

**AWARENESS AND PATRONAGE OF THE TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE PROGRAMME (TISHIP) AMONG STUDENTS OF TERTIARY INSTITUTIONS IN ABUJA, NIGERIA**

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**Abstract**

*Healthcare sector in Nigeria has performed so abysmally over the years. This owes partly to the inability of the vast majority of the populace to access affordable healthcare services and the lack of comprehensive healthcare framework for the masses. This abysmal performance of the healthcare sector in Nigeria led to the introduction of National Health Insurance Scheme (NHIS) in 2005 with the hope of increasing the performance of the healthcare delivery system in the Country. The NHIS is saddled with the mandate of universal coverage of all citizens by the end of 2020. As part of strategies to pursue this mandate, the Scheme has designed various programmers targeting the various segments of the Nigerian economy. The Tertiary Institutions Social Health Insurance Programme (TISHIP) is one of such programmes designed for students in postsecondary institutions in Nigeria. Since TISHIP commenced in 2009, it is important to assess the level of patronage and awareness of the scheme among students of tertiary education institutions in Abuja, Nigeria as a proxy to gauge the extent of patronage of the scheme and derive suitable lessons that could be used in its expansion. Anchored on Systems Theory, this is cross-sectional, descriptive survey was carried out among students from University of Abuja, FCT College of Education, Zuba, and Baze University Abuja. A stratified sampling technique was used to select study participants. The study found that students were majorly unaware of the scheme and patronage of students is very low and hence recommends that aggressive publicity of TISHIP should be done by the school authority using the student associations, NHIS and NGOs*

**KEYWORDS: NHIS, TISHIP, Enrollees, Students, Healthcare, Social Insurance**

## **Introduction**

In order to provide effective and efficient health care for their citizens especially, the poor and vulnerable, most developing countries recently initiated the implementation of some health financing strategies focusing mainly on, social health insurance scheme. These reform programmes and strategies were aimed at providing easy access to healthcare at an affordable price through various prepayment systems with expected results of improving the overall health status of the citizens. Nigeria, like most other African countries, keyed into this Health Insurance Scheme programme by enacting the National Health Insurance Scheme Act, 1999 with the aim of providing easy access to qualitative, equitable and affordable healthcare for all Nigerians (Ibiwoye, 2007). The first phase of this scheme was rolled out in 2005, with the formal sector social health insurance programme being on the lead. This formal sector social health insurance scheme recognizes the principal beneficiary and the spouse with four biological children below the age of 18 years, with more dependents only recognized on additional contributions.

As a means of catering for the healthcare needs of Nigerians who may not have been captured by the formal sector scheme, more schemes including the Tertiary Institutions' Social Health Insurance Programme (TISHIP) were introduced. The TISHIP is a social security system whereby the health care of students in tertiary institutions in Nigeria is paid for from funds pooled through compulsory contributions involving the students and the government. The programme promotes the health of students with a view to creating conducive learning environment and uninterrupted academic activities due to poor health (NHIS, 2012). It applies to students in universities, colleges of education, polytechnics, schools of nursing and midwifery and other specialized colleges including monotechnics without any discrimination or segregation. This programme was therefore established to ensure access to qualitative service for students in tertiary institutions thus promoting the health of the students with a view to creating conducive learning environment.

The knowledge of TISHIP, its acceptance, and utilization by the students as well as its proper implementation in the health care facilities is crucial for the actualization of its goals and general benefits. Previous studies revealed that students barely visit institutions' health care facilities due to high costs of medical services, poor working conditions and inadequate referral services (Obiechina, 2013) most of which TISHIP is meant to address. It has also been shown that most Nigerian policies such as this are often poorly understood with a resultant low level of knowledge about its standard procedures and regulations (Lewis, 2016). This study, therefore, was designed to assess students' awareness and the coverage of TISHIP as well as to assess the level of implementation of the scheme among students of tertiary education institutions in Abuja specifically, University of Abuja, College of Education Zuba, and Base University.

## **Objective of the Study**

The broad objective of this study is to evaluate the level of awareness and coverage of TISHIP among students which determines the level of patronage and performance of this scheme in tertiary education institutions in Abuja- University of Abuja (UA), College of Education Zuba (COE), and Base University (BU). Specifically, the study attempts to

- a. ascertain the level of awareness of the scheme among the students across the three campuses;
- b. discover the extent to which the students patronize the scheme across the three campuses;
- c. examine the efforts of stakeholders such as School Authorities; Student Bodies; NHIS; and NGOs in generating awareness about the scheme.

## **Review of Relevant Literature**

Health insurance is financial protection against the risk of incurring medical expenses by individuals. By estimating the overall risk of health care and health system expenses, among a targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement (Adesina 2009).

Health Insurance is defined as the ability to get health services when the need arises without having to pay fully because a fixed and regular amount is being contributed by the insured, his/her employer or both

(prepayment plan). The money is pooled by the provider of the insurance to pay for all those needing health care. Widespread “out-of-pocket” spending on health was seen as a great challenge to attaining a good state of health for the general public; thus the need to eliminate the “out-of-pocket” payment as the main goal of health insurance (Business Eye Administrator 2012). Health insurance is now regarded as probably the most common form of healthcare finance worldwide (Business Eye Administrator 2012). The National Health Insurance Scheme (NHIS) is a social health security system in which the health care of the formal and recently the informal populace are catered for at the point of need without having to pay fully for the services received. For the employees in the formal sector, the premium is paid for from funds created by pooling the contributions of employees and employers. It represents a very promising sustainable healthcare financing strategy. The agency has a mandate to work progressively towards achieving universal health insurance coverage for all Nigerians by the year 2015 (Business Eye Administrator 2012). Under the NHIS, a principal beneficiary is the employee etc. who was primarily registered and who stands to benefit from the health scheme together with the spouse and four biological children below the age of 18 years having made the necessary contribution towards the health scheme. More dependants would be covered on the payment of additional contributions from the principal beneficiary.

However children above 18 years who are in tertiary institution such as the undergraduates are considered to be covered under a different Scheme (NHIS. 2005, Toscana Academy. 2013). A large segment of the population has been described as vulnerable and lacking the financial ability to pay for their basic healthcare services, such are; people residing in rural communities (Mechanic 2007), under-fives, permanently disabled individuals and students in institutions of higher learning. These groups therefore may solely rely on their families, philanthropies and government on issues pertaining to their health needs. As a means of catering for the health needs of these people, and also as a result of evolving demands and health needs of persons not adequately catered for under the pioneer NHIS, more schemes were established to particularly address these peculiar needs. These schemes are the Formal Sector Social Health Insurance Programme (FSSHIP), Urban Self Employed Social Health Insurance Programme (USESHIP), Rural Community Social Health Insurance Programme (RCSHIP), Children Under 5 Social Health Insurance Programme (CUSHIP), Permanently Disabled Persons Social Health Insurance Programme (PDPSHIP), Prison Inmates Social Health Insurance Programme (PISHIP), Tertiary Institutions/Voluntary Participant Social Health Insurance Programme (TISHIP), Armed Forces/Police and other Uniformed Forces Social Health Insurance Programme (AFSHIP). The health care needs of the undergraduate in Nigeria tertiary institutions are piloted under the TISHIP; which pays attention to their health needs at a very low cost. This scheme applies to students in universities, colleges of education, polytechnics, schools of nursing and midwifery, and other specialized colleges (Prohealth HMO. 2013).

Funds for the TISHIP healthcare are generated by pooling together the contributions made by the students (NHIS. 2005, Toscana Academy 2013, Doetinchem et al. 2010). The registered student can now access health care at an affordable cost at any designated NHIS centers across the Nation by using the TISHIP identity card provided. Healthcare providers under the scheme provide a variety of health packages to the students which range from preventive services (like immunization, family planning, antenatal care) to diagnostic and curative services (like consultations with specialists, outpatient and inpatient care, laboratory investigations, pharmaceutical care) and also rehabilitative services (like provision of prosthesis (Toscana Academy. 2013, Joint Learning Network for Universal Health Coverage. 2013, NHIS.2013).

### **Purpose of TISHIP**

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 country’s population. By virtue of their age and their status as students, most of them cannot benefit from the public sector programme as enrollees or dependants of enrollees. This necessitates a programme designed to meet their needs.

Providing students access to qualitative and affordable healthcare is not only imperative to the achievement of the presidential mandate which is to achieve universal coverage and access to healthcare services for all Nigerians and legal residents but also to the overall development of our nation.

The ultimate goal is to ensure 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

## **Theoretical Framework**

### **System Theory**

According to Okotoni (2010) a system is a collection of part or sub-system integrated to accomplish an overall goal. It involves inputs, process, outputs and outcomes to achieve a specified goal. The idea of system theory came from the discovery of a collection of cells by a micro-biologist in person of Bertalanffy (1968) where he observed the coming together of cells to form a specialised unit to achieve a purpose. His idea was taken by other scholars who related it to different field such as management, political science and public administration. A system comprises of four main units like inputs (raw materials, human resources, capital, government, formal and informal sector, medical experts, medicines) processing (interaction of inputs), output (affordable health care delivery services) and the recycling (evaluation of National Health Insurance Scheme) (Chuang and Inder, 2009). These four units come together in form of cells to produce results which are in turn utilised to better the system.

The Input phase is the cornerstone of achieving the policy thrust of the NHIS in any country. Any system whose Inputs are not sufficient to meet its outcomes is bound to have challenges. These Inputs work together in harmony through a transformation process that involves contributions from experts to bring forth achievements of specified purpose of the system. The concluding part of the theory is the recycling phase which allows an evaluation of the entire health delivery system in order for it to be fortified especially in the area of health insurance. This theory presents an understanding of the interaction of major stakeholders in the health care delivery services.

### **Methodology**

This survey study generated information for analysis through the usage of structured questionnaires from students of University of Abuja, FCT College of Education Zuba, and Baze University Abuja. In addition, face-to-face interview was conducted to gather the views of Deans' of Students in these campuses including those of the TISHIP representatives in the schools. The population of the study consists of the undergraduate students in these educational institutions. Data gathered from the Information Departments of the three institutions show they have 13,652 (University of Abuja), 7,213 (FCT College of Education, Zuba) and 1,205 (Baze University) students in the respective schools, hence the population of the study is 22,070 students across these schools. Since the students should have equal knowledge and access to the provision of TISHIP, the study adopted random sampling technique in selecting the respondents to the study. The Leslie Fischer's formula below was used to calculate sample size of undergraduate students to participate in the study.

$$n = Z^2 P \frac{(1 - P)}{I^2}$$

Where: n = Sample size [where population > 10,000]

Z = Normal deviation at the desired confidence interval. In this case it will be taken at 95%, Z value at 95% is 1.96

P = Proportion of the population with the desired characteristic.

I<sup>2</sup> = Degree of precision; will be taken to be 10%.

Since the proportion of the population with the characteristic is not known, then 50% will be used i.e.

$$n = Z^2 P \frac{(1 - P)}{I^2}$$

$$n = 1.96 * \frac{0.5 (1-0.5)}{(0.1) (0.1)}$$

$$n = 49$$

Therefore the sample size for the study is 49 students distributed in the proportion of 17;16;16 for University of Abuja, FCT College of Education Zuba, and Baze University Abuja respectively.

### Findings and Discussion

The data generated for the purpose of this study were organized to address the research objectives in section 1.2 of this report. The responses to the questions raised in the questionnaire were in line with the general assessment of the respondents on the awareness and patronage of the TISHIP scheme. The responses were organized to show whether the TISHIP programme in each of the schools has been “Good” or “Poor” in the extent of its awareness by students and patronage thereof. Table 1 below condensed the responses of the students;

**TABLE 1: STUDENTS’ ASSESSMENT OF TISHIP IN UA, COEZ AND BU**

<b>STUDENTS’ ASSESSMENT OF TISHIP IN UA, COEZ AND BU</b>				
<b>RESPONSE/SCHOOL</b>	<b>UA</b>	<b>COE</b>	<b>BU</b>	<b>DECISION</b>
On awareness of the programme	Aware/Not aware (2/15)	Aware/Not aware (0/16)	Aware/Not aware (5/11)	<b>(7/49) NOT AWARE</b>
On patronage of the programme	Have patronized/never patronized (1/16)	Have patronized/never patronized (0/16)	Have patronized/never patronized (0/16)	<b>(1/49) NEVER PATRONIZED</b>
On the effort of Student’s Union bodies in raising awareness of TISHIP	Good/Poor (1/16)	Good/Poor (0/16)	NA	<b>(1/33) POOR</b>
On the effort of School management in raising awareness of TISHIP	Good/Poor (1/16)	Good/Poor (1/15)	Good/Poor (4/12)	<b>(6/43) POOR</b>
On the effort of NHIS in raising awareness of TISHIP	Good/Poor (0/17)	Good/Poor (0/16)	Good/Poor (0/16)	<b>(0/49) POOR</b>
On the effort of NGOs in raising awareness of TISHIP	Good/Poor (0/17)	Good/Poor (0/16)	Good/Poor (3/13)	<b>(3/46) POOR</b>

### Sources: Field Survey, 2019

Table 1 above shows the breakdown of responses from the students to awareness and patronage of the TISHIP programme of NHIS in the 3 listed tertiary educational institutions in Abuja. The result shows that, generally, the students are not satisfied with the level of implementation of the scheme as they were almost not aware of the existence of the scheme. There is an observable consistency in the pattern of assessment by the students as they unanimously rate as “Poor” the efforts of the stakeholders in creating awareness for the programme. It is equally observable from the findings of the study that the students are not aware and do not patronize the scheme owing to their lack of knowledge of the scheme.

Gleaning from the interviews with representatives of the TISHIP and the Deans of Students in the institutions under review, it was discovered that part of the reasons the students might want to assess them poorly is because majority of them were not interested in the programme for so many reasons;

1. Some of them are given to self-medication and do not patronize the schools’ health facilities;
2. Some of the students hardly fall ill to the extent of requiring medical attention, to that extent, may not care whatever programme is available to provide financial succor for them in times of sickness.
3. There is an age long believe that school health facilities are under equipped and so were not positioned to provide any meaningful health service.

### Conclusion and Recommendations

It is obvious that the provision of affordable and accessible healthcare services in Nigeria through the instrumentality of National Health Insurance Scheme (NHIS) is challenged. No doubt, the TISHIP initiative of the NHIS is lofty but the achievement of its objectives is contingent upon the resolution of this various challenges. As a tool of implementation of the scheme, the TISHIP have many important roles in the operation of NHIS especially to the students of tertiary education institutions however, they have hardly been placed under academic scrutiny. This study evaluated the opinions of the students as to their level of awareness and patronage TISHIP and concludes that there is low level of awareness and patronage of the scheme in University of Abuja, FCT College of Education Zuba, and Baze University Abuja due to the inability of the students' union body, schools' authorities, NHIS and NGOs to provide awareness of the programme to these students. The study hence recommends that there should be an annual orientation programme organized by the schools' authorities in collaboration with the students' union bodies; NHIS and Non-Governmental Organizations interested in NHIS to continuously raise awareness of the TISHIP programme.

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