

THE NIGERIAN JOURNAL OF SOCIOLOGY AND ANTHROPOLOGY

ISSN: 0331-4111

E-ISSN: 2736-075X

Volume 22, No. 2 (November, 2024)

National Health Insurance Authority (NHIA) and Sustainable Healthcare in Benue State, Nigeria: A Focus on Access and Service Delivery

DOI: [10.36108/NJSA/4202.22.0201](https://doi.org/10.36108/NJSA/4202.22.0201)

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Abstract

Access to healthcare services remains a challenge across countries of the world with undesirable effects on health of individuals and societal development. The Nigerian government in her commitment to improve health of Nigerians introduced the National Health Insurance Authority (NHIA) with aims of providing affordable and accessible healthcare for the citizenry. This study assessed the impact of NHIA on sustainable health of Federal civil servants in Benue State and identified challenges affecting access to healthcare services under the NHIA scheme. Cross-sectional mixed-methods design was adopted. Questionnaire and Key Informant Interview (KII) were used to collect data from 300 NHIA enrollees. The survey collected data on enrollees' experiences with the NHIA including satisfaction with the scheme, quality of care received, financial burden of healthcare and also explored challenges of accessing healthcare services under NHIA in Benue State. Quantitative data were analysed using frequency distribution tables while qualitative data were content analysed. 54.33% of respondents observed that the NHIA do not have significant impact on sustainable health of civil servants in Benue State. Challenges affecting access to healthcare services under the NHIA included limitation of healthcare service coverage (41.33%), service delivery delays (32.67%) and corruption in the scheme (17.0 %). The study recommended that the Government and health policy makers should make efforts in ensuring coverage of NHIA services is expanded to cover all areas of healthcare services. The government should also ensure provision of adequate equipment and required drugs for hospitals listed under NHIA.

Keywords: Healthcare coverage, NHIA, sustainable health, access, delivery

Introduction

Good health is wealth for an individual and for society. Health is required for development. A society with healthy citizens stands a chance to develop. However, most people are denied access to health care due to high cost of user fees or out-of-pocket payments. The fees charge by hospitals in Nigeria such as; entrance fees, consultation fees, drugs cost and medical materials cost remain high (Babayemi, 2012). Impoverished Nigerians die daily due to their inability to afford huge hospital bills, all too familiar are horror tales of health care system in Nigeria where people would go to various hospitals for minor and controllable illness and would end up in the morgue. It is quite scary and alarming with the realization of the fact that health care system in our country is not equipped to deal with present and future challenges (Omo, 2016).

The quest to provide effective and efficient health care delivery system has always prompted the Nigerian government to review its health policies. One of such policies is the establishment of Health Insurance Scheme, a framework for the provision of affordable and efficient health care system in the country. This was in the wake of an abysmal performance in the health sector manifesting in lack of access to health care, severe shortage of qualified personnel, drugs and other health infrastructures as a result of a dwindling economy. It became apparent that government and individuals could no longer fund health care of the people, hence recourse to alternative funding mechanism, leading to the emergence of National Health Insurance Authority (NHIA) in the country. According to Akpenpuun (2014) the NHIA was designed to solve some of lingering challenges bedeviling the health sector especially the issue of inadequate funding, which has limited people's access to quality health care services. According to the World Bank (2008), National Health Insurance Authority (NHIA) was established by the federal government to provide health care delivery at affordable cost.

The Nigerian government established the National Health Insurance Authority (NHIA) under act 35 of 1999 with the aim of improving access to health care and reducing the financial burden of out-of-pocket payment of health care services on individuals. NHIA became fully operational in 2005. It is organized into the following Social Health Insurance Programmes (SHIPs); formal sector, urban self-employed, rural community; children under-five, permanently disable persons, prison inmates, tertiary institutions and voluntary participants and Armed forces, police and other uniformed services. Out of these programmes, it is only the formal sector of Social Health Insurance Programme that is currently operational. The establishment of National Health Insurance Authority by Nigerian government was aimed to assist government and individuals in funding health care, enhance access to quality health care, provide affordable health care to people and on the whole provide effective and efficient health care to the people within target period of 10 years (from 2005 – 2015), despite this there has been inequality in accessing health care. The user fees charged by hospitals remain high. The entry fees, consultation fees, drugs

cost and the cost of other medical materials are too expensive. This has resulted to death of individuals who cannot afford the high user fees charge by hospitals. There has been noticeable loss of lives linked to minor and controllable illnesses in communities due to lack of access to affordable health care. For those who can afford user fees charged by hospitals, there has been a catastrophic health expenditure where they spend outrageous user fees. Yet, some health seekers are referred to seek care abroad due to shortage of health personnel, drugs and medical equipment resulting to capital flight thus losing huge sums of money to other countries for being unable to provide access to affordable health care to the people.

The National Health Insurance Authority was focused on making the scheme mandatory for every Federal Government worker and aimed to get every worker who is enlisted by the scheme have easy access to affordable and efficient health care by December, 2015. However, 2015 has come and gone but there has been a lag in the roles of NHIA to achieve this target (Nnamani, 2016). It is worrisome that despite introduction of National Health Insurance Authority to assist government in providing affordable, quality, effective and efficient health care to workers in Nigeria and Benue State in particular accessing healthcare services still remains a challenge. It thus becomes necessary to assess National Health Insurance Authority (NHIA). Thus, this study assessed impact of NHIA on sustainable health of federal civil servants in Benue State and identified challenges affecting access to healthcare services under the NHIA scheme.

Theoretical Framework

The paper is situated within the Andersen's Behavioural Model of Health Service Utilization. The behavioural model of health service use was first developed by Ronald M. Andersen a US medical sociologist and health service researcher in 1968 (Andersen, 1968). The model views access to health services as decisions made by an individual, which are constrained by position in society and availability of health care services. It incorporates both individual and contextual determinants of health service use which are both divided into three factors which are predisposing, enabling and need factors (Andersen, 1968). The model posits that certain factors predispose people towards healthcare services utilization, other factors would enable utilization of such services and there must be a need for utilization of services before services are utilized. In regards to social structure Andersen and Aday (1978) identify primary determinants of health to include predisposing characteristics such as age, gender, and attitudes; enabling factors such as insurance and income; need factors such as severity, chronicity and frequency for health services.

From the social structure perspective of the Andersens behavioral model of health service utilization it can be argued that social structure can constrain or influence provision and accessibility to health services since structures can provide context within which people act. People can be constrained by

structural factors based on types of health services that are provided for them, how the services are organized and structured in the communities and this includes health insurance services as well as other social and environmental factors that can affect accessibility to services provided. Even though an individual may be predisposed to using a health service there must be available means for the individual to be able to use and the need for use must arise before actions are taken (Andersen & Newman, 1973).

In Nigeria, to ease the problem of access and use of healthcare services the National Health Insurance Authority (NHIA) was introduced and made mandatory for every Federal Government worker to enlist on it. The aim was to get every worker who is enlisted under the scheme have easy access to affordable and efficient health care. However, workers under the coverage of National Health Insurance Authority (NHIA) are only most likely to have access to health services only if they are aware of the services they are entitled to and the available services provided in health facilities under the scheme are structured in such a way that is accessible to them without barriers. If provision of health services for workers under the scheme are is still structured in ways that place the workers at disadvantage, they may continue to go without health services even if the introduction of health insurance services was meant to help ease their challenges of access and utilization of healthcare services. For instance, limitation of service coverage under the NHIA will still affect many civil servants in a situation whereby they may be required to pay out of pocket for some services not covered accessibility to services may be challenging for many as long as they may not be able to pay fee for service when needing a health service but is without money at that point.

Materials and Methods

The research was carried out in Benue State, situated within the lower River Benue. It is positioned in the Middle Belt Region of Nigeria, sharing its northern border with Nasarawa State. Benue State was formally established on February 23, 1976. It is situated in the Middle Belt Region of Nigeria, sharing its eastern borders with Taraba State, and its southern boundaries with Ebonyi, Enugu, and Cross-River States. Administratively, Benue State has 23 local government areas (NPC, 2022), comprising the Tiv, Idoma, Igede, Agatu, Nyifon, Etulo and Ufia.

The state is richly endowed with both human and natural resources. The state has a considerable number of tertiary institutions, secondary and primary schools. Over 29% of the population of Benue State are civil servants (National Bureau of Statistics (NBS), (2022).

The population of this study consist of civil servants in Benue State particularly those engaged with the federal civil service. A total of 300 federal civil servants aged 18-60 representing both sexes were purposively selected out of the pool to participate in the study.

The study adopted a cross-sectional survey design. The research utilized multistage sampling techniques to draw respondents for the study. First, the

State was clustered into the three existing internally structured senatorial districts which are: Benue North-East, Benue North-West, and Benue North-South. Two (2) Local Government Areas were then chosen randomly from each of the zones using the snowballing technique. In each of the LGAs, the local government headquarters and one other council ward with health institutions listed under NHIA facilities were purposively selected and lastly respondents who were federal civil servants attending the health facilities were purposively selected. Primary data were collected from the respondents through the use of semi-structured questionnaires and Key Informant Interviews (KII). A total of 19 interviews were carried out. This included 10 People enrolled with the NHIA, 3 doctors and 6 nurses selected from three different facilities enlisted on the NHIA program. The collected data were analyzed quantitatively using frequency tables and the analysis was carried out with the aid of Statistical Package for Social sciences (SPSS) version 26.0 and qualitatively using content analysis.

Results

Table 1: Socio Demographic variables of Respondents

Variable	Frequency N = 300	Percentage (%) = 100
Sex		
Male	200	66.67
Female	100	33.33
Marital Status		
Single	79	26.33
Married	221	76.67
Age		
18-30	96	32.00
31-45	129	43.00
46-60	75	25.00
Educational Attainment		
Primary	100	33.33
Secondary	127	42.33
Tertiary	73	24.33
Monthly Income		
30,000 and less than	149	49.67
31,000-40,000	62	20.67
41,000-50,000	54	18.00
51,000 and above	35	11.67

Findings on socio demographic variables of respondents in table 1 revealed that more males, 200 (66.67%) participated in the study. In terms of income status, almost half of the respondents 149(49.67%) were earning barely the minimum wage of 30,000 naira in Nigeria.

Table 2: Impact of National Health Insurance Authority on sustainable health development of Benue State Civil Servants

Responses	Frequency N = 300	Percentage (%) = 100
Significant impact	88	29.33
No significant impact	163	54.33
Don't Know	49	16.33
Total	300	100

The results presented in table 2 revealed that more than half (54.33%) of the respondents were of the opinion that the National Health Insurance Authority do not have significant impact on sustainable health development of Benue State civil servants. The responses from participants during the interviews granted corroborated findings of the quantitative data. The views of a 31-year-old female which reflect majority of the opinion is represented thus:

Although the NHIA is very important and a good idea it has not significantly impacted on health of civil servants. I say so because as a civil servant enrolled with NHIA and is entitled to health care services, there was a time I was to be have a cesarean operation (CS) when I was having challenges to deliver one of my babies, I was told that I have to pay a huge amount because major operations are not yet covered under the scheme. I suffered that day as I was not aware and wasn't expecting to hear that, I was left un attended to as my husband went sourcing for money for the operations. What is the difference now with patients that are not covered under the scheme and are usually billed high and denied health services when they cannot pay for it, I thought NHIA was established to make a difference in health care service delivery.

The opinion from majority views during the interview shows that much still need to be done on coverage of NHIA scheme in terms of health services. The above quotation clearly shows that healthcare utilizers are still faced with challengers of access and utilization of services even with the NHIA scheme because it is not all services that are covered and patients still need to pay and some of these patients only discover this at the point of use and they may not be financially prepared at that point with the hope that they were financially covered under NHIA as illustrated in the above quotation.

Another opinion reflecting majority of the opinion represented by a 40-year-old man on the other hand is thus:

Although I am enrolled on the NHIA many times when I go to the hospital where I am enrolled for health services either for myself, wife or children I still end up buying drugs that are expensive somewhere else. When it comes to cheap drugs such as Panadol and some malaria drugs, they give us but they always claim

expensive drugs are not available and sometimes even recommend where one can go and buy but I know if it's a deliberate thing, these same drugs are usually given to other patients that comes with money handy but suddenly becomes out of stock for NHIA card carriers. This trend is making the NHIA not to have the desired impact on the people.

The above view shows that accessing some drugs for NHIA card carriers is still much yet to be desired. The above view imply that healthcare providers still prefer the pattern of fee for service hence the denial of some drugs to patient who are enrolled on the NHIA while giving out same drugs to patients who come in with money handy to pay for such drugs.

Table 3: Challenges affecting access to health care services under the National Health Insurance Authority by Benue State civil servants

Responses	Frequency N = 300	Percentage (%) = 100
Corruption in the scheme	51	17.00
Service delivery delays	98	32.67
Difficult process of enrolment	27	9.00
Limitation of health service coverage	124	41.33
Total	300	100

The results presented in table 3 revealed that more of the respondents (41.33%) noted that the limitation of service coverage under the National Health Insurance Authority affects their access to health care services and next to this in terms of statistic is service delivery delays (32.67%) for those under the scheme. Responses from participants during the interviews granted also corroborated findings of the quantitative data. Opinion of 37-year-old man reflecting majority of the opinion is thus:

It is very bad and saddening to go to the hospital or take your loved one to the hospital for health care only to be told that such health conditions are not covered under the scheme so you have to pay out of pocket or approach another hospital. Where do one start from when there is no money and what if such a case is an emergency.

The above quotation shows that limitation of service coverage under the National Health Insurance Authority affects access and utilization to healthcare services and this can equally discourage NHIA users and intending users from patronage. Some individuals would rather seek for healthcare somewhere else when they have money with them since it is making no difference.

Supporting the above view a 42-year-old woman observed that:

We were encouraged to enroll in the NHIA that this will guarantee us access to health care services that will also be affordable to us. After enrolling I was disappointed to realize that it is not all healthcare services that are covered under the scheme. This singular act has already denied a lot of people access to health care services they may need.

Expressing another view, a 34-year-old woman on the other hand observed that:

There are a lot of challenges we face under the NHIA, some sometimes when we go to the hospital, immediately the health personnel notice we are carrying NHIA cards they lose interest and give us less attention while attending to other patients not under the scheme where they can collect money immediately. It is when they are satisfied with attending to such patients that they come to us. Sometimes we even hear them say in the hospital openly how NHIA patients disturb a lot and not as if they come with money. Delays to rendering service to some patients is not right and it not only affect access to healthcare services when needed but it can have traumatizing have effect on a patient.

Collaborating some of these views, 45-year-old health personnel stated that:

When some patients under NHIA come here with some forms of health challenges and will tell them they have to pay for it because such conditions are not covered under the scheme, they become angry and some even make trouble but this is not our fault it is how the government designed it and incorporated us in. if we treat conditions not covered under it and the government refuse to pay how can we get our monies back. We also use money to buy some required health equipment and drugs, it is not as if we are given freely.

All the expressed views reflecting views of the majority during the Key informant interviews shows that although the NHIA programme was introduced to help address health challenges of the citizenry the desired impact has not met to a large extent. Much is still needed in areas of rendering services and making uses of NHIA services a priority in order not to discourage users. When discrimination is clearly shown between people that are enlisted on the programme and those who are not but comes with monies handy it not only affects utilization of services but it becomes discouraging to continue engaging in NHIA as their will be no difference between enlisting and

requiring money to walk into any other health facility to pay for healthcare services so as to be attended to quickly without discrimination.

A bivariate analysis was further carried out using Chi-square statistics to test if there is a relationship between delays in accessing health care services under NHIA and willingness to continue using the scheme. The results were summarized and presented on Table 4.

Table 4: Chi-Square Cross Tabulation of Delays in Accessing Healthcare Services under NHIA and Willingness to Continue Using Healthcare Services Under NHIA

Experienced delays in accessing services	Willingness to continue using			
	NHIA		No	Total
	Yes	Not Sure	No	Total
Yes	11	33	139	183
Not sure	5	6	9	20
No	76	12	9	97
Total	92	51	157	300

$X^2 = 165.809$, $df = 4$, $p = 0.00$

Source: Researcher's compilation using SPSS

The Chi-square test results presented on Table 4 ($X^2 = 165.809$, $df = 4$, $p = 0.00$) showed that there is a relationship between delays in accessing healthcare services under NHIA and willingness to continue using healthcare services under the NHIA scheme. Responses from participants during the interviews granted were also in line with the fact that a relationship exist between delays and willingness to continue use of services under NHIA. In an expression of reflecting majority of the views during the interviews a 51-year-old man noted that:

I won't be willing to remain enlisted on the NHIA programme if I have an option of pulling out. To me the programme is not that helpful because some services like some major operations are not included under the scheme. I was having eye issues that required a major operation and the doctors told me I will have to pay some money for that. I told them I am under the NHIA and is covered that was when I was informed some major operations are not covered. I wasn't having any money then and I kept pleading and this led to delays, the operation was carried out eventually after I looked for the required amount and paid. I wasn't really happy when I thought about the whole thing of being required to pay for some services and the delays it caused me. What then is the use of the insurance programme? He queried.

Collaborating this view, a 40-year-old woman stated that:

Non –coverage of some health care services and fee for service for some healthcare services even after enlisting on the programme is one of the major factors that deny people health required healthcare services under NHIA. When they NHIA was introduced, we were told it will help a lot in reducing this problem but at the end of the day it is making only a little difference since when major health services are required one is told it is not covered and money have to be paid at the point of service, this usually led to so many delays and leave a lot of people frustrated when they don't have money handy. This is totally wrong and discouraging. If I have a choice, I will not be willing to continue using NHIA and disengaged myself totally from the programme because at the end of the day it is making no sense, delays use to be much and then some services are not covered. I am only stuck on it because I have already enlisted and there is nothing, I can do about it.

All these views showed that because of the problem of user fee for some services and delays it usually cause them in accessing services many people enlisted on the NHIA which have such encounters are not happy with the way the programme is run and are willing to disengage from the NHIA if options of disengagement were available for them.

Discussion of Findings

This paper assessed National Health Insurance Authority and sustainable health care in Benue State with focus on access and health service delivery. It was found that although the NHIA play important role in ensuring access to health care services it has not yet have significant impact in Benue State as more than half (54.33%) of respondents of the study stated that the National Health Authority do not have significant impact on sustainable health of Benue civil servants. Among the major challenges affecting access to health care service delivery for civil servants under the NHIA coverage in Benue State included limitation of health service coverage (41.33%), service delivery delays (32.67%) and corruption in the scheme (17.0 %). These findings corroborated findings from a study conducted by Akande and Salaudeen (2015) where it was observed that that there is no significant impact of National Health Insurance Authority on civil servants at the University of Ilorin Teaching Hospital. The finding of this study is also similar to findings from a previous study conducted by Babayemi (2012) where it identified the challenges of National Health Insurance Authority to include corruption among other challenges. Limitation to health care provided by NHIA by coverage, service delays among other challenges have significant implications for health of people. In a situation where civil servants invest much for their health in form of insurance and yet

they cannot access some services because such services are not listed under the NHIA scheme, with no money handy to pay for such services or approach other health facilities because of the problem of fee for service many civil servants will still be denied access to health services despite being enlisted on the NHIA programme.

Reasons that led to introduction of the National Health Insurance Authority in Nigeria included inadequate funding, cost of health care delivery and lack of access to health care by average and the less privilege in the country (Akpenpuun, 2014; Oserogho and Associates, 2014). All civil servants under the programme are therefore supposed to be benefitting accessible affordable healthcare without relying on out-of-pocket payment for their healthcare needs. However, evidence from this study has shown that civil servants are still required to pay out of pocket for some healthcare services that are not covered under the programme. Edeh (2022) observed that many Nigerians still pay out of pocket for medical services which drives them to incurring catastrophic health expenditure. Although the concept of the NHIA has been helpful and still remains relevant, being required to pay for some health services by civil servants under NHIA usually lead to service delays and sometimes denial of health care services not enlisted on the programme. Due to this fact some civil servants are not willing to continue using the NHIA for their healthcare service needs as revealed by respondents during interviews granted. This was empirically supported by results from the inferential test using Chi-square analysis which revealed relationship between delays in service delivery and willingness of civil servants to continue using NHIA.

The Nigeria government established National Health Insurance Authority (NHIA) with the core aim of improving access to health care and reducing the financial burden of out-of-pocket payment for health care service users. For achievement of this goal and improvement of health of civil servants, health care delivery under NHIA should therefore not be all about enlisting civil servants under the programme while limiting access to some health care services. The NHIA programme should be ready to allow users access to all healthcare services they need regardless of the health care needed without being subjected to pay out of pocket for some services. If this challenge among other challenges of the programme is not addressed civil servants that are supposed to benefit from the NHIA scheme will find it difficult to access some services and may continue to remain without essential health services meant to help address their health needs as a result of lack of coverage and the problem of out-of-pocket payments among other challenges.

Conclusion

The concept of the National Health Insurance Authority (NHIA) is still very relevant for the benefit of health care services so as to improve the health of Nigerians and civil servants in Benue State in particular. However, evidence from this study have shown that health services rendered to civil servants are limited by coverage and accessibility to available services provided is also not

without challenges. Civil servants under the coverage are facing challenges such as limitation of health service coverage, healthcare service delivery delays, corruption in the scheme among others.

This thus calls for urgent attention because if these challenges are not addressed people that are supposed to benefit from the NHIA will find it difficult to register for the scheme or turn up for services for those who are already under it and hence continue to be denied access to essential health services needed for optimal health.

Recommendations

1. All stake holders (Government and policy makers) should make efforts in ensuring expansion of scope coverage of NHIA services to cover all areas of healthcare services.
2. The government both at the federal and state levels should transit beyond lip service and media propaganda to genuine commitments in the NHIA programme by provision of adequate equipment and required drugs for hospitals listed under NHIA. This will help in addressing some challenges affecting access to drugs and other needed health care services and thus help promote effective healthcare service access and utilization of services under the NHIA.

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