

# **Determinants of National Health Insurance Scheme Utilization Among Heads of Households in Selected Communities in Ogun State, Nigeria**

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## **Abstract**

The study investigated the determinants of National Health Insurance Scheme Utilization among heads of households in selected communities in Ogun State, Nigeria. The study utilized descriptive cross-sectional design. A multi-stage sampling procedure was used to select 422 heads of households in selected communities of Ogun State. A self-structured questionnaire was designed by the researcher. The content and face validity of the instrument was done by experts of Tests and Measurement with background in Health Education. Cronbach's alpha was utilized to estimate the reliability index of 0.80. Descriptive statistics were used to answer the research questions while linear regression was utilized to test the four hypotheses at 0.05 level of significance. The findings revealed that some of the respondents do not utilize NHIS 144 (34.1%) while 278 (65.9%) of the respondents utilizes NHIS. Majority of the respondents 324 (78.8%) are knowledgeable about NHIS while 98 (23.2%) are not knowledgeable about NHIS. Majority of the respondents had positive attitude towards NHIS. In addition, there is a significant influence of knowledge ( $R^2 = 0.683$ ,  $p = 0.000$ ), attitude ( $R^2 = 0.872$ ,  $p = 0.000$ ) and educational status ( $R^2 = 0.896$ ,  $p = 0.000$ ) on utilization of NHIS but economic status ( $R^2 = 0.094$ ,

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p=0.199) has no significant influence on utilization of NHIS. It was recommended among others that Heads of households should be motivated by health practitioners on utilization of National Health Insurance Scheme as this will ensure achieving universal health coverage thereby reducing incurring debts and good health seeking behaviour of family members.

**Keywords:** Determinants, National Health Insurances Scheme, Utilization, Heads of Households,

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## Introduction

Utilization of National Health Insurance Scheme (NHIS) is an issue of concern because of its effect on the health and finance of individuals and the society at large as heads of family are decision makers who play an important role in health-seeking behaviour of their family members and also responsible for bearing cost of care in which out of pocket health expenses have made many citizens in Nigeria especially in the remote areas to incur debts. Globally about 7.3 billion people of the world's populations are unable to obtain important health care services due to large numbers of households (Tedros, 2017). In recent times, 800 million people spend at least 10 percent of their household's budgets on health expenses for a sick child, other family members and themselves (Hogan, Steven, Hosseinpoor & Boerma, 2017).

Health system in Nigeria has been revolving over the years through health care reforms to address the public health challenges confronting the country. One of the reforms is National Health Insurance Scheme (NHIS) (Aregbesola & Khan, 2018). It is a corporate body created under Act 35 of 1999 constitution of the Federal Government of Nigeria launched in 2005: to improve the health of all Nigerians at affordable cost, provide financial and social protection for families by providing equitable access to good basic health services and reduce the cost (Uzochukwu, Ughasoro, Etiaba, Okwuosa, Envuladu & Onwujekwe, 2015).

NHIS was given a presidential mandate at the time it was launched to achieve universal health coverage by 2015 through its programmes which led to the developments of additional programmes for rural communities, informal sector employees, voluntary contributors, student of tertiary educational institutions and vulnerable groups (Onoka, Hanson & Hanefeld, 2015). Despite this fact Nigeria has had a restricted scope of legal coverage for social and financial protection which has made over 90% of the Nigerian population to be without health insurance coverage (International Labor Organization, 2014) but serves only about 4.0% of an estimated total population of 170 million people in Nigeria (Adewole, Adebayo, Udeh, Shaahu & Dairo, 2015).

Accumulation of hospital bills make people forego the healthcare services they need including laboratory investigations and treatments which often results into late presentations in the hospital with complications due to financial constraint. Out of pocket payment for health-care services is a very big challenge in Nigeria and it affects the ability of households and individuals to meet basic needs and push many below the poverty line (Aregbesola, 2016). Households in Nigeria incurred catastrophic out of pocket health payments at 10% threshold of total consumption expenditure and has a higher catastrophic effect of out of pocket health payments compared with other African countries such as Ghana, Senegal, Zambia (Aregbesola & Khan, 2018).

The objectives and intentions of the goals of NHIS is to provide universal healthcare access and comprehensive health care delivery at affordable costs, covering employees of the formal sector, self-employed, as well as rural communities, the poor and the vulnerable groups; however, even with so much efforts the utilization has been slow and low with less than 10% of Nigerian population having access to healthcare services connoting minimal utilization (Onoka, et al. 2015).

Ogun State is one of first few states that embraced the use of NHIS early, officially launched it and passed a bill for a law with the objectives of ensuring access to good health care services to all residents and protect their families from financial hardship of huge medical bills (Adekunbi, 2018) but only 0.75% out of 4.3 million Ogun State population are utilizing and benefiting from the health care services under the scheme (Ipaye, 2018).

In Ogun State, the researcher observed that there is increase in waiting time at general out-patient clinics in different hospitals associated with numerous hospital visits that often lead to admissions into the wards accompanied with prolonged hospital stay and lot of challenges to settle bills which predisposes the patient to abandonment by the relation, distortion in family members' togetherness and the heads of households to psychological imbalance. A tour of some the communities and interview of people shows the low utilization of national health insurance scheme; many of them seek and receive medical care by paying one hundred percent of the healthcare cost in hospitals operating in free market that demand upfront payments even when some of the hospitals are NHIS accredited; this practice lead to reduced access to basic necessities and depleting their long-term savings.

Lack of knowledge of the existence of NHIS is another determinant and most Nigerians' attitude towards of the scheme has been characterized with a lot of misconceptions and concerns as regards the financial contribution to the scheme as they are completely ignorant of the benefits. Knowledge about an activity or issue often precedes arousal of interest and possible active utilization of such activity; it has been shown that adequate knowledge about health insurance has positive relationship with membership and utilization of a health insurance scheme (Ezeaka, Ugwu, Mukhtar-Yola, Ekure & Olusanya, 2014).

Studies have shown that there is a significant relationship between attitude and utilization of a health insurance scheme. Positive attitude of the populace about NHIS and its benefits could lead to a high level of utilization of the scheme (Adewole, et. al, 2015). Other important determinants include educational level and economic status. Aregbesola and Khan (2018) added that membership and utilization of a form of health insurance is more likely among those with formal or higher education and their inability to afford a set of premium because of their poor financial status due to inconsistent income.

This study was therefore embarked upon to identify those determinants of utilization of the national health insurance scheme among heads of households in selected communities of Ogun State in Nigeria. Based on the foregoing, the study investigated the determinants of national health insurance utilization among heads of households in selected communities in Ogun state, Nigeria. The study specifically:

- i. examined the utilisation of National Health Insurance Scheme among heads of households;
- ii. ascertained the knowledge of heads of households about National Health Insurance Scheme;
- iii. determined the attitude of heads of households towards National Health Insurance Scheme; and
- iv. determined the influence of heads of households' knowledge, attitude, economic status and educational status on utilization of National Health Insurance Scheme.

### Research Questions

The following research questions were raised to guide the study:

1. What is the utilisation of National Health Insurance Scheme among heads of households?
2. What is the knowledge of heads of households about National Health Insurance Scheme?
3. What is the attitude of heads of households towards National Health Insurance Scheme?

## Research Hypotheses

The following null hypotheses were generated for this study:

1. There is no significant influence of heads of households' knowledge on utilization of National Health Insurance Scheme.
2. There is no significant influence of heads of households' attitude on utilization of National Health Insurance Scheme.
3. There is no significant influence of heads of households' economic status on utilization of National Health Insurance Scheme.
4. There is no significant influence of heads of households' educational status on utilization of National Health Insurance Scheme.

## Methodology

A descriptive cross-sectional survey design was utilized to explore the determinants of National Health Insurance Scheme utilization. The study population were heads of households in selected communities of Ogun State. The sample size was determined using the Cochran formula with assumption of 95% confidence interval and 5% margin error. The total sample for the study was 422 heads of households and the selection of the sample was selected through using multi-stage sampling procedure.

A self-developed questionnaire was used as instrument for data collection in this study. The questionnaire was self-developed based on the study objectives and review of relevant literatures. The questionnaire was in sections and designed to contain close ended questions. The questionnaire was designed in such a way that the participants responded by choosing from options provided in each question. The questionnaire was divided in five sections, A, B, C, D and E. Section A sought for socio-demographic characteristics of the respondents while section B consisted of items on NHIS Utilization and section C consisted of items on knowledge of respondents about NHIS. Section D consisted of items on attitude towards NHIS.

The validity of the research instrument was done through face and content validity techniques. The questionnaire was subject to thorough scrutiny and elimination of ambiguity by experts of Tests and Measurement with background in Health Education. The instrument was tested by the researcher among 10% of population who were not part of the study population in order to check for the internal consistency of the items. Using the Cronbach's alpha, the reliability score was 0.80.

The collected data was checked for completeness and correctness. The data was compiled, coded and analyzed using Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics such as mean, standard deviation, frequency and percentage were calculated from the collected data. The results were presented using frequency tables. Linear Regression was used to analyze the hypotheses at 0.05 level of significance.

## Results

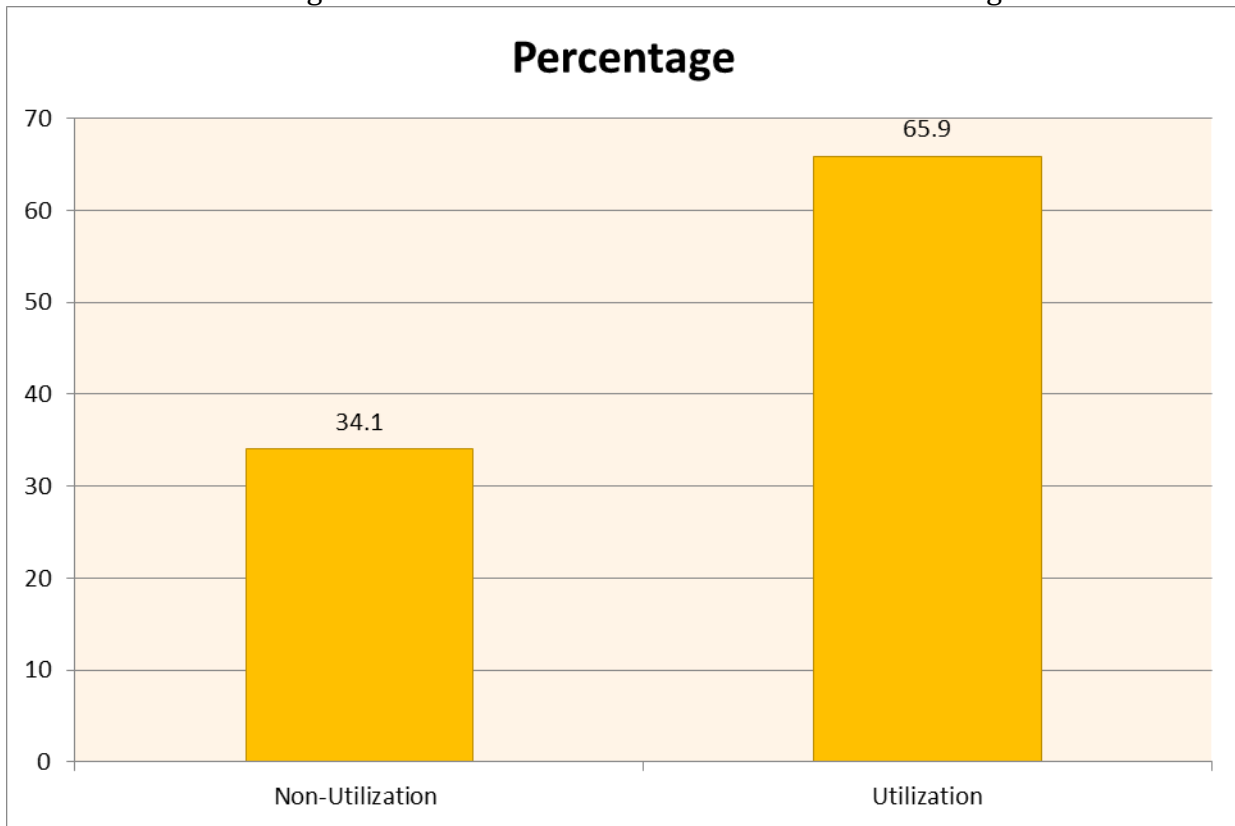
### Descriptive Analysis

**Research Question 1:** What is the utilisation of National Health Insurance Scheme among heads of households?

**Table 1: Summary of NHIS Utilization**

Variables	Frequency	Percentage
Non-Utilization	144	34.1
Utilization	278	65.9
<b>Total</b>	<b>422</b>	<b>100.0</b>

Table 1 reveals the number of the head of households that utilize and do not utilize NHIS. 144 (34.1%) of the heads of households do not utilize NHIS scheme while 278 (65.9%) utilizes the scheme. Figure i further revealed the utilisation of NHIS at a glance



**Figure i:** Bar Chart Showing utilisation of NHIS among Heads of Households

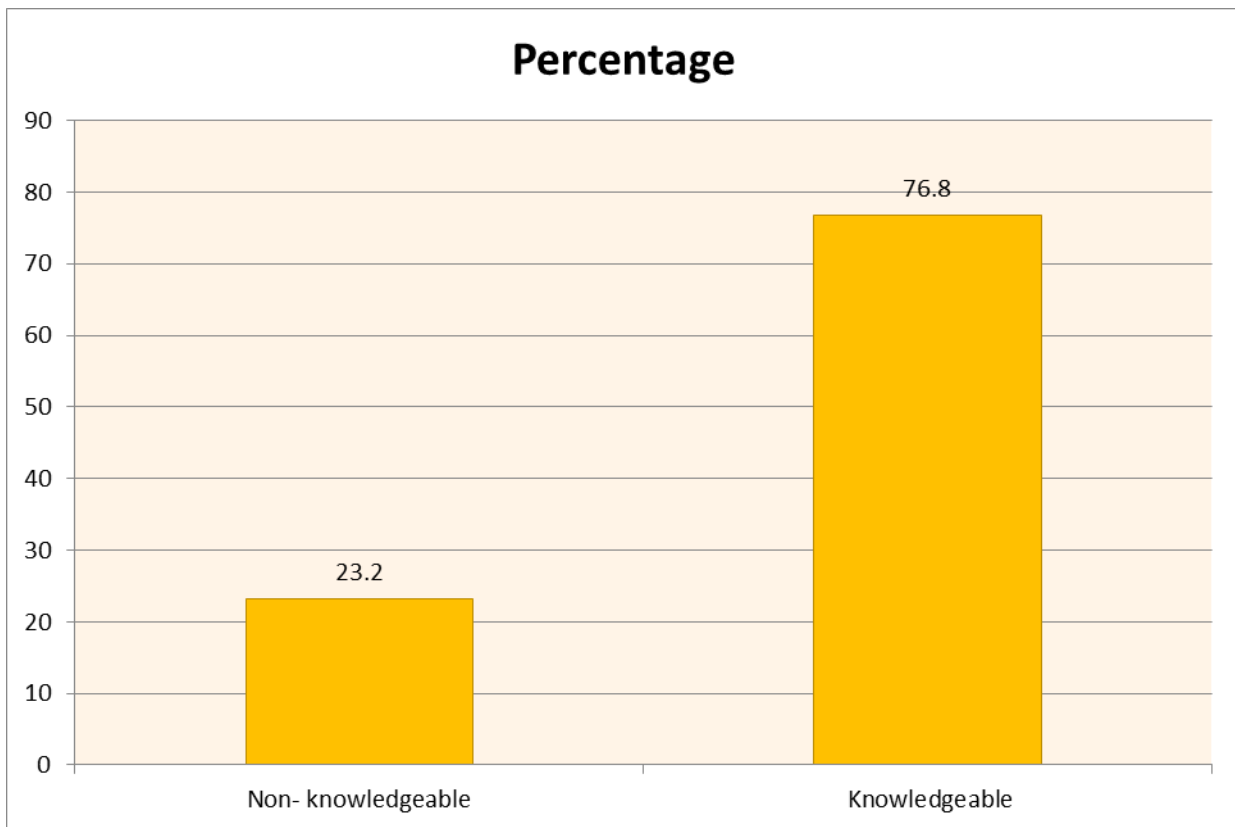
**Research Question 2:** What is the knowledge of heads of households about National Health Insurance Scheme?

**Table 2: Summary of Knowledge of Heads of Households about NHIS**

KNOWLEDGE	FREQUENCY	PERCENTAGES
Non- knowledgeable	98	23.2%
Knowledgeable	324	76.8%
<b>Total</b>	<b>422</b>	<b>100</b>

Table 2 shows that majority of the respondents have knowledge about NHIS. 324 (76.8%) are knowledgeable while 98 (23.2%) are non-knowledge about NHIS. Figure ii further revealed the knowledge of heads of households about National Health Insurance Scheme at a glance





**Figure ii:** Bar Chart Showing Knowledge of Heads of Households about NHIS

**Research Question 3:** What is the attitude of heads of households towards National Health Insurance Scheme?

**Table 3: Attitude of Respondents to National Health Insurance Scheme**

S/N	VARIABLES	SA	A	D	SD	Mean	S.D
1.	NHIS is a good idea and satisfactory	164 (38.9)	211 (50.0)	40 (9.5)	7 (1.7)	3.2	0.69
2.	It minimizes financial hardship	180 (42.7)	188 (44.5)	46 (10.9)	8 (1.9)	3.2	0.73
3.	NHIS should be for everybody	211 (50.0)	163 (38.6)	31 (7.3)	17 (4.0)	3.3	0.78
4.	NHIS improve the health status of one's household	174 (41.2)	201 (47.6)	35 (8.3)	12 (2.8)	3.2	0.73
5.	It is better than out of pocket payments	159 (37.7)	226 (53.6)	29 (6.9)	8 (1.9)	3.3	0.67
6.	NHIS does not have significant adverse consequences	153 (36.3)	148 (35.1)	106 (0.3)	15 (3.6)	3.0	0.86
7.	It promotes access to health care	183 (43.3)	209 (49.5)	18 (4.3)	12 (2.8)	3.3	0.69
8.	It enhances equity among different income groups	146 (34.6)	199 (47.2)	61(14.5)	16 (3.8)	3.1	0.79
9.	It enhances savings for other thing	168 (39.8)	188 (44.5)	49 (11.6)	17 (4.0)	3.2	0.79

10.	NHIS gives peace of mind	162 (38.4)	197 (46.7)	46 (10.9)	17 (4.0)	3.1	0.78
11.	NHIS ensures stress-free consistent medical check-ups	164 (38.9)	172 (40.8)	80 (19.0)	6 (1.4)	3.1	0.77
12	Some sickness goes on their own, no need to waste money seeking for health care	56 (13.3)	113 (26.8)	171(40.5)	82(19.4)	2.1	0.93

Table 3 shows the attitude of the respondents toward NHIS scheme, majority of the respondents agreed that NHIS is a good idea and it's satisfactory (M=3.2, S.D=0.69). Majority of the respondents also agreed that the scheme minimizes financial hardship (M=3.2, S.D=0.73). Also majority of the respondents agreed that the scheme should be for everybody (M=3.3, S.D=0.78). Majority of the respondents also agreed that NHIS improves the health status of one's household (M=3.2, S.D=0.73) and that the scheme is better than out of pockets payment, does not have adverse consequences, promotes access to health care and enhances equity among different income groups. But majority of the respondents disagreed that some sickness go on their own (M=2.1, S.D=0.93).

### Testing of Hypotheses

**Hypothesis 1:** There is no significant influence of heads of households' knowledge on utilization of National Health Insurance Scheme.

**Table 4: Influence of knowledge on utilization of National Health Insurance Scheme**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	0.142	.064		2.210	.028
Knowledge	0.858	.035	.764	24.279	.000
R= 0.764 R <sup>2</sup> = 0.683					

Dependent Variable: Utilization of NHIS

The result in Table 4 reveals that knowledge of respondents about NHIS have positive significance on utilization of NHIS with  $\beta = 0.764$ , t statistic of 24.279 with computed p-value of 0.000 which is below the level of significance (0.05) adopted for this study. This shows that increase in knowledge of respondent's leads to 68% (R<sup>2</sup> =0.683) corresponding increase in utilization of NHIS. Therefore, the earlier set null hypothesis was rejected while the alternate is accepted. Hence, there was significant influence of heads of households' knowledge on utilization of National Health Insurance Scheme

**Hypothesis 2:** There is no significant influence of heads of households' attitude on utilization of National Health Insurance Scheme

**Table 5: Influence of attitude on utilization of National Health Insurance Scheme**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.028	.093		11.053	.000
Attitude	0.704	.014	.934	6.983	.000
R = 0.934; R <sup>2</sup> = 0.872					

Dependent Variable: Utilization of NHIS



The result in Table 5 reveals that attitude of respondents towards NHIS have positive significant influence on utilization of NHIS with  $\beta = 0.934$ , t statistic of 6.983 computed p-value of 0.000 which is below the level of significance (0.05) adopted for this study. This shows that positive attitude of respondents lead to 87.2% ( $R^2=0.872$ ) corresponding increase towards utilization of NHIS. Therefore, the earlier set null hypothesis was rejected while the alternate is accepted. Hence, there was significant influence of heads of households' attitude on utilization of National Health Insurance Scheme

**Hypothesis 3:** There is no significant influence of heads of households' economic status on utilization of National Health Insurance Scheme.

**Table 6: Influence of economic status on utilization of National Health Insurance Scheme**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.774	.093		19.129	.000
Economic Status	0.366	.235	.363	1.285	.199
R = 0.308; R <sup>2</sup> = 0.094;					

Dependent Variable: Utilization of NHIS

The result in Table 6 indicates that economic status of respondents have no significant influence on the utilization of NHIS with (t= 1.285, p-value of 0.199) which is above the level of significance (0.05) adopted for this study. This shows that economic status of respondents do not lead to corresponding increase towards the utilization of NHIS. Therefore, the null hypothesis is not rejected. Hence, there was no significant influence of heads of households' economic status on utilization of National Health Insurance Scheme.

**Hypothesis 4:** There is no significant influence of heads of households' educational status on utilization of National Health Insurance Scheme

**Table 7: Influence of educational status on utilization of National Health Insurance Scheme**

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.123	.098		11.509	.000
Educational Status	.719	.012	.947	5.645	.000
R = 0.947 R <sup>2</sup> = 0.896					

Dependent Variable: Utilization of NHIS

Table 7 reveals that the educational status of respondent has significant influence on the utilization of NHIS with  $\beta = 0.947$ , t statistic of 5.645 computed p-value of 0.000 which is below the level of significance (0.05) adopted for this study. This shows that educational status of respondents lead to 89.6% ( $R^2 = 0.896$ ) corresponding increase towards the utilization of NHIS. Therefore, the earlier set null hypothesis will be rejected while the alternate is accepted. Hence, there was significant influence of heads of households' educational status on utilization of National Health Insurance Scheme

## Discussion

The study revealed that there is utilization of NHIS scheme by the heads of households as 278 (65.94%) have high usage of the scheme. This is majorly due to the fact that most of the Federal Government workers are currently the major beneficiary of NHIS scheme. Low income earned households were less likely to utilize healthcare than households earning higher income. In literature, households which were categorized as rich were more likely to utilize healthcare than households whose wealth index was categorized as poor; this is in consonance with a study conducted in Rwanda and China which showed that high income farmers were more likely to utilize outpatient services under health insurance than low income farmers because of perceived cost of premium and treatment (Dixon, Tenkorang, Luginaah, Kuuire & Boating, 2014).

The outcome of this study showed that many of the respondents are knowledgeable about NHIS 324 (76.8%). This result is similar to the study conducted by Oladimeji, Alabi and Adeniyi (2019) that showed almost all respondents (89.5%) have knowledge about NHIS. However, on the contrary to the result of a study done by Ilochonwu and Adedigba, (2017) which showed that health workers knowledge about NHIS scheme was inadequate. As observed in the literature, knowledge is important in taking the right course in life in a way that is useful to oneself, the family and society at large (Narayanan, 2016).

This study shows a deviation from some previous study on the attitude of respondents toward NHIS scheme; majority of the respondents in this study agreed that the scheme is a good idea, satisfactory and have positive attitude toward it. Many of the respondents agreed to the many benefits of NHIS like minimizing financial hardships, improving family's health status and promoting health care. Also, Adewole, et al. (2015) participants expressed interest in the NHIS. Data from Kano cohort of 100 participants indicated that majority were of the opinion that the NHIS is a good initiative. But this is in contrast to a related study carried out in Oyo state, where majority of the respondents want the programme discontinued. This may be attributed to the lack of confidence in the programme like previous government programmes or the lack of a social insurance model that will ensure a universal coverage.

The findings of the study revealed that there was significant influence of the head of household knowledge on the utilization of NHIS. The heads of households are often responsible for the payment of medical expenses therefore their knowledge is very essential for the utilization of the scheme. This result is supported by a study carried out in Southeast Nigeria on perceived utilization of NHIS by Nwankor, Aneke, Henry-Arize and Okoronkwo (2018) where knowledge about NHIS resulted to high utilization among the respondent but contradict the findings in a study on awareness and utilization of NHIS by Okaro, Ohagwu and Njoku (2010) where knowledge does not translate to the utilization among radiographers who are also health workers. The knowledge of health workers about the scheme will signify their readiness to utilize it

Attitude of respondents in this study was found to significantly influence their utilization of NHIS. Adibe, Udeogaranya and Ubaka (2011) also reiterated that awareness of these government programs and activities makes the governed to have positive attitude and perception towards these programs thus improving their participation and responsiveness to these programs. Also, sensitization and attitude about/towards an activity or issue often precede arousal of interest and possible utilization. Positive attitude of the populace about NHIS and its benefits could lead to a high level of utilization of the scheme (Adewole, et al. 2015).

Result from the study revealed that there was no significant influence of heads of

households' economic status on utilization of National Health Insurance Scheme. This is not in consonance with previous study by Adewole et. al (2015) who concluded that income level influenced the preference to utilize NHIS.

Result in this study deduced that there was significant influence of heads of households' educational status on utilization of National Health Insurance Scheme. Majority of the head of household are knowledgeable about the scheme which transcend to increase utilization. This could be due to the fact that it is mostly federal government employees that are currently benefiting from this scheme. This is further buttressed by Adibe, et al. (2011) who noted that education pave way to improve the general healthcare, build up confidence to make decisions about one's own health. This is supported by a study Adewole et.al (2015) carried out that education was found to influence utilization of NHIS especially higher education (tertiary/secondary).

### Summary of Major Findings

The following are the major findings of the study:

1. There is no utilization of National Health Insurance Scheme among some heads of households in the selected communities.
2. Majority of the heads of households are knowledgeable about National Health Insurance Scheme.
3. Majority of the heads of households have a positive attitudes to National Health Insurance Scheme
4. There is significant influence of knowledge, attitude and educational status on utilization of National Health Insurance Scheme.

### Conclusion

It can be concluded that the heads of households' knowledge and attitude were found to be high and positive respectively by the researcher in the present study, yet the utilization of the scheme was not encouraging. In addition, knowledge, attitude and educational status of heads of households influenced utilization of National Health Insurance Scheme.

### Recommendations

Based on the findings of this study, the following recommendations are made;

1. Heads of households should be motivated by health practitioners on utilization of National Health Insurance Scheme as this will ensure achieving universal health coverage thereby reducing incurring debts and good health seeking behaviour of family members.
2. There is a need for reorganization in registering for National Health Insurance Scheme to help heads of households with the realities that they may confront in seeking and utilizing healthcare services.
3. An evidence-based intervention that can be rephrased to form health information for heads of households and lead to meaningful change in usual nursing care in Nigeria needed for potent utilization of healthcare services which must be provided by nurses and healthcare providers.
4. The NHIS Act should be revised in other to accommodate all Nigerians irrespective of whether one works with Federal or State government or private institutions in order to promote utilization of the scheme corresponding to positive attitude toward it
5. Mandatory registration of civil servants and workers in private firms into the scheme should be enforced, as their own contributions could be collected at source of salary payment

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