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Knowledge, Perception, and Willingness to Enrol in a Health Insurance Scheme: A Survey Among Uninsured Persons in Southern Nigeria

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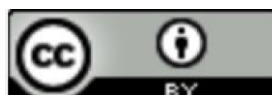
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Knowledge, Perception, and Willingness to Enrol in a Health Insurance Scheme: A Survey Among Uninsured Persons in Southern Nigeria

Unyime Israel Eshiet, Abasibiangake Sunday, Ikpeme Neto, Joy Umoh, Victor Mba, Blessing Udo

Abstract—Background: Out-of-pocket payments for healthcare services hinders the attainment of universal health coverage.

Objectives: To assess the current level of knowledge, perception, and willingness to enrol in a health insurance scheme among uninsured persons in Nigeria.

Methods: This was a descriptive cross-sectional study conducted among residents of Uyo, a city in southern Nigeria, who had not enrolled in any health insurance scheme

Results: About 14.3% (n = 72) of the study participants visited healthcare facilities at least once a week to address medical conditions for either themselves or their dependents. Although 335 (66.5%) of our respondents had heard of health insurance schemes, only 92 (18.3%) claimed to know how they work. Moreover, about 42.3% (n = 213) of our respondent perceived health insurance schemes as being expensive, while 102 (20.2%) considered it a waste of resources. Only 25.4% (n = 128) of the study participants were willing to subscribe to a health insurance scheme.

Conclusion: Knowledge of the concept of health insurance as well as awareness of the existence of affordable insurance plans is poor in a significant proportion of the population studied. Many respondents had a poor perception regarding health insurance schemes with the majority unwilling to enrol in one.

Keywords: Health insurance, Knowledge, Out-of-Pocket Expenditure, Perception, Willingness To Enrol.

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I. BACKGROUND

Out-of-pocket payments for healthcare services is common in Nigeria with millions of citizens becoming impoverished each year due to this mode of payment for healthcare delivery [1, 2]. A report by the Nigerian National Health Financing Policy suggests that in about four percent of households in the country, more than half of the total expenditure is on healthcare services, while about twelve percent of households spend approximately a quarter of their total expenditure on the same [3]. Out-of-pocket payment for these services hinders the attainment of universal health coverage and may negatively affect the health seeking behaviour of citizens. Since the mode of payment for healthcare services has been identified as a determinant for attaining universal health coverage [4], various health insurance models have been developed to reduce the costs of healthcare delivery [5, 6, 7].

Healthcare delivery services are widely considered to be basic and essential, and thus should be provided to citizens by the government [8, 9]. In Nigeria, the national health insurance scheme was introduced by the federal government in a bid to improve access and reduce the cost of healthcare delivery in the country. Enrolment into the scheme is however voluntary for persons not employed by the federal civil service who constitute a vast majority of the Nigerian population. Previous studies show low enrolment into the scheme, particularly among the informal sector labour force [10, 11]. Because out-of-pocket payment is the predominant healthcare financing mechanism in Nigeria, access to healthcare services is greatly hindered for poor households and individuals with low financial purchasing power. To ameliorate this disturbing reality, various schemes have been proposed, including prepayment and community based insurance schemes [8, 12 -14].

Community based health insurance schemes offer subsidised healthcare services and bridge the gap between access to available healthcare resources and the lack of funds among people in poor and vulnerable communities. Unfortunately, a lack of

appropriate sensitisation and poor awareness of the benefits among most vulnerable populations hinders enrolment into such schemes [8]. Previous studies in other regions of Nigeria have reported varying levels of willingness to subscribe to health insurance schemes [8, 15 - 17]. However, some of these studies were undertaken more than a decade ago and it can be assumed that the trend may have changed with time. This descriptive cross-sectional study was thus aimed at assessing the current level of knowledge, perception, and willingness to enrol in a health insurance scheme among uninsured persons in Nigeria.

II. METHODS

Study design

This was a descriptive cross-sectional study among persons who had not enrolled in any health insurance scheme (uninsured persons). Uninsured residents of Uyo, a city in southern Nigeria, who expressed willingness to participate in study were recruited. They were then interviewed using a suitably designed survey instrument. The main aim of the survey was to assess their level of awareness, perception of, and willingness to enrol in a health insurance scheme.

Survey instrument

The survey instrument was designed and pre-piloted by the researchers. It consisted of three (3) sections that assessed data on the respondents' socio-demographic details/utilization of healthcare resources, knowledge of health insurance, perception of healthcare insurance, and their willingness to enrol in and pay for a health insurance scheme.

Participants' recruitment/Eligibility criteria

All adults of 18 years and older, residing in Uyo, who had not subscribed to any health insurance scheme, formed the sampling frame for the study. Only those who provided written informed consent to participate were recruited into the study.

Sample size

A sample size calculation was determined with the aid of the Raosoft online sample size calculator wherein the margin of error, confidence interval and response distribution were set at 5%, 95% and 50% respectively. The estimated adult population of Uyo LGA is placed at 1,329,000 persons [18]. The calculated minimum sample size for uninsured residents of Uyo metropolis using the Raosoft online sample size calculator was 385 uninsured

persons. However, for this study we interviewed 504 respondents.

Data analysis

Data analysis was conducted using the IBM Statistical Products and Services Solution (SPSS) version-25.0 software. The obtained data was summarised using descriptive statistics with frequencies and percentages used as appropriate.

Ethical clearance

Ethical approval was obtained from the Health Research Ethics Committee of the Akwa Ibom state Ministry of Health (approval reference number: AKHREC/21/06/23/157). In addition, informed consent was obtained from each participant before recruitment into the study.

III. RESULTS

Socio-demographic details

The majority of our respondents were aged between 18 – 24 years (322; 65.9%). One hundred and seventy-six (34.6%) were self-employed, while 58.3% (294) had attained a tertiary level of education. The respondents' socio-demographic details are presented in Table 1.

Utilisation of healthcare resources

Figures 1 - 3 depict respondents' utilisation of healthcare resources. Figure 1 shows the frequency of visit to a healthcare facility, while the average amount spent per visit and the average amount spent on the purchase of medicines by respondents are shown in Figures 2 and 3 respectively.

About 14.3% (n = 72) of the study participants visited healthcare facilities at least once a week to address medical conditions for either themselves or their dependents, with a majority (n = 144; 28.6%) spending between N3,000 -5,999 (Nigerian Naira) per visit.

Knowledge/awareness of health insurance schemes

Our results showed that although 335 (66.5%) of our respondents had heard of health insurance schemes, only 92 (18.3%) claimed to know how they work. Moreover, about 61.9% (n = 312) of respondents were not aware of the existence of an affordable health insurance plan for low-income earners in Nigeria. The respondents' knowledge and awareness of health insurance is shown in Table 2.

Perception of health insurance schemes

About 42.3% (n = 213) of respondents perceived health insurance schemes as being expensive, while

20.2% (n =102) considered them a waste of resources. Table 3 presents the respondents' perception of health insurance schemes.

Willingness to enrol in health insurance schemes

Our respondents' willingness to enrol in health insurance schemes and the amount they were willing to pay in monthly subscriptions is presented in Table 4. Our results showed that only 25.4% (n = 128) of participants were willing to subscribe to a health insurance scheme.

IV. DISCUSSION

The Nigerian healthcare system is reportedly characterised by poor funding and inequitable access to healthcare resources [8]. Policy makers in the healthcare industry are thus encumbered by issues pertaining to healthcare financing, strengthening the healthcare system and improving access to healthcare services [17]. We found a high level of utilisation of healthcare resources among our study participants, with more than one-tenth of respondents reporting that they visit a healthcare facility at least once a week, either for themselves or with their dependents. This study was conducted among the uninsured population; thus, our respondents made out-of-pocket payments to meet their healthcare needs. This mode of payment for healthcare services has been described as retrogressive as it exposes vulnerable households to financial risk, denying them equitable access to quality healthcare and eventually promoting poor health-seeking behaviours [17, 19].

Although the majority of our respondents had heard of health insurance, only one-quarter of them were aware of how they work and almost two-thirds were not aware of the existence of affordable health insurance plans for the country's low-income earners. A previous study by Ejughemre et al among ambulatory patients of a tertiary healthcare facility in Delta state – Nigeria found a good knowledge of health insurance among the study population with the majority of the participants having the right understanding of what health insurance is. Their study also showed that the media, both electronic and print, was a major source of knowledge about health insurance [17]. A similar study on the knowledge of community-based health insurance among residents of selected rural communities in Abuja, Nigeria, found a high level of awareness among the respondents, attributable to persistent sensitisation and awareness campaigns in these communities [20]. On the other hand, Adedeji et al,

in their study among households in the Nigerian capital, found a very low level of awareness of community health insurance programs [8]. A similar finding was reported from Uganda where a low level of awareness was found even among insured persons [21]. The study by Adedeji et al also found that among those who were aware of community health insurance, the radio was a major source of information [8]. It is thus evident that health promotion activities targeted at sensitising the public on health insurance would improve knowledge, as inadequate training and sensitisation have been identified as major factors contributing to poor knowledge of such programmes [22, 23]. Moreover, poor knowledge of health insurance may affect enrolment in health insurance schemes. For instance, in Pakistan, investigators have found strong resistance to health insurance programmes as a result of a poor understanding of the scheme [24]. A significant proportion of our respondents had a poor perception of health insurance schemes. For instance, more than one-third believed that the schemes were expensive, while about a quarter did not consider it necessary to enrol in a scheme. Furthermore, almost half of the respondents did not agree that paying for healthcare delivery services via an insurance programme was cheaper than paying out-of-pocket, while about a quarter believed that young and healthy people, as well as those who rarely become ill do not need to enrol in a health insurance scheme. Results from a study among health professionals in public health facilities in north-west Ethiopia found a poor and unfavourable attitude towards health insurance schemes among the participants [24]. Similar studies in South Africa, Ghana and Nigeria also reported unfavourable attitudes towards, and poor perceptions of, health insurance programmes among the populations studied [25 – 27]. The study by Ejughemre et al found varying perceptions of health insurance schemes with a general feeling of 'uncertainty' among their respondents [17].

We found that two-thirds of our respondents were unwilling to enrol into any health insurance scheme. Studies have suggested that knowledge and perception influences willingness to enrol and benefit from health insurance packages [17]. A similar study among residents of a selected community in Rivers state, Nigeria, reported that over half of respondents were not willing to enrol in a social health insurance programme [1]. Among the reasons identified by the investigators for this

lack of willingness were poor health-seeking behaviours, lack of interest in health insurance, lack of trust in the management of funds by insurance scheme administrators and the patronage of traditional and alternative medicine [1]. They also found that employment status, monthly income, educational level and age influenced the respondents' willingness to enrol in a social health insurance scheme. Other researchers have reported various factors associated with the willingness to subscribe to health insurance schemes. Identified factors include marital status, ethnicity, socioeconomic status, gender, place of residence and certain community attributes including peer pressure, attitudes and health beliefs [11, 28 – 30]. Only about one-eighth of our respondents who expressed willingness to enrol in a health insurance scheme were willing to pay up to 5,000 Nigerian Naira as monthly premium for such plan. Varying levels of willingness to enrol in and pay for health insurance schemes have been reported by different investigators. For instance, a study among residents in the southeastern region of Nigeria found such willingness to be between 3.6% and 38% [15]. Another study among artisans in the southwestern region of Nigeria reported 82.4% willingness to pay [16], while similar studies in Bangladesh and Ethiopia reported 86.7% and 78% willingness to pay respectively [31, 32]. Health insurance is a means of improving the utilisation of healthcare resources and protecting households against the risk of poverty caused by out-of-pocket expenditure. Moreover, it is widely considered a viable means of attaining universal healthcare coverage in low-and-middle -income countries; particularly in Nigeria where poverty and poor access to healthcare services remain daunting challenges [33 – 36].

V. CONCLUSION

Knowledge of the concept of health insurance and awareness of the existence of affordable insurance plans is poor in a significant proportion of the population studied. Many of the respondents had a poor perception regarding health insurance schemes, with a majority being unwilling to enrol in a health insurance scheme. The implementation of a comprehensive awareness campaign, designed to dispel misconceptions and enlighten the population about the workings and benefits of health insurance, would increase enrolment, improve access to

healthcare services, and reduce out-of-pocket expenditure on healthcare resources.

VI. LIMITATIONS

The results of this study may not be a true reflection of the entire population of uninsured persons in Nigeria as it is limited in generalisability. We relied on self-reported data from respondents, which may be subject to social desirability bias. Furthermore, there may be a risk of selection bias in the sampling as patients who were willing to participate in the study may differ from those who chose not to participate.

VII. DECLARATIONS

Ethical approval and consent to participate

The Helsinki Declaration was adhered to in this study, and ethical approval was obtained from the Health Research Ethics Committee of the Akwa Ibom State Ministry of Health. In addition, informed consent was obtained from the respondents.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and analysed during this study are available from the corresponding author on reasonable request.

Competing interest

The authors declare no competing interests.

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VIII. AUTHORS' CONTRIBUTION

UIE conceived and designed the study; UIE, AS, JU, BU, IN and VM all contributed to the questionnaire design, data collection, analysis and interpretation. UIE wrote the manuscript and reviewed it critically for important intellectual content. All authors read and approved the submitted manuscript.

IX. REFERENCES

1. Tabansi CK, Harry T, Apugo U. Willingness to enrol in social health insurance and associated factors among household heads in Obio/Akpor local

- government area of Rivers State. *Qual Prim Care*. 2023; 31:01.
2. Alo CN, Okedo-Alex IN, Akamike IC. Determinants of willingness to participate in health insurance amongst people living with HIV in a tertiary hospital in South-East Nigeria. *Niger Postgrad Med J*. 2020; 27:196 – 201. DOI: [10.4103/npmj.npmj_11_20](https://doi.org/10.4103/npmj.npmj_11_20).
 3. Ezenekwe UR, Asogwa TH, Ezebuilo RU, Iwuamadi K. Determinants of households expenditures on health risks in Nigeria. 2nd International Academic conference on Management and Economics. 28 – 30 October, 2020; Madrid: Spain.
 4. Anderson IE, Adeniji FO. Willingness to pay for social health insurance by the self-employed in Port Harcourt, Rivers State; a contingent valuation approach. *Asian Journal of Advanced Research and Reports*. 2019; 7(3): 1 – 15. DOI: [10.9734/ajarr/2019/v7i330178](https://doi.org/10.9734/ajarr/2019/v7i330178).
 5. Fox AM, Reich MR. The politics of universal health coverage in low- and middle-income countries: a framework for evaluation and action. *J Health Polit Policy Law*. 2015 Oct; 40(5):1023-60. Doi: [10.1215/03616878-3161198](https://doi.org/10.1215/03616878-3161198).
 6. Kusi A, Enemark U, Hansen KS, Asante FA. Refusal to enrol in Ghana's national health insurance scheme: is affordability the problem? *Int J Equity Health*. 2015; 14 (2). <https://doi.org/10.1186/s12939-014-0130-2>.
 7. Badu E, Agyei-Baffour P, Acheampong IO, Opoku MP, Addai-Donkor K. Households sociodemographic profile as predictors of health insurance uptake and service utilization: a cross-sectional study in a municipality of Ghana. *Advances in Public Health*; 2018 March 14. <https://doi.org/10.1155/2018/7814206>.
 8. Aderibigbe SA, Doyin A, Kayode OG, Aderibigbe AA. Knowledge, practice, and willingness to participate in community health insurance scheme among households in Nigerian capital city. *Sudan Journal of Medical Sciences*, 2017; 12(1): 9 – 18. DOI:[10.18502/sjms.v12i1.854](https://doi.org/10.18502/sjms.v12i1.854).
 9. Azuogu BN, Eze NC. Awareness and willingness to participate in community based health insurance among artisans in Abakaliki, southeast Nigeria. *Asian Journal of Research in Medical and Pharmaceutical Sciences*, 2018; 4(3): 1 – 8. DOI: [10.9734/AJRIMPS/2018/42839](https://doi.org/10.9734/AJRIMPS/2018/42839).
 10. Odeyemi IAO, Nixon J. Assessing equity in health care through the national health insurance schemes of Nigeria and Ghana: a review-based comparative analysis. *Int J Equity Health*. 2013; 12 (9). <https://doi.org/10.1186/1475-9276-12-9>.
 11. Shafie AA, Hassali MA. Willingness to pay for voluntary community-based health insurance: Findings from an exploratory study in the state of Penang, Malaysia. *Soc Sci Med*. 2013; 96: 272-276. <https://doi.org/10.1016/j.socscimed.2013.02.045>.
 12. Godlee F. “The World Health Organisation: WHO at country level – a little impact, no strategy,” *BMJ*. 1994; 309; 6969:1636–1639. Doi: <https://doi.org/10.1136/bmj.309.6969.1636>.
 13. Ogunbekun IO. Health insurance: a viable approach to financing health care in Nigeria? Private Initiatives for Primary Healthcare Project, 1996.
 14. Dong H, Kouyate B, Cairns J, Mugisha F, Sauerborn R. “Willingness-to-pay for community-based insurance in Burkina Faso”. *Health Economics*. 2003; 12 (10): 849–862. Doi:[10.1002/hec.771](https://doi.org/10.1002/hec.771).
 15. Onwujekwe IO, Okereke E, Onoka C, Uzochukwu B, Kirigia J, Petu A. “Willingness to pay for community-based health insurance in Nigeria: Do economic status and place of residence matter?”. *Health Policy and Planning*; 2010 Mar; 25 (2): 155–161. <https://doi.org/10.1093/heapol/czp046>.
 16. Bamidele JO and Adebimpe WO. Awareness, Attitude and Willingness of Artisans in Osun state, southwestern Nigeria to participate in community based health

- insurance. *J Community Med Prim Health Care*. 2012; 24(1-2): 1-11.
17. Ejughemre UJ, Oyibo PG, Ivrogbo S, Origho M. Promoting universal financial protection: a study assessing the effects of knowledge and perception towards enrolment in health insurance schemes among clientele using tertiary health services. *Journal of Community Medicine and Primary Health care*. 2015 Sept; 27(2).
 18. Uyo, Nigeria Metro Area Population 1950-2023. <https://www.macrotrends.net/global-metrics/cities/206379/uyo/population>. Accessed on November 13, 2023.
 19. Oyibo PG. Out-of-pocket payment for health services: constraints and implications for government employees in Abakaliki, Ebonyi state, south east Nigeria. *African Health Sciences* 2011; 11(3): 481 – 485.
 20. Ogben C. Knowledge and perception of rural communities in Abuja on community based health insurance scheme. *South American Journal of Public Health*. 2014; 2 (4).
 21. Manje L. Client satisfaction with health insurance in Uganda. 2007 Jan; published online <http://www.microfinancegateway.org/library/client-satisfactionhealth-insurance-uganda>.
 22. Fenny AP, Yates R, Thompson R. Social health insurance schemes in Africa leave out the poor. *International Health*. 2018 Jan; 10 (1):1–3. <https://doi.org/10.1093/inthealth/ihx046>.
 23. Adewole DA, Adebayo AM, Udeh EI, Shaahu VN, Dairo MD. Payment for health care and perception of the national health insurance scheme in a rural area in southwest Nigeria. *Am J Trop Med Hyg*. 2015 Sep 2; 93(3):648–654. Doi: [10.4269/ajtmh.14-0245](https://doi.org/10.4269/ajtmh.14-0245).
 24. Bitew BE, Workineh BD, Zewudie S. Knowledge, attitude, and perception towards social health insurance and associated factors among health professionals working at public health facilities in Gondar City, North West Ethiopia. *J. Public Health Epidemiol*. 2024 April-June; 16 (2):51-69. DOI: [10.5897/JPHE2023.1450](https://doi.org/10.5897/JPHE2023.1450).
 25. Oladimeji O, Alabi A, Adeniyi OV. Awareness, knowledge and perception of the national health insurance scheme (NHIS) among health professionals in Mthatha General Hospital, Eastern Cape, South Africa. *The Open Public Health Journal*. 2017; 10(1). DOI: [10.2174/1874944501710010187](https://doi.org/10.2174/1874944501710010187).
 26. Amo-Adjei J, Anku PJ, Amo HF, Effah MO. Perception of quality of health delivery and health insurance subscription in Ghana. *BMC Health Serv Res*. 2016; 16; 317. <https://doi.org/10.1186/s12913-016-1602-4>.
 27. Uzochukwu BS, Ughasoro MD, Etiaba EA, Okwuosa C, Enzuladu E, Onwujekwe OE. Health care financing in Nigeria: implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*. 2015; 18(4):437-444. DOI: [10.4103/1119-3077.154196](https://doi.org/10.4103/1119-3077.154196).
 28. Adebayo EF, Uthman OA, Wiysonge CS, Stern EA, Lamont KT, Ataguba JE. A systematic review of factors that affect uptake of community-based health insurance in low-income and middle-income countries. *BMC Heal Ser Res*. 2015; 15: 1-13. <https://doi.org/10.1186/s12913-015-1179-3>.
 29. Alesane A, Anang BT. Uptake of health insurance by the rural poor in Ghana: Determinants and implications for policy. *Pan Afr Med J*. 2018; 31: 1-10.
 30. Tadele W, Aklilu M, Getaneh Y, Defar A, Acham Y, Chane T. Willingness to pay for social health insurance among staffs in Ethiopian Public Health Institute, Addis Ababa. *Ethiop J Public Health Nutr*, 2017; 2: 1-6.
 31. Ahmed S, Hoque ME, Sarker AR, Sultana M, Islam Z, Gazi R, Khan JAM. Willingness-to-pay for community based health insurance among informal workers in urban Bangladesh. *PLoS ONE*. 2016; 11 (2).

<https://doi.org/10.1371/journal.pone.0148211>.

32. Haile M, Ololo S, Megersa B. Willingness to join community-based health insurance among rural households of Debub Bench District, Bench Maji Zone, southwest Ethiopia. *BMC Public Health*. 2014; 14; 591. <https://doi.org/10.1186/1471-2458-14-591>.
33. Ernst S, Judith M, Noor T, McBain F, Haveb A, Baltussena R. The impact of health insurance in Africa and Asia: a systemic review. *Bull World Health Organ*. 2012; 90:685–692A. Doi:10.2471/BLT.12.102301.
34. Blanchet NJ, Fink G, Osei-Akoto I. The effect of Ghana’s national health insurance on health care utilization. *Ghana Medical Journal*. 2012; 46 (2): 76-84.
35. Etienne C, Asamoah-Baah A, Evans DB. Health systems financing: the path to universal coverage. Philippines: World Health Organization. 2010. https://www.google.com.ng/books/edition/Health_Systems_Financing/_SFF_142Am0C?hl=en&gbpv=0. Accessed on 8 February, 2025.
36. Omotowo I, Ezeoke U, Obi I, Uzochukwu B, Agunwa C, Eke C, Idoko C, Umeobieri A. Household perceptions, willingness to pay, benefit package preferences, health system readiness for national health insurance scheme in southern Nigeria. *Health*. 2016 (8):1630-1644. doi: 10.4236/health.2016.814159.

Table 1. Socio-demographic details of respondents

Sn	Socio-demographic parameters	Frequency	Percentage
1.	<i>Gender</i>		
	Male	140	27.8
	Female	344	68.3
	Prefer not to say	20	3.9
2.	<i>Age range (years)</i>		
	18 – 24	322	65.9
	25 – 34	39	7.7
	35 – 44	52	10.3
	45 – 54	40	7.9
	≥ 55	41	8.1
3.	<i>Religion</i>		
	Christianity	441	87.5
	Islam	51	10.1
	Traditional worshipper	6	1.2
	Others	6	1.2
4.	<i>Employment status</i>		
	Unemployed	204	40.5
	Self-employed	176	34.9
	Civil servant	72	14.3
	Private sector worker	30	6.0
	Retired	22	4.4
5.	<i>Highest educational level</i>		
	Nor formal education	37	7.3
	Primary education	28	5.6
	Secondary education	145	28.8
	Tertiary education	294	58.3
6.	<i>Marital status</i>		
	Single	322	63.9
	Married	141	22.6
	Divorced	15	9.7
	Separated	21	4.2
	Prefer not to say	5	0.9
7.	<i>Number of children/dependents</i>		
	None	366	66.7
	1 – 3	114	22.6
	4 – 6	49	9.7
	> 6	4	0.8
8.	<i>Average monthly income (Naira)</i>		
	No income	198	39.3
	≤ 30,000	189	37.5
	31,000 – 60,000	39	7.7
	61,000 – 90,000	31	6.2

Table 2. Respondents' knowledge/awareness of health insurance

Sn	Questions	Frequency	Percentage
1.	<i>Have you ever heard of health insurance?</i>		
	Yes	335	66.5
	No	169	33.5
2.	<i>Do you know how health insurance works?</i>		
	Yes	92	18.3
	No	412	81.7
3.	<i>Are you aware that there are affordable health insurance plans for low-income earners in Nigeria?</i>		
	Yes	192	38.1
	No	312	61.9
4.	<i>Which body regulates health insurance in Nigeria?</i>		
	Federal Ministry of Health	223	44.2
	National Health Insurance Authority*	212	42.1
	National Insurance and Pension Agency	49	9.7
	Central Bank of Nigeria	9	1.8
	None of the above	11	2.2
5.	<i>Enrollees/subscribers to health insurance periodically pay a stipulated premium for their health insurance plan</i>		
	True*	408	81.0
	False	83	16.4
	Do not know	13	2.6
6.	<i>Health maintenance organisations cover all or part of the medical bills of enrollees/subscribers of their schemes</i>		
	True*	233	46.2
	False	73	14.5
	Do not know	198	39.3
7.	<i>Enrollees/subscribers of health maintenance organisations (HMOs) schemes can only get healthcare coverage at accredited health facilities approved by their HMOs</i>		
	True*	214	42.5
	False	62	12.3
	Do not know	228	45.2
8.	<i>Micro health insurance is characterised by cheaper premiums (fees) and focuses more on primary healthcare needs</i>		
	True*	185	36.7
	False	76	15.1
	Do not know	243	48.2
9.	<i>Health insurance in Nigeria is for government workers (civil servants) only</i>		
	True	94	18.7
	False*	257	51.0
	Do not know	153	30.4

*Correct option

Table 3. Respondents’ perception of health insurance schemes

Sn	Questions	Frequenc y	Percentage
1.	<i>Health insurance is expensive</i>		
	True	213	42.3
	False	219	57.7
2.	<i>Health insurance is a waste of resources</i>		
	True	102	20.2
	False	402	79.8
3.	<i>It is necessary for people to enroll in a health insurance scheme</i>		
	True	384	76.2
	False	120	23.8
4.	<i>Health insurance is for wealthy people only</i>		
	True	135	26.8
	False	369	73.2
5.	<i>Young and healthy people have no need for health insurance</i>		
	True	121	24.0
	False	383	76.0
6.	<i>People who rarely fall ill do not need health insurance</i>		
	True	126	25.0
	False	378	75.0
7.	<i>Paying for health insurance is cheaper than out of pocket payment for healthcare services</i>		
	True	247	49.0
	False	257	51.0
8.	<i>The process of accessing healthcare services via health insurance is tedious</i>		
	True	248	49.2
	False	256	50.8
9.	<i>Health insurance companies, like other types of insurance companies, cannot be trusted</i>		
	True	126	25.0
	False	379	75.0

Table 4. Respondents’ willingness to enrol in health insurance schemes

Sn	Questions	Frequency	Percentage
1.	<i>Are you willing to enrol in a health insurance scheme</i>		
	Yes	128	25.4
	No	376	74.6
2.	<i>If Yes, which category of health insurance provider would you prefer?</i>		
	Government (e.g., NHIA)	78	60.9
	Privately owned insurance companies	50	39.1
3.	<i>If yes, how would you prefer to pay for your health insurance plan?</i>		
	Monthly deductions from my salary by my employer	59	46.1
	Monthly deductions from my savings account	28	21.9

	Direct payment to an agent/staff of the insurance company	41	32.0
4.	<i>What is the maximum amount of money you are willing to pay monthly for a health insurance plan?</i>		
	N1,000 (Naira) monthly	47	36.7
	N2,000 (Naira) monthly	32	25.0
	N3,000 (Naira) monthly	25	19.5
	N4,000 (Naira) monthly	8	6.3
	N5,000 (Naira) and above monthly	16	12.5

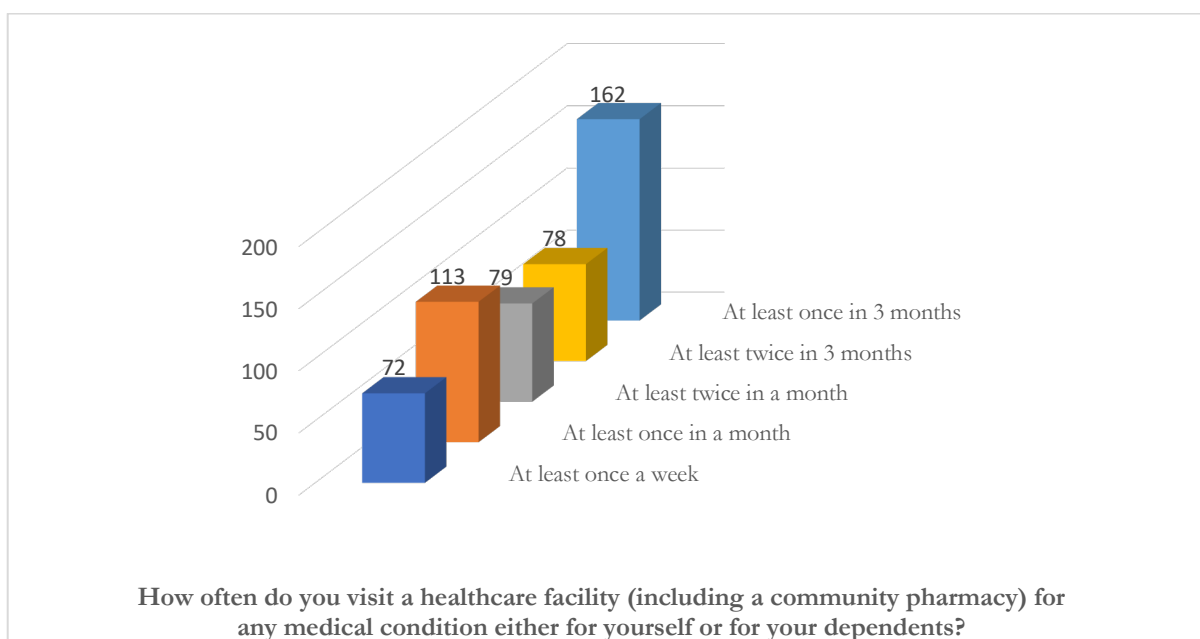


Figure.1. Frequency of visit to a healthcare facility.

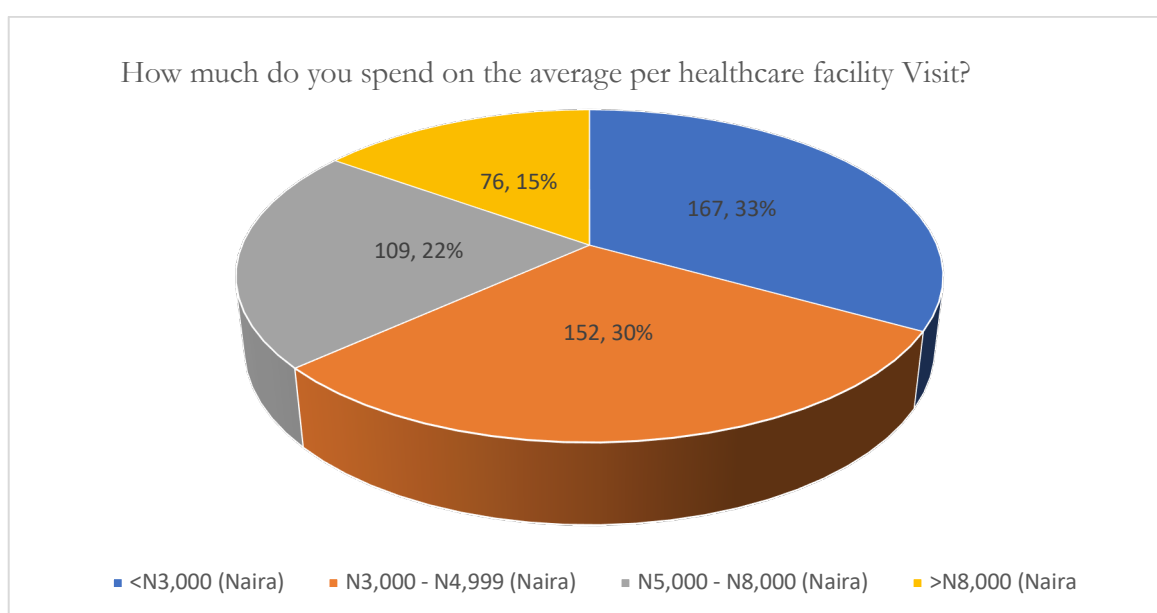


Figure 2. Average amount spent per healthcare facility visit.

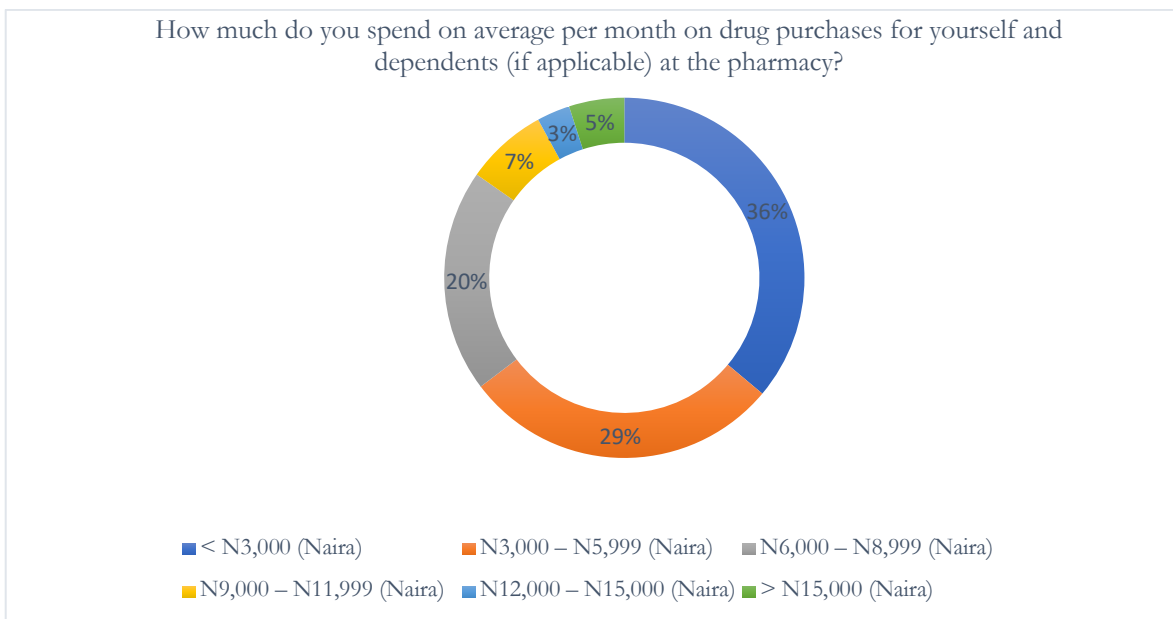


Figure 3. Average amount spent on drug purchases in a month.