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AWARENESS AND PERCEIVED BENEFITS OF KWARA STATE HEALTH INSURANCE SCHEME AMONG RESIDENTS OF ADEWOLE ILORIN WEST LGA KWARA STATE

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Keywords: Awareness, perceptions, Healthcare and insurance scheme..

ABSTRACT

This study assesses the assessed awareness and perceived benefits of Kwara state insurance scheme among residents of Adewole in Ilorin West LGA Kwara state. The study used a descriptive cross-sectional study design. Residents of the Adewole community, which is part of the Ilorin West Local Government Area, participated in this study. For the study on perceptions of Kwara State's benefits and awareness, a multi-stage sampling technique was employed. Adewole, Ilorin West LGA, Kwara state people are covered by a health insurance program. In the first stage, five villages were chosen at random from the total number of villages in Ilorin West. Additionally, households in the streets of the chosen villages were chosen through systematic random sampling. To guarantee that adults were recruited for the study, respondents were chosen by a purposive method. The data obtained from the study were analyzed using SPSS version 21 (Statistical Package for the Social Sciences). The use of descriptive statistics was made, and frequency tables and percentages were used to present the data. To assess the degree of association between chosen variables at $p<0.05$, inferential statistics like chi-square were also used.

The study reveal that majority of the respondent age fall-within 20-30 years with mean and standard deviation (Mean ± SD) 38 ± 8.9 57.2 percent of respondents were female, 627 percent were married, and 48.5 percent had a healthcare insurance plan. Additionally, this study found that more than half (68.2%) of the respondents were familiar with secondary health insurance coverage and that (74%) of respondents were aware of the Kwara State Health Insurance program. This poll also shows that a majority of respondents (54.3%) had a positive opinion of KSHIS. This survey also identified the challenges faced by KSHIS, such as the attitude of healthcare professionals (64.0%), lack of service (58.3%), high cost of care (51.3%), and delay in acquiring insurance (58.3%), which were all challenges. The majority of respondents (60.2%) had a positive impression of the Kwara Health Insurance Scheme, and the majority of respondents (74.0%) had good awareness of it. This study also demonstrated a substantial relationship between respondents' perceptions of the state health insurance scheme and their age, gender, and level of education. Adewole inhabitants in the Ilorin West LGA of Kwara State had a mixed understanding of health insurance, though participation was high. To clear obstacles to using and operating the plan, pertinent action should be implemented.

Keyword: Awareness, perceptions, Healthcare and insurance scheme.

INTRODUCTION

The health of a nation's people determines its wealth, according to a recent World Health Organization report (2022). Therefore, every nation aiming to grow its economy should work to enhance the wellbeing of its people so they can support growth (WHO, 2022). Since the health sector is considered to be the main driver of growth and development in any nation, health is a social service that is extremely vital to the densely populated nation. (Ujunwa *et al.*, 2014; Agba & Agba, 2020; Ghaddar *et al.*, 2018). However, health care is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (Osae-Brown, 2013; Kabir *et al.*, 2014; Jehu-Appiah *et al.*, 2019; Schneider & Diop, 2014; Basaza *et al.*, 2020).

Even when compared to other African nations, Nigeria's health expenditure is comparatively modest, according to the Federal Ministry of Health (2015). Between 1998 and 2000, the total health expenditure (THE) as a proportion of the GDP (GDP) was less than 5 percent, trailing other developing nations like Kenya (5.3 percent), Zambia (6.2 percent), Tanzania (6.8 percent), Malawi (7.27 percent), and South Africa (7.5 percent) in this regard (WHO, 2022). Some finance arrangements for health care have not been successful due to issues like inadequate institutional ability, corruption, an unstable economy, and a lack of political will(Jehu-Appiah *et al.*, 2019; Schneider & Diop, 2014).

According to Trujillo (2013), insurance is a risk-transfer mechanism in which the insured pays a third party (the insurer) on a regular basis in exchange for the distribution of benefits upon the occurrence of a predetermined event. Consequently, health insurance includes combining cash and health risks (Ujunwa et al., 2014; Kronick & Gilmer, 2019). The National Health Insurance Scheme (NHIS) in Nigeria was created to give workers a minimal level of financial protection in the event of unfavorable losses brought on by accidents, illness, old age, unemployment, etc (FMOH, 2015). It is built on a pre-payment system in which both the company and the employee make contributions to the plan, and the employee uses the plan whenever they become ill (FMOH, 2015). The scheme was officially launched on June 6, 2005, and services to enrolees started later in 2005 (FMOH, 2015). According to Omoruan *et al.* (2019) over four million identity cards have been issued, 62 HMOs (Health Maintenance Organisations) have been accredited and registered and more applications are being processed. The health insurance is unarguably an indispensable strategy for improving the poor health indices of the country and reducing out-of-pocket expenditure for quality health care services (Omoruan *et al.*, 2019; Alsan *et al.*, 2014). Since the implementation of health insurance scheme, about five million Nigerians can readily access care through the health insurance. The health insurance scheme benefits packages are very comprehensive, covering virtually all the medical needs of the enrollees from consultation, to

drugs, consumables, and other minor surgeries (Ujunwa *et al.*, 2014; Agba & Agba, 2020; Omoruan *et al.*, 2019). Resident people undoubtedly contribute significantly to the nation's economic growth (Onwujekwe et al., 2016; Gottret & Schieber, 2016; Bruce et al., 2018; Atim & KonDyou, 2018).

The provision of adequate, quality healthcare should be viewed as a key priority for civil servants who want to improve the public service workforce and the delivery of public services (Ujunwa et al., 2014). Due to the alluring packages, residents would place a high value on health insurance (Bruce et al., 2018; Atim & KonDyou, 2018). Some of its packages include out-patient care, medical consumables, drugs, and diagnostic tests. Free in-patient care in a standard ward for fifteen cumulative days per year is also inclusive (Atim & KonDyou, 2018). Health planners advocated for the expansion of health insurance as an essential component of Nigeria's healthcare reform and poverty reduction (Ghaddar *et al.*, 2018; Basaza *et al.*, 2020).

However, just a small percentage of Nigerians enroll in health insurance (FMOH, 2015). Working people have access to state-run mandated health insurance programs, and it's crucial to comprehend their availability and benefits perception (FMOH, 2015; Omoruan et al., 2019). According to studies, public sector enterprises like as railroads, defense and security forces, mining sectors, and others offer employer-based programs that provide medical services and benefits to the employee and his or her dependent family. (Ukwaja *et al.*, 2013; Ewelukwa *et al.*, 2013; Onwujekwe *et al.*, 2016; Asante & Aikins, 2018). Individual subscriptions are available from private insurance providers for health insurance (Onwujekwe et al., 2016). Community-based programs and government-sponsored, subsidized programs are available for those who worked in the unorganized sector, although data on residents of rural and community-based areas is scarcer. The purpose of this study is to ascertain how well-known and appreciated the Kwara state insurance program is among people living in Adewole, Ilorin West LGA, Kwara State.

Insurance programs offer financial security to lessen catastrophic healthcare costs and financial obligations brought on by unforeseen health events that necessitate hospitalization. Additionally, it is a cashless transfer program that enables people to obtain treatments from any accredited private hospital (Akwukwuma & Igodan, 2012; Ghaddar et al., 2018; Basaza et al., 2020). There is no age restriction and preexisting conditions are covered. To help government agencies and concerned parties make informed decisions, it is crucial to understand how residents feel about this program and how they view its advantages. The results of this study on inhabitants of Ilorin West LGA's awareness of and perceptions of the advantages of the Kwara state insurance program are crucial to the body of literature since they will aid future researchers in synthesis and filling in knowledge gaps. Additionally, this study is crucial for supplying physicians and

healthcare professionals with details on participants' perceptions of the regional health services' benefits as well as for enabling them to better match their talents in health education with locals and patients in general. This study is especially important for academic institutions and researchers that work in community development.

Research Questions

i. What are the socio economic characteristics of residents of Adewole Ilorin West LGA Kwara state?

ii. What is the awareness of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state?

iii. What are the perceived benefits of Kwara state insurance scheme among residents Adewole of Ilorin West LGA Kwara state?

iv. What are possible barriers associated with the use of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state?

General Objectives

The general objective of this study is to determine the awareness and perceived benefits of Kwara state insurance scheme among residents Adewole of Ilorin West LGA Kwara state.

Specific Objectives

i. To determine the socio economic characteristics of residents of Adewole Ilorin West LGA Kwara state.

v. To determine the awareness of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state.

vi. To ascertain the perceived benefits of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state.

vii. To determine possible barriers associated with the use of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state.

Research Hypothesis

H_0 (null hypothesis): There is no association between socio economic characteristics and perceived benefits of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state.

H_1 (alternative hypothesis): There is an association between socio economic characteristics and perceived benefits of Kwara state insurance scheme among residents of Adewole Ilorin West LGA Kwara state

MATERIALS AND METHODOLOGY

Area of Study

Adewole community is one which is located in the Ilorin West Local Government Area. Ilorin West Local Government Area occupies a land area of 105 km² and according to National Population Census (NPC), this local government has a population of 364,666 at the 2006 census, making densest of all the local government in Ilorin (Figure 1). The Local Government is divided into Twelve (12) electoral wards (Adewole, Ajikobi, Alanamu, Badari, Baboko, Magaji-Nngeri, Ogidi, Oko-erin,Oloje, Ojuekun/Sarumi, Ubandawaki and wara/Osin/Egbejila) (Oloko-Oba, et al., 2015). The weather is tropical wet and dry climate of average maximum temperature, average minimum temperature and average relative humidity in a year standing at 32.50C (90.50F) of 21.20C (70.20F) and 51.1% respectively (National Ocean and Atmospheric Administration, 2016)... Their occupation includes Farming, civil servants, Artisans, Trading, Weeving and others. There are different tribes in the town which includes Yoruba, Hausa, Fulani. There are many school which include both secondary and primary school. Many health facility including private and Government hospitals. Adewole comprehensive health center enrolls people in Kwara State Health insurance scheme.

Research Design

A descriptive cross-sectional study design was employed for the study on the awareness and perceived benefits of Kwara state insurance scheme among residents of Adewole, Ilorin West LGA Kwara state.

Population of Study

The study population for the study were adult residents (>18years) of Adewole, Ilorin West LGA Kwara state which was estimated according to the 2018 census to be 12,654.

Sampling Methods

A multi stage sampling technique was used for the study on awareness and perceived benefits of Kwara State Health insurance scheme among residents of Adewole, Ilorin West LGA Kwara state. First stage involved selection of five villages from the total number of villages in Ilorin West through simple random sampling. Also systematic random sampling was used to select household in the streets of selected villages. Respondents were selected from the household through purposive method to ensure that adults were recruited for the study. This was done until the sample size of the study is obtained.

Method of Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used in the analysis of the data gotten from the study. Results were expressed in percentages, frequencies, tables and charts (Descriptive Statistics). Chi square test tool was used to test the hypothesis ($p<0.05$) and also compare the association between variables in the study.

Ethical Consideration of Study

An introductory letter was obtained from the HOD, Department of Public Health Kwara State University Malete before the research was conducted. This letter was presented to the community representatives before carrying out the study to enhance entry gain for the research. The purpose of the research was explained to each respondent and verbal informed consent obtained from them before inclusion into the study. Also, anonymity of the respondents was assured and ensured. The confidentiality of the information they gave was also be maintained.

RESULT

Table 1: Socio-demographic characteristics of respondents N= 600

Variables	Frequency	Percentage
Age groups		
20 – 30	201	33.5
31 – 41	127	21.2
42 – 52	61	10.2
≥ 53	211	35.2
Mean ± SD	38 ± 8.9	
Gender		
Male	257	42.8
Female	343	57.2
Marital status		
Single	131	21.8
Married	376	62.7
Separated	86	14.3
Widowed	7	1.2
Level of education		
No formal education	116	19.3
Primary	189	31.5
Secondary	170	28.3
Tertiary	125	20.8
Duration of living in environment (Years)		
< 1	95	15.8
1 – 5	211	35.2
> 5 – 10	45	7.5
≥ 11	249	41.5
Level of income (,000)		
< 18	170	28.3
18 – 50	308	51.4
> 50	122	20.3
Satisfaction with income		

Yes	263	43.8
No	337	56.2
Health plan insurance at healthcare		
Yes	291	48.5
No	309	51.5

About one-third of the respondents (33.5%) were between 20 - 30 years, 21.2% were between 21-34 years old and 35.2% were 53 years and above with a mean age of 38 ± 8.9years old. More than half of the respondents (57.2%) were female while 42.8% were male. Most of the respondents (62.7%) were married, 21.8% and 14.3% were single and separated respectively. About 31.5% of the respondents had primary education as their highest qualification, 28.3% and 20.8% had secondary and tertiary level of education respectively. Nearly half of the respondents (41.5%) have been staying in the study area for 11 years or more. Nearly half of the respondents (43.8%) identified that they are satisfied with their level of income while 56.2% were unsatisfied. About 48.5% of the respondents noted that they have health insurance plan at healthcare while 51.5% did not have health plan insurance.

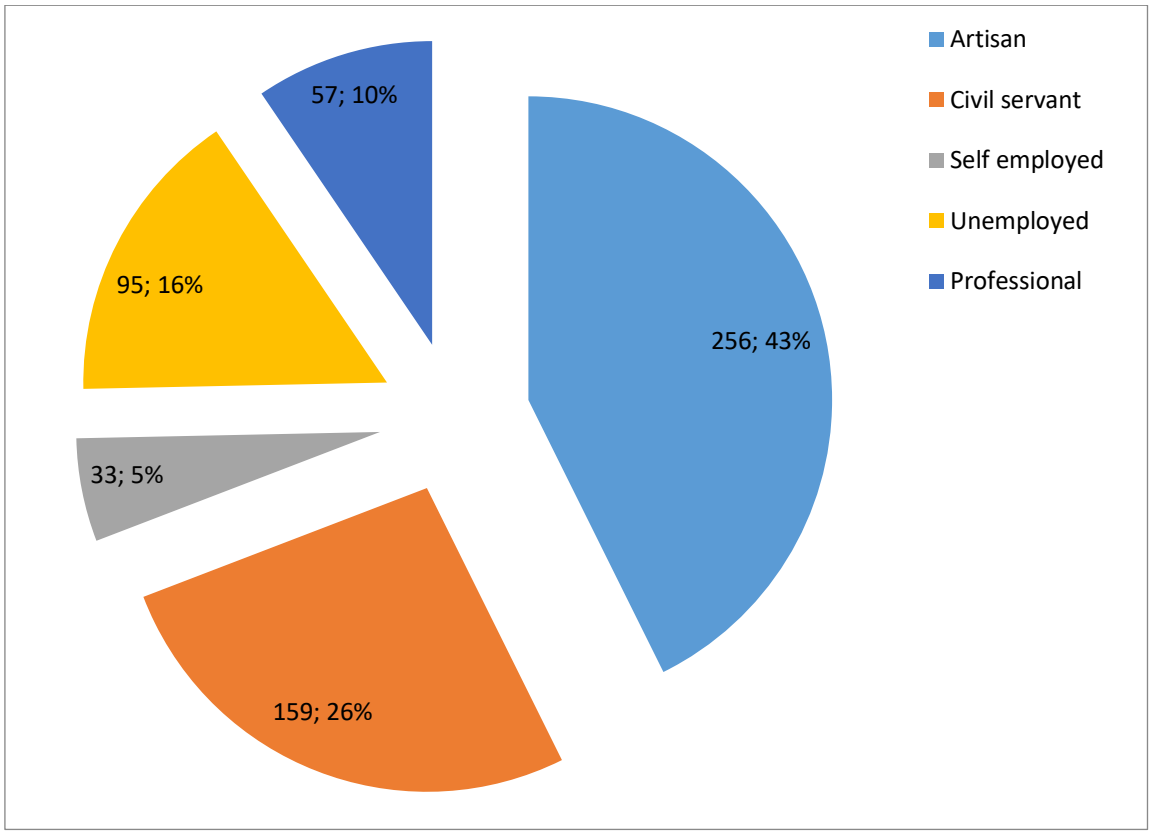

Figure 1: Presentation of respondents by occupation

About 43.0% of the respondents were artisans, 26.0% and 10.0% of the respondents were civil servants and professional respectively while 16.0% were unemployed.

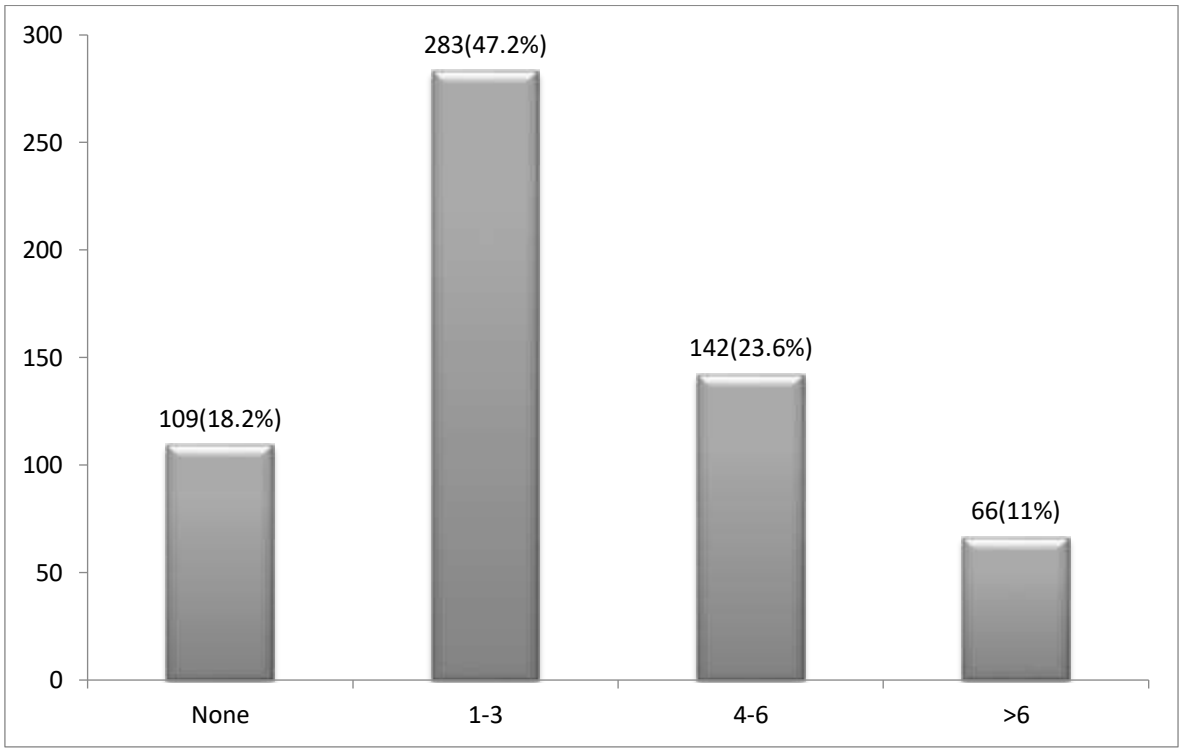

Figure 2: Number of children of respondents

Based on the parity of the respondents, 47.2% had 1-3 children, 23.6% and 11.0% have 4-6 children and more the 6 children respectively while 18.2% have none.

AWARENESS OF KWARA STATE HEALTH INSURANCE SCHEME

Table 2: Awareness of Kwara state health insurance scheme

Variables	Frequency	Percentage
Aware of KHIS		
Yes	444	74.0
No	156	26.0
Sources of information	**n=444**	
School		9.7
Parent/Family		22.7
Social-Media		6.5

TV/Radio programmes	41.2
Health practitioners	14.7
News paper	5.3

Most of the respondents (74.0%) were aware of Kwara State Health Insurance scheme with 41.2% and 22.7% got their source of information from TV/Radio programmes and parent/family respectively.

Table 3: Knowledge of state health insurance coverage

Variables	Yes (%)	No (%)
Primary health insurance	443 (73.8)	157 (26.2)
Secondary health coverage	409 (68.2)	191 (31.8)
Vision insurance	243 (40.5)	357 (59.5)
Dental insurance	242 (40.3)	358 (59.7)
Life insurance	426 (71.0)	174 (29.0)

About 73.8% and 71.0% of the respondents noted that the state health insurance scheme cover primary health insurance and life insurance respectively. Also, 40.5% and 40.3% noted that State Health Insurance Scheme cover for vision and dental insurance respectively.

PERCEIVED BENEFITS OF KWARA STATE HEALTH INSURANCE

Table 4: Perception towards state health insurance

Variables	Strongly agree (%)	Agree (%)	Undecided (%)	Disagree (%)	Strongly Disagree (%)
KSHIS saves cost for me and detect any form of sickness	257 (42.8)	254 (42.3)	70 (11.7)	19 (3.2)	0 (0.0)
KSHIS give me opportunity to accommodate and minimize care cost of my kids/Family members	220 (36.7)	326 (54.3)	54 (9.0)	0 (0.0)	0 (0.0)
I have access to drugs	180 (30.0)	254 (42.3)	128 (21.3)	26 (4.3)	12 (2.0)
It gives me opportunity for routine medical check-up	78 (13.0)	281 (46.8)	134 (22.3)	95 (15.8)	12 (2.0)
Access to healthcare providers for complaints	112 (18.7)	303 (50.5)	99 (16.5)	74 (12.3)	12 (2.0)
It suits my cultural belief	178 (29.7)	228 (38.0)	81 (13.5)	101 (16.8)	12 (2.0)
Promotes healthy living even when there is no finance	127 (21.2)	316 (52.7)	100 (16.7)	45 (7.5)	12 (2.0)
Low cost and access to emergency services	240 (40.0)	214 (35.7)	78 (13.0)	26 (4.3)	42 (7.0)

On the perception of respondents towards state health insurance, 42.8% and 40.0% strongly agreed that KSHIS saves cost for me and detect any form of sickness and low cost and access to emergency services respectively. Also, 54.3% and 52.7% of the respondents agreed that KSHIS give me opportunity to accommodate and minimize care cost of my kids/Family members and promotes healthy living even when there is no finance respectively. On the other hand, 15.8% and 12.3% of the respondents disagreed that KSHIS gives me opportunity for routine medical check-up and access to healthcare providers for complaints respectively.

POSSIBLE BARRIERS ASSOCIATED WITH KWARA STATE HEALTH INSURANCE SCHEME

Table 5: Barriers associated with Kwara state health insurance scheme

Response	Yes (%)	No (%)
High cost of care	308 (51.3)	292 (48.7)
Unavailability of service	350 (58.3)	250 (41.7)
Attitude of health providers	384 (64.0)	216 (36.0)
Limited health service units	241 (40.2)	359 (59.8)
Delay in obtaining insurance	350 (58.3)	250 (41.7)

About 64.0% and 58.3% of the respondents highlighted attitude of health providers and delay in obtaining insurance were barriers associated with Kwara State Health Insurance Scheme respectively. Also, 51.3% and 58.3% of the respondents noted that high cost of care and unavailability of service are major barriers limiting Kwara State Health Insurance Scheme respectively.

Table 7: Overall knowledge grade of respondents

Variables	Frequency	Percentage
Knowledge		
Poor	156	26.0
Good	444	74.0
Total	**600**	**100.0**

Overall, majority of the respondents (74.0%) had good knowledge of Kwara Health Insurance Scheme while 26.0% had poor knowledge of KSHIS.

Table 8: Overall perception grade of respondents

Variables	Frequency	Percentage
Perception		
Poor	239	39.8
Good	361	60.2
Total	**600**	**100.0**

Overall, majority of the respondents (60.2%) had good perception of Kwara Health Insurance Scheme while 39.8% had poor perception.

Table 9: Association between socio-demographics and knowledge of KSHIS

Variable	Knowledge		Total	χ^2	p-value
	Good (%)	Poor (%)			
Age groups				24.751	**0.001**
20 – 30	125 (62.2)	76 (37.8)	201		
31 – 41	96 (75.6)	31 (24.4)	127		
42 – 52	47 (77.0)	14 (23.0)	61		
≥ 53	176 (83.4)	35 (16.6)	211		
Gender				31.458	**0.001**
Male	220 (85.6)	37 (14.4)	257		
Female	224 (65.3)	119 (34.7)	343		
Marital status				60.241	**0.001**
Single	81 (61.8)	50 (38.2)	131		
Married	277 (73.7)	99 (26.3)	376		
Separated	86 (100.0)	0 (0.0)	86		
Widowed	0 (0.0)	7 (100.0)	7		
Level of education				50.121	**0.001**
No formal education	92 (79.3)	24 (20.7)	116		
Primary	119 (63.0)	70 (37.0)	189		
Secondary	113 (66.5)	57 (33.5)	170		
Tertiary	120 (96.0)	5 (4.0)	125		
Occupation				62.222	**0.001**
Artisan	185 (72.3)	71 (27.7)	256		
Civil servant	132 (83.0)	27 (17.0)	159		
Self employed	25 (75.8)	8 (24.2)	33		
Unemployed	45 (47.4)	50 (52.6)	95		
Professional	57 (100.0)	0 (0.0)	57		
Duration of living in environment (Years)				44.580	**0.001**
< 1	90 (94.7)	5 (5.3)	95		
1 – 5	142 (67.3)	69 (32.7)	211		
> 5 – 10	21 (46.7)	24 (53.3)	45		
≥ 11	191 (76.7)	58 (23.3)	249		
Level of income (,000)				12.576	**0.002**
< 18	116 (68.2)	54 (31.8)	170		
18 – 50	223 (72.4)	85 (27.6)	308		
> 50	105 (86.1)	17 (13.9)	122		

Association between socio-demographics and knowledge of KSHIS was statistically significant with age, gender and level of education of the respondents.

Table 8: Association between socio-demographics and the perception towards state health insurance scheme

Variable	Perception		Total	χ^2	p-value
	Good (%)	Poor (%)			
Age groups				44.048	**0.001**
20 – 30	58 (28.9)	143 (71.1)	201		
31 – 41	45 (35.4)	82 (64.6)	127		

42 – 52	15 (24.6)	46 (75.4)	61		
≥ 53	121 (57.3)	90 (42.7)	211		
Gender				12.085	**0.001**
Male	123 (47.9)	134 (52.1)	257		
Female	116 (33.8)	227 (66.2)	343		
Marital status				108.567	**0.001**
Single	5 (3.8)	126 (96.2)	131		
Married	203 (54.0)	173 (46.0)	376		
Separated	26 (30.2)	60 (69.8)	86		
Widowed	5 (71.4)	2 (28.6)	7		
Level of education				89.251	**0.001**
No formal education	47 (40.5)	69 (59.5)	116		
Primary	46 (24.3)	143 (75.7)	189		
Secondary	116 (68.2)	54 (31.8)	170		
Tertiary	30 (24.0)	95 (76.0)	125		
Occupation				262.662	**0.001**
Artisan	180 (70.3)	76 (29.7)	256		
Civil servant	2 (1.3)	157 (98.7)	159		
Self employed	27 (81.8)	6 (18.2)	33		
Unemployed	30 (31.6)	65 (68.4)	95		
Professional	0 (0.0)	57 (100.0)	57		
Duration of living in environment (Years)				157.435	**0.001**
< 1	56 (58.9)	39 (41.1)	95		
1 – 5	24 (11.4)	187 (88.6)	211		
> 5 – 10	45 (100.0)	0 (0.0)	45		
≥ 11	114 (45.8)	135 (54.2)	249		
Level of income (,000)				35.082	**0.001**
< 18	61 (35.9)	109 (64.1)	170		
18 – 50	154 (50.0)	154 (50.0)	308		
> 50	24 (19.7)	98 (80.3)	122		

Age, gender and level of education of the respondents showed significant relationship toward the perception towards state health insurance scheme.

DISCUSSION

Health insurance is one method for supporting healthcare services in low- and middle-income nations where there is insufficient funding for such services. To increase access to healthcare services for the underprivileged and the informal sector in Nigeria, this concept has been incorporated into the National Social Health Insurance Schemes (Adedeji et al., 2017). The majority of the study's responders were men, who made up nearly half of the total. This is consistent with Nigeria's formal sector employment's typical working age group and gender inequalities. Four-fifths of them had post - secondary education. These findings are in conformity with earlier survey findings among formal sector workers in Nigeria (NPC, 2015). Based on the parity of the respondents, 47.2% had 1-3 children. This finding contradicts the mean household size of five and six persons reported in similar previous studies conducted in south east Nigeria,

Ethiopia and India respectively (Haile et. al., 2014; Kebede et. al., 2014; Onwujekwe et. al., 2012). In this study, most of the respondents (62.7%) were married. This observation was also in agreement with report from a previous study conducted in Osun State, Nigeria which reported that more than half of the respondents were married (Usman, 2013). This finding however was in contrast to a similar previous study conducted in north-central Nigeria, which reported a slightly higher female population and less than half of the respondents were married (Banwat et. al., 2012). The discrepancies in the socio-demographic characteristics between this study and previous studies might not be unconnected with the settings and cultural factors in the different study locations.

When compared to the informal sector employees, whose awareness has been found to be extremely poor even in recent times (Adewole et al., 2015), the majority of respondents (74.0%) were aware of the Kwara State Health Insurance system. The high degree of awareness discovered in this study also contrasts with a study conducted in Nigeria's Rivers State by Osaro et al. in 2001, which found that CBHI awareness is low there. In this survey, 38% of participants reported having heard of CBHI. Studies carried out in the past in various regions of Nigeria also demonstrate that CBHI awareness is still poor. For instance, according to Azuogu et al. (2018), just 3.9% of artisans in Abakiliki, Nigeria, are aware of CBHI. Only 13% of residents of a Nigerian capital city were aware of CBHI (Adedeji et al., 2017), compared to 19.8% of residents of a Lagos suburb (Yusuf et al., 2019). Additionally, a similar finding was made in a Douala, Cameroon health district, where 25.6% of informal workers were informed about CBHI programs (Noubiap et al., 2013).

The level of awareness of CBHI scheme has also being reportedly high in other populations. For instance 52.2% and 91% of participants, in studies done in North-western Nigeria and in Tanzania respectively, have the awareness of CBHI (Abdulganiyu et. al., 2018; Kapologwe et .al., 2017). Awareness of CBHI in most developing countries is low probably because of poor mass media and community sensitization campaigns promoting health insurance schemes particularly in rural areas (Yusuf et. al., 2019; Noubiap et. al., 2013). Efforts to increase the level of awareness of the scheme among those who were not well informed about it should be a cardinal priority. In this study, 41.2% and 22.7% got their source of information from TV/Radio programmes and parent/family respectively. This corresponds to the study by Adewole et. al., (2016) where it was reported source of information about the scheme was the electronic media (TV/Radio) in 42.8% (125/292) and the others in 43.5% (127/292) while the print media was the least source mentioned in 13.7% (40/292). These findings underscores the importance of the others (family and friends, colleagues) serving as sources of information on beneficial social policies, and thus should be strengthened.

Even though the State government used actuarial studies to determine the premium for the scheme, many of the study's participants—potential scheme enrollees—were artisans, traders, and farmers who had been reported to have low incomes (Enhancing Financial Innovation and Access, 2012). The ability of potential enrollees to pay the insurance premium should be a concern for the State's planners of the program given that the generally accepted foundation of universal health coverage is that the health system should be financed in accordance with ability to pay in order to enhance protection against health care costs and improve equity of access to health care (Mills et al., 2012). Overall, majority of the respondents (74.0%) had good knowledge of Kwara Health Insurance Scheme. This finding is in agreement with the study conducted in north-central Nigeria where majority of the respondents had good knowledge of CBHI (Banwat et. al., 2012). However, it is contrary to a previous study conducted in Abuja Nigeria which reported that the level of awareness of community health insurance was very low and the understanding of the principles of community health insurance was poor in the study population (Aderibigbe et. la., 2017). In this study the trend in knowledge, however, indicates good awareness and knowledge about the scheme, probably due to an open system where the scheme has been fully explained to workers which also shows good communication between the providers and the end users thereby promoting a sense of mutual responsibility. Association between socio-demographics and knowledge of KSHIS was statistically significant with age, gender and level of education of the respondents.

People and families experience poverty when out-of-pocket medical expenses are catastrophic. This increases the chance of being in poor health and preventing access to high-quality medical care.5 According to studies by Abdulganiyu et al. (2018) and Minyihun et al. (2019), subscribers' propensity to sign up for an insurance plan is influenced by their level of education and income. The benefits of a community health insurance scheme are better understood by the poor who have incurred catastrophic medical expenses due to their limited capacity to pay for healthcare services at sites of care, and they are therefore more inclined to sign up for CBHI schemes (Kibret et al., 2019). In this study, the gain of Kwara State Health Insurance was fairly perceived. According to respondents' perceptions of state health insurance, 42.8% and 40.0% strongly agreed that KSHIS saves me money, can identify any type of illness, is affordable, and provides access to emergency treatment, respectively. Additionally, 54.3% and 52.7% of respondents said that KSHIS provides me with the chance to accommodate and reduce the expense of caring for my children and family members and encourages healthy living even when there is no money, respectively. Other studies also reported a feeling of effectiveness of the scheme on their health and wellbeing, despite challenges (Odo et. al., 2019). Olayemi (2017) reported positive perceptions of the NHIS benefits to the respondents having mixed feelings about the services in general. The results of this study showed that a significant portion of the respondents tended to see the benefits they receive from

the program favorably, showing good attitudes toward the program. The poll respondents' responses when asked whether they thought the prepaid plan was a better option than OOP, among other things, show that they have a favourable opinion of the plan, which is now provided under the NHIS. Typically, awareness of a policy issue comes before active participation in that policy, which is then followed by acceptance or adoption. In order to increase the coverage of the scheme among this group of people, among whom the scheme coverage is still very low, stakeholders who are responsible for its implementation and expansion could capitalize on two favorable factors, a high level of awareness and a favorable disposition toward the scheme (Agba et al., 2012; Olugbenga-Bello and Adebimpe, 2012). In regards to the KSHIS barrier, around 64.0% and 58.3% of the respondents pointed out the attitude of healthcare professionals and the time in getting insurance as being the scheme's respective obstacles. According to Adogla (2013) these findings are not only associated with NHIS subscribers in the Tolon District, it cuts across the country and such behaviours by the health workers towards scheme subscribers kills the confidence of Ghanaians in the scheme hence prevents some people from renewing their cards when they expire. The perceived abuse of the scheme which adds to the workload of the health workers compels some of them to behave unprofessionally towards subscribers (Dalinjong and Laar, 2012). Also the delay in reimbursement to these health facilities leaves them with no other option but to attend to non-subscribers who will pay up-front for services provided since the health facilities need the money to run their facilities (Dalinjong and Laar, 2012). Also, 51.3% and 58.3% of the respondents noted that high cost of care and unavailability of service are major barriers limiting Kwara State Health Insurance Scheme respectively. This is similar to a study by **Aniah** (2016), where it revealed that forty percent (40%) of the respondents claimed that the lack of laboratory facilities to make up for the increment in hospital attendance in some of the accredited health facilities causes undue delay to patients.

CONCLUSION AND RECOMMENDATION

CONCLUSION

The Kwara health insurance program has developed into an essential instrument for offering Kwara State residents access to high-quality, affordable healthcare. For both the wealthy and the poor in urban and rural areas, the program has increased access to and cost of health care. Even those who couldn't previously access medical services in the state can now receive treatment promptly enough to avoid problems. Insurance plans for health care frequently cover both inpatient and outpatient procedures, including accidents and investigations.

The majority of respondents named provider attitudes, high healthcare prices, and insurance wait times as barriers to the Kwara State Health Insurance Scheme. The research has given birth to hope that the plan has a future and would overcome its challenges to provide high-quality services at affordable prices despite all of the challenges. It may be argued that everyone concerned should support the health insurance plan since it is worthwhile to pursue.

RECOMMENDATION

1. Collections of unauthorized money from subscribers at the point of service delivery by some health personnel make subscribers lose confidence in the scheme. Heads of various health facilities should be vigilant and whenever a case of such malpractice is reported to them, they should bring the perpetrator to book.
2. Management of the scheme should educate the entire Kwara citizen on the need for everybody to subscribe to the scheme. This could be achieved through the organization of seminars and radio programmes for all stakeholders on the place or role and importance of the national health insurance scheme to the socio-economic development of the country
3. Management of the NHIS should be vigilant and expose any provider who would try to defraud the scheme of funds, drugs and equipment. They should as well be disciplined by putting in place measures to check and minimize corrupt practices of the staff of the scheme.
4. Government in collaboration with other stakeholders of the National Health Insurance Authority should organize a national consultative forum to dialogue on increase of chronic diseases and supply of their drugs. This would not credit the scheme but would also provide the population with assurance in accessing the scheme.
5. All stakeholders in the health sector must uphold and maintain integrity, transparency and accountability in the relationships among them in order to achieve the aims and objectives for which the scheme was established.

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