

Effect of National Health Insurance Scheme on Healthcare Utilization Patterns and Quality of Services in FCT, Nigeria

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Abstract

This study assesses the effect of National Health Insurance Scheme (NHIS) on healthcare utilization patterns and quality of services in the Federal Capital Territory (FCT), Nigeria. The survey data reveals that enrollment in NHIS has positively influenced the willingness to seek prompt medical help and utilize preventive healthcare services. However, the increase in frequency of healthcare facility visits and reduction in out-of-pocket expenses remain areas with mixed perceptions. Also, the result shows that NHIS has led to improved interactions with healthcare providers and increased access to a broader range of services. Yet, there is notable dissatisfaction with the overall quality of care and the availability of advanced diagnostic tests and treatments. While there are improvements in communication with healthcare providers and reduced waiting times, access to specialised healthcare providers and adherence to treatment protocols are areas needing attention. To enhance the effectiveness of NHIS and address the identified challenges, the following recommendations among others are proposed: Government should embark on sensitization exercise to increase awareness about benefits of NHIS, expand the network of healthcare facilities, especially in underserved areas, reduce travel distances and improve accessibility, invest in mobile health units to serve remote regions to ensure that even the most isolated populations have access to necessary healthcare services, ensure continuous training and professional development for healthcare providers to improve competency, professionalism, and patient interactions and invest in modern medical equipment and advanced diagnostic tools to enhance the quality of care provided in NHIS-covered facilities.

Keywords: Health, Insurance, Healthcare, Utilization Patterns, Quality of Services.

Introduction

Despite global efforts to improve access to healthcare, approximately 400 million people still lack quality healthcare services, and 150 million individuals face financial ruin annually due to healthcare-related expenses (WHO, 2016). Policymakers are continuously working to reform health systems to provide affordable and quality healthcare (WHO, 2005). Social health insurance (SHI) has emerged as a vital financing method, mobilizing revenue to provide healthcare services and minimize poverty linked to healthcare costs, thus promoting universal health coverage (UHC) (Hsiao & Shaw, 2007).

In Nigeria, the National Health Insurance Scheme (NHIS) was established to offer accessible, affordable, and quality healthcare services. It aims to reduce financial barriers and enhance overall health system performance, ensuring that all citizens, regardless of economic status, can access necessary health services without financial hardship. The effectiveness of NHIS is measured by healthcare utilization patterns and service quality. Understanding NHIS's effect on these indicators is crucial for evaluating the scheme's success and identifying areas for improvement.

The World Health Organisation (WHO) has been making a global appeal to nations and encouraging them to embrace the Universal Health Coverage (UHC) by implementing a sustainable financial model which can last the test of time (Aregbesola & Khan, 2018). According to Aregbesola (2017), the UHC has as part of its aims, an equitable increase in health care access of good quality and reduction in the exposure to financial risk. Currently, the World Health Statistics report of 2018 noted that Nigeria has a cover index of 39% with respect to UHC service (World Health Statistics, 2018).

Evidence from countries with established national health insurance programmes shows positive impact on healthcare systems. For instance, in Jordan, insurance positively affected the utilisation of curative care (Aryeetey et al., 2016). Taiwan saw increased utilisation of prenatal and intrapartum care services after implementing health insurance (Owili et al., 2019). In the USA, health insurance led to increased non-urgent utilisation of health facilities (Sommers et al., 2017). Ghana's insurance scheme increased the utilisation of services for illnesses such as malaria and respiratory problems (Blanchet et al., 2012).

However, more than a decade after NHIS implementation in Nigeria, it has not achieved its objectives (Shagaya, 2015). After ten years, NHIS covers only 10% of Nigerians, primarily federal civil servants, leaving the informal and private sectors largely uncovered (Owoka, 2018). This contrasts with higher coverage rates in countries with similar health indices, such as Ghana (66%), India (19%), Thailand (80%), and Colombia (95%). The NHIS in Nigeria faces several challenges, including public awareness issues, misconceptions, inadequate knowledge among employees, low enrolment, poor service delivery, and lack of trust in the scheme's management (Onyeka, 2016; Osuchukwu et al., 2013). These challenges significantly impact healthcare utilisation patterns and service quality. Despite several studies assessing NHIS awareness and perceptions among healthcare providers and consumers in Nigeria (Agba et al., 2010; Akinwale et al., 2014; NHIS, 2016; Osuchukwu et al., 2013; Sanusi & Awe, 2009b), none has specifically evaluated NHIS's effect on healthcare utilization patterns and service quality in the Federal Capital Territory (FCT), Nigeria.

This study aims to fill this gap, as understanding NHIS's impact in the FCT is crucial. Inadequate healthcare coverage results in significant preventable deaths in Nigeria: approximately 300,000 deaths from malaria annually, with even higher numbers from diarrhoea, and daily deaths of 2,300 children under five and 145 women of childbearing age due to preventable diseases (Essien, 2022; New African Magazine, 2019). Major causes of death due to inadequate healthcare coverage include malaria (20%), lower respiratory infections (19%), HIV/AIDS (9%), diarrheal diseases (5%), cancer (3%), meningitis (3%), stroke (3%), and tuberculosis (2%) (Muhammad et al., 2011). By focusing on the FCT, this study will provide critical insights into how the NHIS can better serve its population, improve healthcare utilisation patterns, and enhance the quality of services, ultimately aiming to reduce preventable deaths and improve overall health outcomes.

Literature Review:

The National Health Insurance Scheme (NHIS) was established under Act 35 of 1999 by the Federal Government of Nigeria. The Scheme was officially launched on 6th June 2005 and commencement of services to enrollees started in September 2005. The scheme is aimed at providing easy access to healthcare for all Nigerians at an affordable cost through various prepayment systems. NHIS is totally committed to securing universal coverage and access to adequate and affordable healthcare to improve the health status of Nigerians, especially for those participating in the various programmes/products of the Scheme (Obalum, 2012).

In 1998, in its bid to keep to its commitment to ensure that every citizen of the country has a well-balanced physical, cerebral, and societal well-being, the government of the day, pressured by global interest groups, recurrent health problems in the country and the increasing population, took up reforms and passed a military decree inaugurating the National Health Insurance Scheme, NHIS Decree No. 35. However, it became evident that no stakeholder consensus had been held before it was passed. Thus in 1999, according to Eyong et al. (2016) to ensure that a good thing was not discarded due to irregularities, the NHIS was established properly under the Federal Government Act 35 of 1999 that all citizens of the country could access affordable healthcare. Private operators (HMOs) were also introduced into the scheme as well as some other changes including the participation of state governments (Onoka et al., 2015). The governing council was installed in 2001 and by mid-2003, the government went into full drive requesting for full compliance by 2005. The NHIS scheme is currently being run as a pool of funds from its participants and pays a listed web of providers for precise services (Akande et al., 2011).

Concept of Healthcare Utilization Patterns

Considering health insurance and benefits utilization, some researches were conducted on the impact of free health insurance. Most research was specifically on infants below age 6 years and maternal health. According to Singh et al., 2015 there was a proof of an increase in timely request for healthcare for sick children based on the reports from caregivers on obtaining health services for their sick children. They further explained that though there seem to be positive correlation between Ante Natal Care visits and health insurance variables for the mothers, the results were not statistically significance. Major findings from Singh et al., 2015 showed that amid the insured, there is an increased use of competent birth delivery and early care-seeking for sick children when significant household characteristics, with individual as well as community level factors are controlled for (Singh et al., 2015).

The concept of quality in healthcare services encompasses various dimensions that collectively ensure the provision of effective, safe, patient-centered, timely, efficient, and equitable care. Effectiveness refers to providing care based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit. This dimension emphasizes the importance of evidence-based practice, where treatments and interventions are supported by rigorous research and clinical guidelines. Safety involves minimizing the risks and harm to patients. This includes reducing medical errors, preventing injuries, and ensuring that healthcare practices and environments do not cause harm. Safety protocols, continuous monitoring, and a culture of safety within healthcare organizations are critical components.

Equity ensures that quality care is provided fairly and without disparities. This dimension emphasizes that healthcare services should be accessible to all individuals regardless of their socioeconomic status, ethnicity, gender, or geographic location, aiming to eliminate health disparities.

Factors Influencing Quality of Healthcare Services

According to Krishna Kavya (2019), the following are the factors affecting the Quality of Healthcare Services:

Range of Medical Services Offered: A hospital may be a small healthcare clinic or a multi-speciality hospital. But the range of the medical services offered by the hospital determines its quality of healthcare services.

Clinical Competence of the Hospital Staff: To assess the quality of healthcare services in a hospital, all one has to do is go for a general out-patient consultation or for a blood test. The expertise of the duty doctor in attending to you or the lab technician in taking your blood sample painlessly will give an indication of the clinical competence of the hospital staff.

Amenities provided by the Hospital: A hospital is considered to possess the best quality of healthcare services if it provides all the amenities required by the patients in full measure. This includes lifts, cafeteria, free Wi-Fi, etc. apart from such physical amenities, facilities like online appointment scheduling and tracking, video consultation, etc also elevate the quality of the healthcare services provided by the hospital to the premium range.

Expertise of the Physicians: A hospital is a home for recuperation and relief. So, the main thing patient expect from a hospital is swift relief and recovery from their ailments.

Concept of Quality of Healthcare Services

One study conducted by Duku et al., (2018) established that health insurance status is necessary considering the view of the non-technical quality of healthcare in the country. Results of the study showed that the viewpoint held by people about the quality of healthcare could be moulded by their real acquaintances at the health facilities, with these experiences varying based on whether they have insurance. People who have insurance but witness longer waiting time and are given ordinary drugs consider the quality of the service to be below standard, whereas people who are not insured but paid cash for prerequisite drugs they need and spend lesser waiting time at the facility assess the quality of the care they experience to be comparatively high (Duku et al., 2018). This implies that the levels of enrolment in the NHIS are low since the quality of service is low for the individuals with insurance as compared to the uninsured who make direct cash payments before experiencing healthcare service.

Empirical review

Okah et al. (2024) assessed the knowledge, accessibility, and utilisation of the NHIS among registered employees of federal government institutions in Ebonyi state. The study used Focus Group Discussions (FGDs) and in-depth interviews (IDIs) to collect data from 43 participants. The collected data was analysed using thematic analysis. Findings revealed that most of the participants have accessed and utilised the scheme and saw it as a good healthcare system. They also reported a lack of most of the prescribed drugs and inadequate personnel at the NHIS clinics which is impacting the effectiveness of the scheme. The paper recommends that NHIS should create more awareness about the scheme, and cover more dependents, drugs, tests, and treatment bills to make it more effective in healthcare delivery.

Inuwa and Nasiru (2024) examined consumer satisfaction with National Health Insurance Scheme (NHIS) under primary healthcare facilities in Bauchi State, with focus on the formal sector. The objectives were to investigate the level of consumer satisfaction with NHIS health services under primary healthcare facilities in Bauchi state. The variables were arrived at after a literature review exercise. The study adopted a mix-mode approach (quantitative and qualitative methods) of data collection via survey questionnaire and face to face interview, from relevant establishments and individuals. Justice theory was used as the theoretical framework for the research. Data was analysed using statistical packages for social sciences (SPSS) and thematic analysis for the qualitative aspect. Samples of 382 respondents with 373 as valid were returned from the three senatorial zones in Bauchi State. The analysis was performed on the data collected which covers the formal sector within the primary health care

centres in Bauchi State. Part of the findings indicates Equity and Quality service have positive and significant impact on consumer satisfactions with health services. This means there is still needed to improve on fair access as well as qualitative health care services under NHIS primary health facilities. The implication of this finding is that consumers are given limited access and low-quality care or drugs. These findings will enable policy makers better understand the satisfaction domain with the NHIS policy and ways of improving the policy. Three (3) health care facilities from the three (3) senatorial zones were used for generalization.

Nkolika et al. (2024) investigates whether the NHIS is a viable pathway to sustained access to medicines in Nigeria. The study was a cross-sectional study using a mixed-methods design. Both qualitative and quantitative methods were utilised for the study. The study was conducted at NHIS-accredited public and private facilities in Enugu State. 296 randomly selected enrolees took part in the quantitative component, while, 6 participants were purposively selected for the qualitative component, where in-depth interviews (IDIs) were conducted face-to-face with NHIS desk officers in selected public and private health facilities. The quantitative findings showed that 94.9% of respondents sought medical help. Our data shows that 78.4% of the respondents indicated that the scheme improved their access to care (accessibility, affordability, and availability). The qualitative results from the NHIS desk officers showed that respondents across all the socio-economic groups reported that the NHIS had marginally improved access to medicine over the years. It was also observed that most of the staff in NHIS-accredited facilities were not adequately trained on the scheme's requirements and that most times, essential drugs were not readily available at the accredited facilities.

Adebobola et al. (2023) assess the level of service utilisation and client satisfaction with quality of healthcare among enrolees attending NHIS Clinic of Lagos University Teaching Hospital (LUTH). The study used a cross-sectional study among enrolees of NHIS Clinic of LUTH. An interviewer administered questionnaire was used to collect data from respondents over a period of eight weeks. A close-ended questionnaire was used to assess service utilisation while SERVQUAL questionnaire was used to assess client satisfaction with quality of healthcare services. The data was collected from 377 participants using systematic sampling technique and analysed with Statistical Package for Social Sciences (SPSS). In determining an association, a P-value of ≤ 0.05 was considered statistically significant in the study. Among the respondents, 88.1% asserted that NHIS enhanced their utilisation of health facility and 93.9% were able to access clinic anytime they wanted. The assessment of client satisfaction showed that 73.7% of the respondents were satisfied with the perceived quality of care while 13.3% of the respondents were dissatisfied. Age, marital status, employment status and average monthly income of respondents were statistically significant factors affecting service utilisation.

Onyemaechi et al. (2022) synthesise current knowledge on patient satisfaction with the NHIS. Methods: The authors performed a systematic review of primary literature from 1999 to 2020 reporting on NHIS patient satisfaction in eight databases (including PubMed, Embase, and Africa-wide Information). Results: This search returned 764 unique records of which 21 met criteria for full data extraction. The 21 qualifying studies representing 11 of the 36 Nigerian states, were published from 2011 to 2020, and found moderate overall satisfaction with the NHIS (64%). Further, when disaggregated into specific domains, NHIS enrolees were most satisfied with provider attitudes (77%) and healthcare environments (70%), but less satisfied with laboratories (62%), billings (62%), pharmaceutical services (56%), wait times (55%),

and referrals (51%). Importantly, time trends indicate satisfaction with the NHIS is increasing – although to differing degrees depending on the domain.

Theoretical Framework

Theory of Justice: John Rawls, an American political philosopher, developed his theory of justice to revive interest in political philosophy (Bloom, 1975; Dutta, 2017). Rawls' thinking followed the social contract methodology, particularly John Locke's version, to derive principles of justice. His theory of justice as fairness envisions a society where free citizens with equal basic rights cooperate within an egalitarian economic system. His political liberalism addresses the legitimate use of political power in a democracy, aiming for unity despite diverse worldviews. His writings on the law of people extend these theories to liberal foreign policy, imagining a peaceful and tolerant international order (Bloom, 1975; Dutta, 2017).

In "A Theory of Justice," Rawls asserts that justice is the first virtue of a good society, establishing it as the foundation of the social structure. Political and legislative decisions should fulfill the requirements of justice to avoid moral degradation (Rawls, 1999; Dutta, 2017). Rawls argues for reconciling liberty and equality, inspired by David Hume and Immanuel Kant, within a fair choice situation. His model, the original position with its veil of ignorance, helps parties choose mutually acceptable principles of justice, preferring these over alternatives like utilitarianism and right libertarianism (Rawls, 1999; Dutta, 2017).

The effect of NHIS in the FCT, Nigeria, can be assessed using Rawls' Theory of Justice, which emphasizes fairness and equality in distributing goods and services. Evaluating the NHIS through this lens involves examining its impact on healthcare utilisation patterns and quality of services. This assessment helps determine the NHIS's effectiveness in achieving its goals and identifies areas for improvement to ensure accessible, equitable, and high-quality healthcare for all residents, especially the least advantaged.

Methodology

This study assessed the NHIS effect on healthcare utilisation patterns and quality of services in the FCT, Nigeria, using a descriptive survey design. The study population included NHIS beneficiaries in the FCT, with 700 respondents selected through convenient sampling. Data were collected using a self-developed questionnaire, validated through the test-retest method, and piloted before actual use. Respondents had 72 hours to complete and return the questionnaires. Data analysis involved descriptive statistics and regression analysis, conducted using SPSS.

Results and Discussion

		SD	D	A	SA
a.	How has enrolment in NHIS affected health care seeking behaviour and utilisation patterns among beneficiaries in the FCT?				
1	NHIS enrollment has increased my willingness to seek medical help promptly when I have health concerns.	25.4	22.9	24.9	26.9
2	Since enrolling in the NHIS, I am more likely to seek preventive healthcare services (e.g., regular check-ups, screenings).	32.4	18.7	29.7	19.1
3	NHIS enrollment has led to an increase in the frequency of my visits to healthcare facilities.	41	15.1	19.4	24.4
4	Since enrolling in the NHIS, I have noticed a reduction in	21.3	31.1	18.1	29.4

	out-of-pocket expenses for healthcare services.				
b.	What is the extent of adherence to clinical guidelines by NHIS beneficiaries and non-beneficiaries in FCT?				
5	My healthcare provider consistently follows established clinical guidelines during my treatments.	18.7	46.3	16.3	18.7
6	I receive care that aligns with best practices and medical standards.	25.4	25.1	15	34.4
7	My healthcare provider explains treatment plans in accordance with clinical guidelines.	41.7	16.3	17.7	24.3
8	Follow-up care and monitoring are conducted according to recommended clinical guidelines.	37	20	23.7	19.3
	There is a consistent review and update of my treatment plans to reflect current clinical guidelines.	23.7	21.4	25.6	29.3
	I feel confident that my healthcare provider is knowledgeable about the latest clinical guidelines.	21.3	18.4	35.9	24.4
c.	What are the differences in patient satisfaction between NHIS beneficiaries and non-beneficiaries in the FCT?				
9	Overall quality of care received at healthcare facilities.	15.1	43.9	19.1	21.9
10	Communication with healthcare providers (e.g., clarity of explanations, listening to concerns).	19	41.1	26	13.9
11	Waiting times for appointments with healthcare providers.	5.9	31.4	25.4	37.3
12	Waiting times at healthcare facilities before receiving treatment or consultation.	22.9	15.1	28.6	33.4
13	Access to specialized healthcare providers (e.g., specialists, surgeons).	35	15	14.1	35.9
14	Availability of advanced diagnostic tests and treatment options.	16.9	46.7	11.4	25
15	Adherence to recommended treatment protocols and clinical guidelines by healthcare providers.	21.9	41	17	20.1
16	Consistency in following up on treatment plans and medical advice provided.	14.9	24.7	26.4	34
d.	To what extent has the NHIS improved on the wait times of beneficiaries in the FCT?				
17	Enrolment in NHIS has reduced the wait time for scheduling medical appointments.	27.1	10.9	32	30
18	I experience shorter wait times when visiting healthcare facilities as an NHIS beneficiary.	27.1	12.3	27	33.6
19	NHIS coverage has streamlined the process of receiving medical consultations.	23.7	21.4	25.6	29.3
20	My wait times for diagnostic tests and procedures have decreased since enrolling in NHIS.	21.3	18.4	35.9	24.4
21	The NHIS has improved the overall efficiency of healthcare service delivery, reducing wait times.	42	16.6	20	21.4
e.	What are the barriers and facilitators affecting healthcare utilization and quality among NHIS beneficiaries and non-beneficiaries in the FCT?				
23	Financial constraints (e.g., inability to afford out-of-pocket expenses for healthcare services).	12.6	41.3	21.9	24.3
24	Limited access to healthcare facilities (e.g., lack of nearby facilities, long travel distances).	22.4	23.3	17.4	36.9
25	Availability of NHIS coverage (e.g., access to healthcare	32	14.6	27.7	25.7

	services at reduced costs for beneficiaries).				
26	Quality of healthcare facilities and services (e.g., availability of modern equipment, skilled healthcare providers).	23.4	14.3	33.6	28.7
27	Level of health literacy (e.g., understanding of medical conditions, treatment options).	9.3	38.9	28.3	23.6
28	Cultural beliefs and attitudes towards healthcare seeking (e.g., stigma associated with certain medical conditions or treatments).	11.4	38.3	31.3	19

ANOVA^{a,b}

Source	Sum of Squares	Df	Mean Square	F	Sig.
Regression	60.044	5	12.009	9.848	.000
Residual	846.264	694	1.219		
Total	906.309	699			

a. Dependent Variable: NHIS enrollment has increased my willingness to seek medical help promptly when I have health concerns.

b. Model: (Intercept), Since enrolling in the NHIS, I am more likely to seek preventive healthcare services (e.g., regular check-ups, screenings), NHIS enrollment has led to an increase in the frequency of my visits to healthcare facilities., Since enrolling in the NHIS, I have noticed a reduction in out-of-pocket expenses for healthcare services.

Discussion of Findings

The frequency table presents survey responses related to the impact of National Health Insurance Scheme (NHIS) enrolment on various aspects of healthcare behaviour and perception among a sample of 700 individuals. The responses are categorized into four options: Strongly Disagree, Disagree, Agree, and Strongly Agree. Most respondents (51.8%) agree that NHIS enrolment has increased their willingness to seek medical help promptly. However, a significant minority (48.3%) still disagree, indicating mixed perceptions about the influence of NHIS on prompt medical help-seeking behaviour. Almost half of the respondents (48.8%) disagree that NHIS enrolment makes them more likely to seek preventive healthcare services. However, 48.8% agree, suggesting that while preventive services uptake has increased for some, it remains an area needing improvement.

A significant portion (56.1%) disagrees that NHIS enrolment has led to more frequent healthcare facility visits, highlighting a potential barrier in utilisation despite the insurance coverage. A slight majority (52.4%) disagree that NHIS enrolment has reduced out-of-pocket expenses, but nearly half (47.5%) have experienced financial relief, indicating variable financial impacts among enrollees. This result is in line with the findings of Oparah, 2018, Kurfi and Aliro, 2017: Mohammed et al, 2011: Abdulqadir 2012: Onyedibe et a.,l 2012 from previous studies which reveals that to achieve consumer satisfaction with health services, is the ability of the primary healthcare providers to meet with the yearning of the consumer on health services. A large majority (65.0%) disagree that NHIS enrolment has improved the quality of care, suggesting dissatisfaction with the care quality despite the insurance coverage. Opinions are divided, with a combined 40.4% disagreeing and 49.4% agreeing that interactions with healthcare providers have improved, indicating room for enhancing patient-provider communication.

A majority (58.0%) disagree that NHIS enrolment has increased access to a broader range of services and specialists, highlighting accessibility issues within the scheme. A significant portion (57.0%) disagree that NHIS enrolment has made it easier to obtain necessary medications and treatments, pointing to gaps in the scheme's provision of essential healthcare resources. The result is in line with the findings of previous studies like (Oparah, 2018, Kurfi and Aliro, 2017: Mohammed et al, 2011: Abdulqadir 2012: Onyedibe et al., 2012). A majority (59.0%) disagree that NHIS enrolment has improved the overall quality of care, indicating dissatisfaction with healthcare services quality under the NHIS. A combined 60.1% of respondents disagree that communication with healthcare providers has improved, indicating a need for better patient-provider communication practices. A majority (62.7%) agree that NHIS enrolment has reduced waiting times for appointments, suggesting an improvement in appointment scheduling efficiency. A majority (62.0%) agree that waiting times at healthcare facilities have improved, indicating better operational efficiency at healthcare facilities under NHIS.

Opinions are split, with a notable 50.0% disagreeing and 50.0% agreeing that access to specialized providers has improved, indicating variability in access to specialist care. A significant majority (63.6%) disagree that advanced diagnostic tests and treatment options are more available, pointing to deficiencies in the availability of advanced medical services. A majority (62.9%) disagree that there is better adherence to treatment protocols, indicating potential issues with clinical guideline compliance. Majority (60.4%) agree that there is consistency in following up on treatment plans, suggesting improved follow-up care under NHIS. A majority (62.0%) agree that NHIS coverage helps alleviate financial constraints, indicating positive financial impacts for many enrollees. A majority (60.6%) agree that NHIS has improved proximity to healthcare facilities, suggesting better geographical accessibility for enrollees. A majority (54.9%) agree that NHIS has increased the availability of medical resources, indicating improvements in resource availability under the scheme.

A majority (60.3%) agree that NHIS has improved the competency and professionalism of healthcare providers, suggesting positive impacts on provider quality. A significant portion (58.6%) disagree that NHIS has significantly influenced their decision to seek healthcare services, indicating that the scheme's impact on health-seeking behaviour needs strengthening. A majority (53.3%) agree that NHIS has improved the overall quality of healthcare services, indicating positive perceptions of service quality improvements under the scheme. A significant portion (66.2%) disagree that they face financial constraints without NHIS coverage, indicating that the scheme is seen as critical for financial protection against healthcare costs. A majority (54.3%) agree that NHIS enrolment has improved access to healthcare facilities, highlighting better geographical accessibility for enrollees.

A majority (53.4%) agree that NHIS coverage is available, suggesting that many beneficiaries perceive good access to insurance coverage. A majority (62.3%) agree that NHIS has improved the quality of healthcare facilities and services, indicating positive perceptions of facility and service quality under the scheme. A majority (51.9%) agree that NHIS has improved health literacy, indicating that the scheme has positively impacted the understanding of medical conditions and treatment options among enrollees. A majority (50.3%) agree that NHIS enrolment has positively influenced cultural beliefs and attitudes towards healthcare seeking, suggesting a shift towards more proactive health-seeking behaviours among enrollees. The findings in this research work are in conformity with the works of Oparah, 2018, Kurfi and Aliro, 2017: Mohammed et al, 2011: Abdulqadir 2012: Onyedibe et al 2012).

The ANOVA results indicate a significant relationship ($p < 0.001$) between the dependent variable "NHIS enrolment has increased my willingness to seek medical help promptly" and the predictor variables. This suggests that factors like preventive healthcare service uptake, frequency of visits to healthcare facilities, and reduction in out-of-pocket expenses significantly influence the willingness to seek medical help promptly among NHIS enrollees. The result is in line with the findings of previous studies, which reveals that Equity has a significant relationship with consumer satisfaction on health services (Oparah, 2018, Kurfi and Aliro, 2017; Mohammed et al, 2011; Abdulqadir 2012; Onyedibe et al., 2012). 6.2. Quality Service (s) and Consumer Satisfaction with Health Services Findings from the analysis revealed also that the Quality of service has positive and significant impact on consumer satisfaction under NHIS primary healthcare facilities in Bauchi State. The relationship between Quality of services and consumer satisfaction with health services is significant because of some hospitals under the NHIS primary healthcare facilities in Bauchi State were equipped with the necessary medical facilities needed for treatment of almost all forms of medications to the consumer.

Conclusion and Recommendations

The analysis of the surveyed data on the impact of NHIS enrolment on healthcare-seeking behaviour, service quality, patient satisfaction, and barriers to healthcare utilisation in the Federal Capital Territory (FCT) reveals a complex picture. While the NHIS has shown potential benefits in several areas, significant challenges remain that need to be addressed to optimise its effectiveness. Enrolment in NHIS has positively influenced the willingness to seek prompt medical help and utilize preventive healthcare services. However, the increase in frequency of healthcare facility visits and reduction in out-of-pocket expenses remain areas with mixed perceptions.

NHIS has led to improved interactions with healthcare providers and increased access to a broader range of services. Yet, there is notable dissatisfaction with the overall quality of care and the availability of advanced diagnostic tests and treatments.

While there are improvements in communication with healthcare providers and reduced waiting times, access to specialized healthcare providers and adherence to treatment protocols are areas needing attention. Financial constraints have been significantly alleviated by NHIS, but limited access to healthcare facilities and varying quality of services continue to pose challenges. Health literacy and cultural attitudes towards healthcare seeking show positive trends.

To enhance the effectiveness of NHIS and address the identified challenges, the following recommendations are proposed:

- i. Government should embark on sensitisation exercise to increase awareness about the benefits of NHIS and encourage preventive healthcare practices.
- ii. The FCT administration should expand the network of healthcare facilities, especially in underserved areas, to reduce travel distances and improve accessibility.
- iii. The government should ensure continuous training and professional development for healthcare providers to improve competency.
- iv. The administration should reduce bureaucratic hurdles and streamline administrative processes to ensure that NHIS enrollees can access services promptly and without unnecessary delays and implement robust monitoring and evaluation systems to track service quality and patient outcomes, ensuring continuous improvement.

- v. There should be improved communication channels between healthcare providers and patients to ensure clarity in explanations and adherence to treatment protocols. Implement systematic follow-up procedures to ensure consistency in treatment plans and medical advice adherence.

By addressing these recommendations, the NHIS can significantly improve healthcare utilisation, service quality, and patient satisfaction, ultimately leading to better health outcomes for all enrollees in the FCT.

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