and 212(53.0%) participants are benefitting from GOHEALTH.

Table 2 shows the sources of information about the scheme. There is a low level of awareness (Table 3) among the study respondents concerning service coverage, structure, and protocols of the GO HEALTH scheme ( $2.63\pm 1.05$ ); respondents were not happy with the mandatory enrolment into the scheme and would not want to continue with the scheme ( $3.04\pm 1.24$ ). Overall, there was a low level of awareness and acceptance of the scheme as indicated by Spearman's product-moment correlation rho ( $r_s$ )= $0.586$ ,  $p<0.05$  (Table 4).

**Table 2: Distribution of Respondents Sources of information about GO-HEALTH (n=400)**

Source of Information	Frequency	Percentage
Colleague	36	9.0
Facility	30	7.5
Both Facility and Media	1	0.3
Both the Facility and the Ministry	2	0.5
Family	12	3.0
Media	102	25.5
Both the Media and Ministry	2	0.5
Ministry	215	53.7

**Table 3: Distribution of Respondents' Awareness of the Objectives, Structure, and Policies of GOHEALTH**

Awareness of the Objectives, Structure, and Policies of GOHEALTH	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Enrollees' Benefits Cover Spouses and Children	116 (29%)	190 (47.5%)	48 (12%)	29 (7.3%)	17 (4.2%)
Ensures Enrollees Have Access to Quality Healthcare	55 (6.7%)	186 (42.1%)	78 (28.7%)	52 (15.7%)	29 (6.5%)
Protects Enrollees' and Their Families from Financial Hardship	42 (10.5%)	160 (39.9%)	92 (22.9%)	75 (18.7%)	30 (7.5%)
Has Standard Guidelines and Protocols for Healthcare	44 (11%)	187 (46.6%)	111 (27.7%)	41 (10.2%)	17 (4.2%)
Ensures Effective Implementation of Policies and Guidelines for Healthcare at The Facilities	27 (6.7%)	169 (42.1%)	115 (28.7%)	63 (15.7%)	26 (6.7%)
Not all Treatments Are Covered	153 (38.2%)	155 (38.7%)	55 (13.7%)	15 (3.7%)	19 (4.7%)
Sends Monthly Update Messages to my Phone or Facilities	11 (2.7%)	38 (9.5%)	68 (17%)	129 (32.2%)	153 (38.2%)
Weighted Mean	2.63±1.05				

$\chi^2=49.890$ ,  $df=56$ ,  $P=0.704$

The Pearson Chi-square test result from Table 4, provides a sufficient reason not to reject the null hypothesis that there is a low level of awareness of the Gombe State Contributory Health Insurance scheme (GO-HEALTH) among civil servants in the state [ $\chi^2$  Cal (49.890) is  $< \chi^2$  Crit. (74.47), ( $p=0.704$ )].

**Table 4: Distribution of Respondents Acceptance of GOHEALTH**

Acceptance of GOHEALTH	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have a good understanding of Gohealth's structure and services	56 (14%)	128 (32%)	107 (26.7%)	78 (19.5%)	31 (7.7%)
I accept Gohealth enrolment	29 (7.3%)	168 (42%)	100 (25%)	62 (15.5%)	41 (10.2%)
I will recommend Gohealth to others	30 (7.5%)	138 (34.4%)	111 (27.7%)	75 (18.7%)	45 (11.2%)
Gohealth is necessary for all enrollees	33 (8.3%)	149 (37.2%)	118 (29.4%)	67 (16.7%)	33 (8.2%)
I accept Gohealth benefit packages	24 (6%)	146 (36.4%)	105 (26.3%)	76 (19%)	49 (12.3%)
I accept Gohealth as a solution to excessive healthcare expenditure	41 (10.3%)	141 (35.3%)	92 (22.9%)	80 (20%)	46 (11.5%)
I want to continue with the GOhealth scheme	36 (9%)	120 (30%)	103 (25.6%)	73 (18.4%)	68 (17%)
I prefer to use my money to access healthcare	65 (16.3%)	110 (27.5%)	116 (29%)	80 (20%)	29 (7.2%)
I want to quit Gohealth	85 (21.2%)	74 (18.5%)	123 (30.8%)	78 (19.5%)	40 (10%)
The government should use my monitory contribution for something else like a housing fund or pension scheme	82 (20.5%)	102 (25.5%)	99 (24.8%)	76 (19%)	41 (10.2%)
Weighted Mean	2.84±1.24				

$\chi^2=47.287$ ,  $df=48$ ,  $P\text{-Value}=0.502$

From the Chi-square value computed (47.287) compared to the critical value (65.17) and a p-value (0.502) above set significant level (0.05), it is logical not to reject the null hypothesis that there is low level of acceptance of the Gombe State Contributory Health Insurance scheme (GO-HEALTH) among civil servants in Gombe State [ $\chi^2$  Cal (47.287)  $< \chi^2$  Crit. (65.17), ( $p=0.502$ )] (Table 5).

**Table 5: Spearman's Product-moment correlation between awareness and acceptance of GO-HEALTH among civil servants in Gombe State**

		Correlations	
		Awareness on GO -HEALTH	Acceptance of GO -HEALTH
Spearman's rho	Awareness on GO -HEALTH	Correlation Coefficient	1.000
		Sig. (2 -tailed)	.586 **
		N	400
	Acceptance of GO -HEALTH	Correlation Coefficient	.586 **
		Sig. (2 -tailed)	1.000
		N	400

\*\* . Correlation is significant at the 0.01 level (2-tailed).

A Spearman's correlation test between awareness and acceptance of the Gombe State Contributory Health Insurance scheme (GO-HEALTH) among civil servants in the state yielded a high coefficient rho( $r_s$ ) of 0.586 at  $p=0.000$  (Table 5). It is therefore safe to conclude that there is a positive correlation between awareness and acceptance of the scheme among the respondents.

### Discussion

The research indicated that 99.3% of respondents reported that they were aware of the existence of the scheme and this agrees with the study conducted<sup>10</sup> on the Awareness and Quality of Health Care Services among Civil Servants in Cross River State, Nigeria, and on "Perception and Participation of Federal Civil Servants in Ibadan."<sup>11</sup> The finding is also consistent with increased awareness of the existence of the scheme among Radiographers in South East, Nigeria.<sup>12</sup> The study also showed that 53.3% have benefitted from the scheme. 53.7% sourced information from the ministry while 25.5% from the media, this indicated strong communication between the ministries and employees but use of media was not well leveraged in this age of information technology; this does not agree as major source of information came from seminars.<sup>12</sup> The assessment of GOHEALTH objectives, service coverage, structure, and policies from the study indicated that the respondents were marginally aware with a weighted mean of  $2.63 \pm 1.05$  (52.6%) on a five-point scale. Some respondents agreed that GOHEALTH protects enrollees' families from financial hardship with a mean score of  $2.72 \pm 1.12$  which is also significant with the finding<sup>10</sup>. The majority of the respondents agreed that NHIS is a better means of financial security in settling healthcare costs in comparison to Out-of-pocket-payment.<sup>11</sup> Generally, there was low level of awareness ( $p=0.704$ ) of GOHEALTH scheme amongst respondents since  $p$ -value is  $>0.05$  and  $\chi^2 - \text{Cal}$  (14.785) is  $< \chi^2 - \text{Crit}$ . (74.47). Studies also revealed that a major portion of the respondents had a poor knowledge of the health insurance objectives, guidelines, and activities;<sup>12, 13</sup> and this could result from a low level of awareness which

agreed with the finding on "Awareness and Willingness to Participate in Community Health Insurance Scheme among Household Heads in Rivers State Nigeria", that about 38% of respondents were aware of the scheme.<sup>14</sup>

There was a low level of acceptance of the Gombe State Contributory Health Insurance scheme (GO-HEALTH) among civil servants in Gombe State since the Pearson Chi-square mean significant level ( $p=0.502$ ) since the  $p$ -value is  $>0.05$  and  $\chi^2 - \text{Cal}$  (47.287) is  $< \chi^2 - \text{Crit}$ . (65.17). Assessment of the acceptance by enrollees indicated a weighted mean of  $2.85 \pm 1.12$  on a five-point scale. Some disagreed that they had good knowledge of the scheme, were dissatisfied with the mandatory enrollment, and that the scheme was not necessary for all enrollees. A survey on NHIS perception and participation of civil servants in Ibadan and the result showed an average (50%) level of acceptance due to the affordability of the scheme,<sup>12</sup> and recorded a higher level of acceptance as they assessed the acceptance and satisfaction of NHIS services among federal civil servants in the Sokoto metropolis, and the result of the finding indicated good acceptance (64%). Some respondents would still recommend the scheme to others (40%) while some accepted the benefit package (10.4%).<sup>15</sup> Only a few agreed that GO HEALTH is a solution to excessive healthcare expenditure with a mean (10%) and would want to continue with the scheme (20%).

### Conclusion

The study showed a low level of awareness of the objectives, structure, and policies of the scheme, and a low level of acceptance. Although GOHEALTH was newly introduced into the state health scheme, to achieve the required universal health coverage for civil servants in the state, there must be proper awareness and improved service delivery at all points in the facilities which could encourage civil servants to embrace the scheme.

### Competing Interest

There is no existence of conflicting interests.

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