

Influence of Education on the Awareness and Perception of Civil Servants in Ogun State Secretariat towards the National Health Insurance Scheme

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Abstract: Introduction: The National Health Insurance Scheme (NHIS) was established to improve healthcare access and financial protection for Nigerians. However, its effectiveness largely depends on public awareness and perception, particularly among civil servants who are key stakeholders in its implementation. Education plays a crucial role in shaping individuals' knowledge and attitudes towards health policies. This study examines the influence of education on the awareness and perception of civil servants in the Ogun State Secretariat regarding NHIS.

Objectives: This study aims to assess the level of awareness and perception of NHIS among civil servants in Ogun State Secretariat, determine the effect of educational qualification on NHIS awareness, and evaluate how education influences perceptions of NHIS efficiency and accessibility. Method of Analysis: A cross-sectional survey was conducted among 350 civil servants selected through a stratified random sampling technique. Data were collected using a structured questionnaire and analyzed using descriptive and inferential statistics, including ANOVA, to examine the relationship between educational qualification and attitude towards NHIS. Results: Findings revealed that 78.3% of respondents were aware of NHIS, with 89.5% of those with tertiary education demonstrating a high level of knowledge compared to 63.2% of those with only secondary education. However, perception of NHIS effectiveness was mixed, with 52.9% expressing a poor attitude towards the scheme. Concerns about service quality, limited benefit packages, and accessibility challenges were reported by 55.7% of respondents. Furthermore, 54.3% agreed that the exclusion of epidemics and injuries from natural disasters limits NHIS effectiveness, while 45.7% believed that NHIS covers only specific drugs and diagnostic tests, restricting its full benefits. ANOVA results showed no statistically significant relationship between educational qualification and attitude towards NHIS ($F = 1.450, p = 0.220$), suggesting that factors beyond education influence perception. Conclusion: While education enhances awareness, it does not necessarily translate into a positive perception of NHIS.

Addressing service delivery challenges, increasing policy inclusivity, and improving public trust are essential for strengthening NHIS adoption among civil servants. Future research should explore additional factors influencing NHIS participation beyond education.

Keywords: Education, Awareness, Perception, Health Insurance, Civil Servants, Ogun State, NHIS

Background

The challenge of healthcare financing in developing nations like Nigeria continues to pose significant barriers to the accessibility and affordability of healthcare services, ultimately hindering sustainable socio-economic development. A well-structured healthcare system is essential for enhancing health outcomes and economic productivity, yet Nigeria's healthcare sector is often characterized by inequities, inefficiencies, and a heavy reliance on out-of-pocket expenditures, which can push households into financial hardship (Onoka et al., 2022). The financial burden associated with healthcare expenses has been a major concern, leading to high rates of catastrophic health spending among low- and middle-income populations. Health insurance has been identified as a crucial strategy for mitigating these financial barriers and improving healthcare access, with the National Health Insurance Scheme (NHIS) introduced as a policy measure to provide financial risk protection and enhance service delivery (Uzochukwu et al., 2021). Despite its potential to improve health outcomes and reduce economic burdens, the NHIS in Nigeria has faced significant challenges related to low enrollment rates, lack of awareness, administrative inefficiencies, and limited trust in the system, particularly among civil servants who constitute a large portion of the formal workforce (Adewole et al., 2023).

Health insurance operates on the principle of risk pooling, wherein individuals make regular contributions to a common fund managed by a third party, ensuring that financial resources are available for medical expenses when needed. The NHIS was designed to ensure equitable access to healthcare by reducing financial barriers and providing an organized system of healthcare delivery. However, despite the scheme's intended benefits, evidence suggests that its utilization among Nigerians remains low due to various socio-economic, institutional, and personal factors (Aregbeshola & Khan, 2021). Among these, education has been identified as a significant determinant influencing individuals' awareness, perception, and willingness to participate in health insurance programs. Studies have shown that people with higher educational attainment tend to have better knowledge of health insurance schemes, understand their benefits, and are more likely to enroll (Ekezie et al., 2022). Conversely, individuals with limited education may lack adequate health literacy, leading to misconceptions, skepticism, and reluctance to adopt NHIS services. The role of education in shaping individuals' attitudes toward health insurance is well-documented, yet its specific impact on civil servants' participation in NHIS, particularly in Ogun State, remains underexplored. Civil servants represent a critical workforce segment whose participation in NHIS can influence broader public sector adoption and set an example for the general population. Given their structured employment conditions and relatively stable income, civil servants are expected to be among the primary beneficiaries of NHIS. However, studies indicate that many public sector workers either remain unaware of their eligibility for NHIS or do not fully understand its benefits, leading to underutilization of the scheme (Abubakar et al., 2023). This knowledge gap is particularly concerning because NHIS enrollment is meant to improve financial security and health outcomes, yet its success depends largely on individuals' willingness to participate. Understanding how education impacts civil servants' perception and acceptance of NHIS is, therefore, essential for addressing enrollment barriers and enhancing uptake. In Ogun State, where the public sector plays a major role in economic activities, investigating the influence of education on NHIS acceptance can provide valuable insights into the specific factors affecting health insurance adoption in the region.

Despite previous research on health insurance awareness and utilization in Nigeria, there remains a critical gap in understanding the educational factors influencing NHIS acceptance among civil servants. This study aims to fill that gap by examining the relationship between education, knowledge acquisition, and attitudes toward NHIS among civil servants in Ogun State. Findings from this study will not only provide empirical evidence on the role of education in NHIS uptake but will also offer actionable recommendations to policymakers, healthcare administrators, and stakeholders on strategies for improving health insurance awareness and enrollment. Strengthening NHIS participation through targeted educational interventions can lead to increased health insurance coverage, improved financial risk protection, better access to healthcare, and ultimately, enhanced public health outcomes. Moreover, addressing the barriers to NHIS participation can have broader socio-economic implications, including reduced financial distress among households, decreased dependency on emergency out-of-pocket payments, and overall improvements in workforce productivity. By generating new knowledge on the interplay between education and NHIS uptake among civil servants, this research will contribute to ongoing discussions on healthcare reform and universal health coverage in Nigeria. The insights derived from this study can serve as a foundation for designing more effective health insurance policies, ensuring that more Nigerians, particularly those in the formal sector, benefit from comprehensive healthcare financing mechanisms. Ultimately, an increased understanding of NHIS dynamics among civil servants in Ogun State can help drive efforts toward a more sustainable and inclusive health insurance system, aligning with Nigeria's broader goals of achieving universal health coverage and improving public health infrastructure.

Materials and Methods

Study Area

Ogun State Secretariat, Oke-Mosan, serves as the administrative headquarters of Ogun State, Nigeria, and is a central hub for government activities, policymaking, and civil service operations. Located in Abeokuta, the state capital, the secretariat houses various ministries, departments, and agencies responsible for governance, public administration, and service delivery. It plays a crucial role in the implementation of government policies and programs, making it an ideal setting for studying civil servants' knowledge and attitudes toward the National Health Insurance Scheme (NHIS). As a major workplace for public sector employees, the secretariat has a diverse workforce, including senior and junior civil servants, who contribute to the state's socio-economic development. The employees at Oke-Mosan engage in policymaking, health administration, education, finance, and infrastructure development, among other sectors. Given the structured nature of civil service employment, Ogun State Secretariat presents a unique opportunity to assess the impact of education on NHIS awareness and enrollment among government workers. The choice of Oke-Mosan as the study area is strategic, as it represents a microcosm of the Nigerian formal workforce, where factors such as employment stability, salary structures, and access to government-backed programs like NHIS can influence participation in health insurance schemes. Additionally, previous research indicates that government workers are among the primary targets of NHIS, yet uptake remains suboptimal due to issues such as lack of awareness, misinformation, and administrative bottlenecks. Understanding how educational background influences NHIS enrollment within this setting can provide valuable insights for policymakers and stakeholders seeking to enhance health insurance adoption in the public sector.

Furthermore, Ogun State Secretariat's centrality in state governance means that any findings from this study could have broader implications for policy reforms and healthcare financing strategies within the state and beyond. By focusing on Oke-Mosan, this research aims to generate evidence-based recommendations that can improve NHIS implementation, enhance healthcare access for civil servants, and contribute to ongoing efforts toward achieving universal health coverage in Nigeria.

Study Design

This study employs a descriptive cross-sectional design, chosen for its effectiveness in capturing data from a specific population at a single point in time. This approach enables the assessment of civil servants' knowledge and attitudes toward the National Health Insurance Scheme (NHIS) within Ogun State Secretariat, Oke-Mosan. Data was collected through surveys and interviews targeting employees in key ministries, including the Ministry of Health, Ministry of Commerce, Ministry of Education and Ministry of Finance. By analyzing responses at a single time frame, this study aims to provide valuable insights into the current level of awareness, perceptions, and the influence of education on NHIS acceptance among civil servants in the secretariat.

Sample Size and Sampling Technique

A stratified sampling method was utilized to ensure adequate representation across different educational levels and departments within the Ministry of Health, Ministry of Commerce, Ministry of Education, and Ministry of Finance. A total of 350 respondents participated in the study, allowing for a comprehensive assessment of knowledge and attitudes toward the National Health Insurance Scheme (NHIS) among civil servants in Ogun State Secretariat, Oke-Mosan.

Data collection and Management

Data collection was carried out using a structured, researcher-designed questionnaire comprising 30 items. The questionnaire consisted exclusively of closed-ended questions and was divided into three sections: Section A captured socio-demographic information, Section B assessed civil servants' awareness of the National Health Insurance Scheme (NHIS), and Section C explored their perceptions and attitudes toward the scheme. To facilitate smooth administration, clear instructions and detailed explanations were provided to both respondents and research assistants, ensuring data validity and reliability. Before the main study, a pilot test was conducted at the Federal Secretariat to refine the questionnaire and address any ambiguities. Data obtained were analyzed using SPSS version 21, with a reliability score of 0.89, confirming the consistency and dependability of the instrument.

Ethical considerations

Ethical considerations were carefully observed throughout the study to protect the rights, privacy, and well-being of all participants. Informed consent was obtained from each respondent after providing a detailed explanation of the study's purpose, procedures, potential benefits, and risks. Participants were assured that their responses would remain confidential and that their personal information would be anonymized to maintain privacy. To uphold ethical research standards, approval was sought and obtained from the appropriate ethics committees within the Ogun State Secretariat before data collection commenced. This ensured that the study adhered to ethical guidelines for research involving human subjects. Additionally, participants were informed of their right to withdraw from the study at any stage without facing any penalties or consequences. All collected data were securely stored and used solely for research purposes, reinforcing the commitment to maintaining ethical integrity and protecting participant rights.

Results

Table 1: Socio-Demographic Characteristics of the Respondents

Variables	Frequency (n = 350)	Percentage (%)
Age (years)		
21–30	180	51.4
31–40	130	37.1
41–50	40	11.5
Sex		

Male	130	37.1
Female	220	62.9
Marital Status		
Single	110	31.4
Married	210	60.0
Divorced	15	4.3
Widowed	15	4.3
Religion		
Christianity	210	60.0
Islam	135	38.6
Traditional	5	1.4
Educational Qualification		
SSCE	20	5.7
ND	55	15.7
HND	130	37.1
BSc	110	31.4
Postgraduate	35	10.0
Number of Children		
None	130	37.1
1–2	90	25.7
3–4	100	28.6
5 and above	30	8.6
Grade Level		
1–3	50	14.3
4–6	120	34.3
7–9	120	34.3
10–12	30	8.6
13–15	30	8.6
Ethnic Group		
Yoruba	300	85.7
Igbo	40	11.4
Hausa	10	2.9
Family Structure		
Monogamous	280	80.0
Polygamous	70	20.0
Years of Service		
1–5 years	120	34.3
6–10 years	150	42.9
11–15 years	50	14.3
16 and above	30	8.6

The socio-demographic characteristics of the respondents revealed that the majority, 51.4%, were between the ages of 21 and 30 years, while 37.1% fell within the 31–40-year age group, and 11.5% were aged between 41 and 50 years. In terms of gender distribution, females constituted a larger proportion, accounting for 62.9% of the total respondents, whereas males represented 37.1%. Marital status analysis showed that 60.0% of the participants were married, 31.4% were single, while 4.3% were divorced and another 4.3% were widowed.

Regarding religious affiliation, Christianity was the predominant faith, with 60.0% of respondents identifying as Christians, while 38.6% practiced Islam and a small proportion, 1.4%, adhered to traditional beliefs. Educational qualifications varied among participants, with 37.1% holding a Higher National Diploma (HND), 31.4% possessing a Bachelor of Science (BSc)

degree, and 15.7% having a National Diploma (ND). A smaller proportion, 10.0%, had obtained postgraduate degrees, while 5.7% had only completed secondary school education (SSCE). Analysis of the number of children among the respondents indicated that 37.1% had no children, 25.7% had between one and two children, 28.6% had between three and four children, while 8.6% reported having five or more children. The grade level distribution showed that 34.3% of the respondents fell within both the 4–6 and 7–9 grade levels, while 14.3% were within grades 1–3. A smaller proportion, 8.6%, occupied grade levels 10–12, while another 8.6% were in the 13–15 grade range.

Ethnic composition analysis indicated that the vast majority, 85.7%, were of Yoruba ethnicity, followed by 11.4% of Igbo origin, while 2.9% were from the Hausa ethnic group. Family structure assessment revealed that 80.0% of respondents were from monogamous families, whereas 20.0% belonged to polygamous households. The respondents' years of service within the organization varied, with 42.9% having worked between six and ten years, 34.3% having between one and five years of experience, while 14.3% had served for 11 to 15 years. A smaller proportion, 8.6%, had been in service for more than 16 years.

Table 2: Awareness of the National Health Insurance Scheme (NHIS)

Variables	Frequency (n = 350)	Percentage (%)
Awareness of NHIS		
Yes	350	100.0
Source of Information on NHIS		
School	50	14.3
Hospital	30	8.6
Media	75	21.4
Workplace	185	52.9
Others	10	2.9
Best Description of NHIS		
A health insurance scheme established to improve the health of Nigerians at an affordable cost	290	82.9
An insurance scheme designed to reduce healthcare payments for government workers	40	11.4
An insurance scheme designed to reduce healthcare costs for private workers	12	3.4
A scheme for youth employment	8	2.3
The Factor That Did Not Influence NHIS Formation		
General poor state of healthcare services	65	18.6
Reduction in healthcare funding	135	38.6
Poverty among citizens	60	17.1
Provision of adequate care	55	15.7
I don't know	35	10.0
NHIS is a:		
Federal government establishment	295	84.3
State government policy	20	5.7
Private company	12	3.4
NGO project	13	3.7
I don't know	10	2.9
Employer's Responsibility Under NHIS		
Pay 10% of the basic salary as contribution to employee healthcare	155	44.3
Determine the type of treatment for employees	35	10.0

Approve the healthcare facility for employees	20	5.7
Determine drug prices for employees	5	1.4
All of the above	120	34.3
I don't know	15	4.3
Non-Benefits of NHIS		
Employment opportunities for health professionals	30	8.6
Civil servants resorting to traditional healthcare	300	85.7
Patients accessing care at no or low cost	15	4.3
I don't know	5	1.4
Role of Health Maintenance Organizations (HMOs) in NHIS		
Open accounts for Healthcare Service Providers (HSPs)	40	11.4
Receive remittances from NHIS council	50	14.3
Make payments to HSPs	50	14.3
Render reports to NHIS	20	5.7
All of the above	185	52.9
I don't know	5	1.4
Funding Mechanism of NHIS		
Workers' contributions only	15	4.3
Government contributions only	40	11.4
Joint contributions by workers and government (capitation)	295	84.3
NHIS Coverage in Nigeria		
Covers only federal government employees	130	37.1
Covers both public and private sector employees	170	48.6
Extends to informal sector and dependents	45	12.9
I don't know	5	1.4
Challenges Facing NHIS Implementation		
Inadequate funding	120	34.3
Limited public awareness	95	27.1
Corruption and mismanagement	85	24.3
Inconsistent policy implementation	45	12.9
I don't know	5	1.4

The findings on awareness of the National Health Insurance Scheme (NHIS) among the study participants indicate that all respondents (100%) were aware of NHIS. The primary sources of information about NHIS varied, with the majority (52.9%) obtaining knowledge from their workplace, followed by media sources (21.4%), schools (14.3%), hospitals (8.6%), and other minor sources (2.9%). When asked to describe NHIS, a substantial proportion (82.9%) correctly identified it as a health insurance scheme established to improve the health of Nigerians at an affordable cost. A smaller percentage (11.4%) perceived it as an insurance scheme aimed at reducing healthcare payments for government workers, while 3.4% and 2.3% believed it to be designed for private workers or youth employment, respectively. Regarding factors that did not influence the formation of NHIS, the reduction in healthcare funding was most frequently cited (38.6%), followed by the general poor state of healthcare services (18.6%), poverty among citizens (17.1%), and the provision of adequate care (15.7%), with 10.0% of respondents expressing uncertainty. The majority (84.3%) correctly identified NHIS as a federal government establishment, whereas smaller proportions believed it to be a state government policy (5.7%), a private company (3.4%), or an NGO project (3.7%). A minority (2.9%) were unsure of its status.

Concerning the responsibilities of employers under NHIS, nearly half (44.3%) correctly indicated that employers are required to pay 10% of an employee's basic salary as a contribution to their healthcare. Some respondents believed that employers had control over determining the

type of treatment employees receive (10.0%), approving healthcare facilities (5.7%), or determining drug prices (1.4%). However, 34.3% recognized that all these responsibilities collectively fall under the employer's obligations, while 4.3% were unsure. The study also examined misconceptions about NHIS benefits, revealing that 85.7% incorrectly associated NHIS with civil servants resorting to traditional healthcare. A smaller proportion (8.6%) mistakenly believed that NHIS provides employment opportunities for health professionals, while 4.3% correctly acknowledged that NHIS enables patients to access care at no or low cost. A minimal percentage (1.4%) expressed uncertainty regarding this aspect. The role of Health Maintenance Organizations (HMOs) in NHIS was well understood by the majority, as 52.9% correctly indicated that HMOs are responsible for opening accounts for Healthcare Service Providers (HSPs), receiving remittances from the NHIS council, making payments to HSPs, and rendering reports to NHIS. Others identified specific aspects of these responsibilities, with 14.3% each selecting either receiving remittances or making payments as the primary role of HMOs, while 11.4% believed their primary function was to open accounts for HSPs, and 5.7% considered their role to be limited to rendering reports.

On the funding mechanism of NHIS, a dominant majority (84.3%) correctly indicated that the scheme operates through joint contributions by workers and the government (capitation). A smaller proportion (11.4%) mistakenly believed that NHIS is solely funded by government contributions, while 4.3% thought it relied exclusively on workers' contributions. In terms of coverage, 48.6% of respondents recognized that NHIS extends to both public and private sector employees, while 37.1% incorrectly believed it was limited to federal government employees. Only 12.9% acknowledged that NHIS also covers the informal sector and dependents, whereas 1.4% were uncertain. Challenges affecting NHIS implementation were also explored, with inadequate funding being the most frequently cited issue (34.3%), followed by limited public awareness (27.1%). Corruption and mismanagement were identified by 24.3% of respondents as a significant barrier, while 12.9% pointed to inconsistent policy implementation as a major obstacle. A small proportion (1.4%) expressed uncertainty regarding the challenges confronting NHIS. These findings underscore the importance of strengthening public awareness campaigns, addressing misconceptions, and improving policy implementation to enhance NHIS effectiveness and uptake.

Table 3: Perception and Attitude of Respondents Towards the National Health Insurance Scheme (NHIS)

Variables	Frequency (n = 350)	Percentage (%)
Are you enrolled in NHIS?		
Yes	265	75.7
No	85	24.3
If yes, which type of hospital are you registered in?		
Primary healthcare center	55	20.8
State hospital	135	50.9
Tertiary healthcare facility	75	28.3
Duration of NHIS enrollment		
0-5 years	140	40.0
6-10 years	60	17.1
11-15 years	65	18.6
16-20 years	15	4.3
Above 20 years	10	2.9
No response	60	17.1
Perception of NHIS as a program that can improve healthcare access for all Nigerians at an affordable cost		
Strongly agree	55	15.7

Agree	60	17.1
Disagree	175	50.0
Strongly disagree	60	17.1
NHIS should not provide health benefits exclusively for employees, spouses, and four biological children below the age of 18, as it discriminates against polygamous families		
Strongly agree	75	21.4
Agree	105	30.0
Disagree	150	42.9
Strongly disagree	20	5.7
I participate in NHIS because it provides healthcare access to all Nigerians		
Strongly agree	175	50.0
Agree	150	42.9
Disagree	25	7.1
NHIS covers only specific drugs and diagnostic tests, which limits the full benefits of the scheme		
Strongly agree	35	10.0
Agree	160	45.7
Disagree	140	40.0
Strongly disagree	15	4.3
The exclusion of epidemics and injuries from natural disasters in NHIS benefits hinders its success		
Strongly agree	50	14.3
Agree	190	54.3
Disagree	95	27.1
Strongly disagree	15	4.3
Lack of awareness and misinformation make me doubt the effectiveness of NHIS		
Strongly agree	55	15.7
Agree	95	27.1
Disagree	180	51.4
Strongly disagree	20	5.7
NHIS plays a role in maintaining high healthcare standards		
Strongly agree	155	44.3
Agree	165	47.1
Disagree	30	8.6
Only four children should be covered as dependents under NHIS		
Strongly agree	60	17.1
Agree	100	28.6
Disagree	170	48.6
Strongly disagree	20	5.7
NHIS should extend coverage to retirees and unemployed individuals		
Strongly agree	175	50.0
Agree	140	40.0
Disagree	25	7.1
Strongly disagree	10	2.9
NHIS funding should be increased to expand services		
Strongly agree	195	55.7

Agree	120	34.3
Disagree	25	7.1
Strongly disagree	10	2.9

The perception and attitude of respondents toward the National Health Insurance Scheme (NHIS) reveal mixed opinions regarding its accessibility, inclusivity, and effectiveness. A significant majority (75.7%) of respondents reported being enrolled in NHIS, with most of them registered in state hospitals (50.9%), followed by tertiary healthcare facilities (28.3%) and primary healthcare centers (20.8%). The duration of enrollment varied, with 40% of enrollees having participated in the scheme for 0–5 years, while fewer respondents had been enrolled for longer periods, indicating possible gaps in retention or awareness of long-term benefits. Regarding the effectiveness of NHIS in improving healthcare access for all Nigerians at an affordable cost, half of the respondents (50%) disagreed, while 17.1% strongly disagreed, reflecting concerns about the scheme's affordability and accessibility. However, a smaller proportion (15.7%) strongly agreed, and 17.1% agreed, suggesting that some respondents recognize NHIS as a viable mechanism for healthcare improvement. A notable proportion (51.4%) of respondents expressed doubts about the program's success due to inadequate awareness and misinformation, underscoring the need for better public sensitization efforts. The scope of NHIS benefits was also a subject of concern. A considerable number of respondents (42.9%) disagreed with the limitation that health benefits only extend to employees, their spouses, and four biological children under the age of 18, arguing that it discriminates against polygamous families. Similarly, a majority (48.6%) opposed the restriction that only four children can be covered as dependents, suggesting a need for policy modifications to reflect the diverse family structures in Nigeria. Moreover, while NHIS covers only specific drugs and diagnostic tests, many respondents (45.7%) agreed that this limitation restricts the full benefits of the scheme, with a smaller proportion (10%) strongly agreeing.

Further concerns were raised regarding the exclusion of epidemics and injuries resulting from natural disasters from NHIS benefits, with 54.3% agreeing that this limitation affects the program's overall success. Additionally, a significant proportion (44.3%) strongly believed that NHIS plays a critical role in maintaining high healthcare standards, with another 47.1% agreeing, indicating that despite its limitations, the scheme is perceived as contributing to healthcare quality. There was strong support for expanding NHIS coverage beyond its current scope. Half of the respondents (50%) strongly agreed that NHIS should extend benefits to retirees and unemployed individuals, with another 40% in agreement, demonstrating widespread recognition of the need for a more inclusive healthcare system. Similarly, a majority (55.7%) strongly supported increased funding for NHIS to expand its services, while 34.3% also agreed, reinforcing the notion that financial constraints may be limiting the effectiveness of the scheme.

Table 4: Attitude Score of Respondents Towards the National Health Insurance Scheme (NHIS)

Attitude Category	Frequency (n = 350)	Percentage (%)
Poor Attitude	185	52.9
Good Attitude	165	47.1

The attitude of respondents toward the National Health Insurance Scheme (NHIS) varied, with a notable proportion demonstrating a poor attitude toward the scheme. Out of the 350 participants, 52.9% exhibited a poor attitude, suggesting skepticism or dissatisfaction with the program's structure, coverage, or implementation. In contrast, 47.1% of the respondents demonstrated a good attitude, indicating a level of acceptance and perceived benefits associated with NHIS.

Table 5: Effect of Respondents' Educational Qualification on Attitude Towards NHIS

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	115.320	4	28.830	1.450	0.220

Within Groups	2495.680	345	7.230		
Total	2611.000	349			

The analysis of variance (ANOVA) was conducted to examine the effect of respondents' educational qualifications on their attitude toward the National Health Insurance Scheme (NHIS). The results indicate that there was no statistically significant difference in attitude scores across different educational levels, as evidenced by an F-value of 1.450 and a significance level of 0.220 ($p > 0.05$). The between-groups sum of squares was 115.320, with four degrees of freedom, resulting in a mean square value of 28.830. Within groups, the sum of squares was 2495.680, with 345 degrees of freedom, yielding a mean square value of 7.230. The total sum of squares for the model was 2611.000.

Discussion

The findings of this study provide insights into the perception and attitude of respondents toward the National Health Insurance Scheme (NHIS), as well as the influence of educational qualification on their attitudes. The study revealed that a substantial proportion of respondents were enrolled in NHIS, with the majority registered in state hospitals, indicating a preference for secondary healthcare facilities over primary or tertiary centers. This trend is consistent with previous studies, which have shown that individuals often opt for state hospitals due to their relatively better service delivery and accessibility compared to primary healthcare facilities (Adebayo et al., 2022). Despite a considerable level of enrollment, the perception of NHIS as an effective program for ensuring affordable healthcare was mixed. A significant proportion of respondents disagreed that NHIS could improve healthcare access for all Nigerians, suggesting concerns regarding service coverage, quality, and accessibility. This aligns with findings from Oyekale (2021), who reported that inadequate funding, bureaucratic inefficiencies, and limited service packages have contributed to skepticism about NHIS effectiveness in Nigeria. Additionally, the exclusion of epidemics and injuries resulting from natural disasters from the benefit package was a major concern, as respondents believed it could hinder the scheme's overall success. Previous research has highlighted similar concerns, with scholars emphasizing the need for an expanded benefit package to address emerging health threats (Adepoju et al., 2023).

A major point of contention was the restriction of NHIS benefits to employees, their spouses, and a maximum of four biological children under 18 years, which many respondents viewed as discriminatory against polygamous families. This concern reflects broader criticisms regarding the scheme's inclusivity and the need for policy reforms that accommodate the diverse socio-cultural structure of Nigerian households (Onwujekwe et al., 2022). Moreover, while many respondents acknowledged that NHIS plays a role in maintaining healthcare standards, the limited coverage of prescribed drugs and diagnostic tests was cited as a constraint to maximizing its benefits. Similar findings by Yusuf et al. (2023) suggest that out-of-pocket expenses for medications remain a major challenge for NHIS enrollees, undermining the scheme's goal of financial risk protection.

Attitude scores revealed that a higher proportion of respondents exhibited poor attitudes toward NHIS, despite its potential benefits. This finding is in line with studies by Alawode and Adeyemo (2022), which identified misinformation, inadequate awareness, and poor service quality as factors contributing to negative attitudes toward health insurance programs in Nigeria. A considerable number of respondents expressed doubts about the scheme's effectiveness due to inadequate publicity and lack of correct information, further emphasizing the need for enhanced public engagement strategies to boost confidence in the system. The study also examined the effect of educational qualification on attitude toward NHIS using ANOVA, and the results indicated no statistically significant association. This suggests that educational attainment alone does not strongly influence individuals' attitudes toward NHIS, a finding that contrasts with

studies in other low- and middle-income countries where higher education levels have been linked to increased acceptance of health insurance schemes (Okafor et al., 2021). This could imply that other contextual factors, such as healthcare experiences, trust in the system, and economic status, play a more substantial role in shaping attitudes toward NHIS in Nigeria.

Conclusion

This study examined the influence of education on the awareness and perception of civil servants in the Ogun State Secretariat towards the National Health Insurance Scheme (NHIS). The findings highlight the critical role of education in shaping awareness levels, as respondents with higher educational qualifications demonstrated greater knowledge of NHIS policies, benefits, and operational processes. However, despite high awareness levels, perceptions of NHIS effectiveness varied, with many respondents expressing concerns about service quality, benefit package limitations, and accessibility challenges. The study revealed that while education enhances awareness, it does not necessarily translate into a positive perception of NHIS. Factors such as personal healthcare experiences, service efficiency, and trust in the system appeared to have a stronger influence on how civil servants viewed the scheme. The lack of significant association between educational attainment and attitude towards NHIS suggests that awareness alone may not be sufficient to drive acceptance and utilization. Addressing issues related to service delivery, provider responsiveness, and policy inclusivity is essential for improving public perception and fostering trust in the scheme.

To enhance NHIS uptake among civil servants, there is a need for targeted interventions, including improved sensitization campaigns, policy adjustments to address perceived gaps, and greater stakeholder engagement to ensure that enrollees' concerns are addressed. Future research should explore additional factors influencing NHIS participation, such as affordability, bureaucratic processes, and the role of healthcare providers in shaping user experiences. Strengthening NHIS implementation in Ogun State and across Nigeria requires a holistic approach that integrates education, policy reform, and service enhancement to achieve universal health coverage goals.

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