

Awareness and Perceptions of College Students on Tertiary Institution Social Health Insurance Programme (TISHIP)

Olatayo Bamidele Oriolowo^{1*}, Antakil Asarya¹ and Ganiyu Oladimeji Olarongbe²

¹Department of Biology, Federal College of Education, Kontagora, Niger State, Nigeria

²Department of Integrated Science, Federal College of Education, Kontagora, Niger State, Nigeria

***Corresponding Author:** Olatayo Bamidele Oriolowo, Department of Biology, Federal College of Education, Kontagora, Niger State, Nigeria.

Received: July 01, 2022; **Published:** July 20, 2022

DOI: 10.55162/MCMS.03.055

Abstract

Background: The level of satisfaction of students under the Tertiary Institution Social Health Insurance Program (TISHIP) is a measure of the success of such scheme. However, valid assessment of the success of TISHIP by students requires good knowledge of its operational guidelines. This study accessed the level of awareness and perceptions of TISHIP students' enrollees of the Federal Colleges of Education in the North Central geopolitical zone of Nigeria.

Methods: The study was a descriptive cross sectional investigation in which 188 selected participants completed self-administered semi-structured questionnaires, Student TISHIP Awareness, Perception and Evaluation Questionnaire (STAPEQ). Data collated was analyzed using descriptive statistics of frequency and percentages and inferential statistics of chi-square and $P < 0.05$ was considered statistically significant. Two research questions and two research hypotheses were raised and formulated respectively to guide to the study.

Results: The results show that an average of 75.55% of the students was fully aware of TISHIP objectives, 62.74% were aware of the benefits, 41.0% were aware of their responsibility. Many of them (69.2%) were not aware of the procedures to seek for redress when dissatisfied with services they received from their healthcare providers. 73.4% believed their healthcare providers operate in clean environment, 70.21% felt that doctors and nurses were cordial and friendly, 62.7% claimed to have experienced long waiting period before doctors/nurses consultations. 63.83% of the respondents agreed to be satisfied with the quality of service rendered by their healthcare providers. There were no significant differences in level of awareness and perceptions of the two groups of students on TISHIP operation and service delivery respectively.

Conclusion: The study therefore recommended more enlightenment of students on TISHIP operational guidelines in order minimize the level of their misgivings about the scheme. Moreover, government should employ more medical personnel especially doctors in order to solve the challenge of long waiting period before medical consultations.

Keywords: TISHIP; Healthcare providers; Awareness; Perception; Satisfaction; College

Introduction

Enjoyment of the highest attainable standard of healthcare is one of the fundamental human rights irrespective of race, political belief, religion, economic or social condition [1, 2]. This understanding, coupled with the knowledge that national growth is a function of wellness of the citizens, has placed one of the greatest challenges of governance on every government of the world. This has led to the introduction of Social Health Insurance (SHI) in almost all the countries of the world [3, 4]. Nigeria also followed suit after she promulgated decree 35 of 1999 to establish the National Health Insurance Scheme (NHIS) [5]. The NHIS was established to solve the problems of excessive dependence on the government for provision of healthcare facilities, dwindling funding of healthcare and overwhelming dependence on out of pocket expenses to access healthcare [6]. The first phase of the scheme accommodated enrollees from public service (civil servants) and students of tertiary institutions among others.

Education has been described as an instrument par excellence for achieving national development through the provision of skilled human resources, and students in higher institutions of learning are pivotal to the achievement of the general philosophy of Nigerian education and national development [7]. National development is undoubtedly hinged on healthy motivated workforce and efficient production of highly talented recruits into the workforce through quality tertiary institution system. Tertiary education, especially Colleges of Education are set up to produce teachers who are the bedrocks of nation building. This is the main reason why the Nigerian government included students of Colleges of Education nationwide in its Social health Insurance (SHI) program. This they do by enrolling them into the Tertiary Institution Social Health Insurance Program (TISHIP) in order to aid their access to quality healthcare when the need arises.

TISHIP operates on social health insurance financing principle which provides financial protection to students in the event of falling sick. Health risk and financial contributions of the students are pooled together with the contributions from the government to provide accessible healthcare services for them. Students under the Tertiary Institution Social Health Insurance Programme (TISHIP) mandatorily pay a minimum of ₦1600 per annum to argument the government contribution to cater for their health financing [8]. Under TISHIP, students register with the primary healthcare providers within their campuses (College clinic). This is where their healthcare needs are attended to by primary care physicians (PCPs) and general practitioners (GPs) who serve as the nearest point of contact to them as they try to access healthcare services [9]. This arrangement enabled them to access more flexible, innovative and competitive response to their health needs while schooling, thereby protecting parents and guidance from financial hardship due to huge medical bills [10].

Though the TISHIP provisions looks attractive, it remains uncertain whether the scheme is actually measures up to the expectations of these students. Evidences on ground suggest that students are not fully aware of the objectives and operations of the scheme due to their poor health education. They are not aware of their rights under the scheme and thus complaints for redress are not being sought at the TISHIP arbitration committee. Proper assessment by the students may not however be made unless there is a good knowledge of the objectives and operations of the scheme. Satisfaction is, therefore, said to be a state of pleasure or contentment with an action, event or service. In term of medical care, patient's satisfaction can be considered in the context of patient's appraisal of their desires and expectations of healthcare scheme [11]. Thus, patient's satisfaction assessment is widely used to evaluate the quality and the effectiveness of various healthcare service deliveries and it has remained an important criterion for evaluating the quality of healthcare services [8]. This study therefore examines the awareness and perception of students of Federal Colleges of Education in the North Central geopolitical zone of Nigeria on the provisions and operations of Tertiary Institution Social Health Insurance Program (TISHIP).

Research Questions

1. What is the level of awareness of students of TISHIP operational provisions?
2. What are the general perceptions of students on their healthcare providers'?

Research Hypotheses

HO₁ There is no significant difference in the level of awareness of TISHIP operational provisions between students of the two colleges.

HO₂ There is no significant difference in the perceptions of students of the two colleges on their healthcare providers'?

Aims and objectives

1. To access the level of awareness of students about TISHIP operational provisions.
2. To access the general perceptions of students on their healthcare providers.
3. To access students' level of satisfaction with their TISHIP service provider.

Materials and Methods

A cross sectional study was conducted among first, second and third year NCE students of Federal College of Education Okene, Kogi State and Federal College of Education Pankshin, Plateau State Nigeria. A total of one hundred and eighty eight (188) students from these colleges were involved in the survey. Oral consent was taken from those who are willing to participate in the study, and the objectives of the study were briefly explained to them before administering the questionnaire. A self-constructed 5-points Likerts scale questionnaire, Students' TISHIP Awareness, Perception and Evaluation Questionnaire (STAPEQ) was developed and validated by pilot testing among 20 students. The questionnaire has three sections. The first section of the questionnaire covered demographic information, the second part contains questions about awareness of TISHIP provisions (objectives, benefits, students' responsibility and redress procedures) and the third part is about the general perceptions of students on their TISHIP healthcare providers. Data collected were analyzed using IBM SPSS Statistics for Windows, Version 20.0. (IBM Corp) and interpretation of data was done using percentage and proportion. For comparing the awareness and perceptions among the two groups of students, chi-square test was used, and $P < 0.05$ was considered statistically significant.

Results

A total of 188 copies of the questionnaires were administered. All were filled given a response rate of 100%. Table 1 summarizes the socio-demographics of respondents. A total of 81 (43.09%) were males and 107 (56.91%) were females. A total of 95 (50.53%) were students of FCE Okene while a total of 93 (49.47%) were students of FCE Pankshin. A greater percentage, 99 (52.66%) of the students were between the age of 21-25years. A total of 54 (27.73%) of the students were NCE1 students, 111 (50.04%) were NCE2 and 23 (12.23%) were NCE3 students. 58 (30.85%) were from school of sciences while 64 (34.04%) were from school of vocation.

Variable	Frequency (n=188)	Percentage (%)
Gender		
Male	81	43.09
Female	107	56.91
Age (Years)		
11-15	05	2.66
16-20	79	42.02
21-25	99	52.66
26-30	05	2.66
College		
FCE Okene	95	50.53
FCE Pankshin	93	49.47

Level		
NCE 1	54	27.73
NCE 2	111	50.04
NCE 3	23	12.23
School		
Art & SOS	30	15.96
Education	08	4.25
Languages	27	14.38
Sciences	58	30.85
Vocational	64	34.04
ECCE	01	0.53

Table 1: Socio-demographic characteristics of students.

Fig. 1 shows the level of awareness of students on the objectives, benefits, responsibility (financial) and procedures for seeking redress when dissatisfied with healthcare services received under TISHIP. 81.75% of FCE Okene and 69.35% of FCE Pankshin students were aware of the objectives, 74.04.15% of FCE Okene and 51.43% of FCE Pankshin students were aware of the benefits they stand to gain from the scheme, 36.84% of FCE Okene and 45.16% of FCE Pankshin students were aware of their financial obligation to the scheme while only 35.26% of FCE Okene and 26.34% of FCE Pankshin students were aware of the procedures for seeking redress when dissatisfied with the services received from their TISHIP healthcare providers.

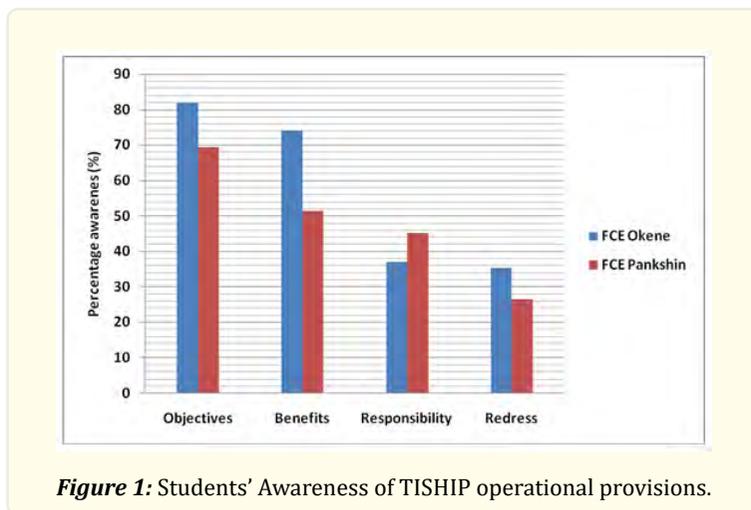


Figure 1: Students' Awareness of TISHIP operational provisions.

Table 2 shows the perceptions of students on their TISHIP healthcare clinic. 73.4% of the students believed their TISHIP HCP clinic operate in a clean environment, but 11.70% felt that their HCP clinic do not have up to date medical equipments while 17.55% believed that their HCP lack adequate number of medical personnel.

In the area of routine attendance to patients, 62.77% of the students have experienced long waiting period before they were attended to during consultations, 13.83% felt they have not been given prompt attention when they made call on their sick bed. 62.23% have enjoyed courtesy reception when they visit their HCP, handful number (17.02%) claimed they have not been too much involved in decisions about their healthcare or treatment. 70.81% agreed that doctors/nurses usually give them adequate time to discuss their

medical problems. 80.32% believed they have enjoyed adequate instruction on how to use their drugs. Those who had experienced referral were offered choices of hospitals for their referrals.

On the satisfaction of students with the services received from their HCP, 67.02% of the students agreed that TISHIP has lessened the challenge of out of pocket (OOP) financing of medical care and they preferred the scheme to the usual cash and carry system of healthcare. 71.81% felt that TISHIP has afforded them easy access to healthcare while in school, while about 63.83% claimed to be satisfied with the quality of services they received from their healthcare providers.

S/N	Question item	Agree (%)	Disagree (%)	Neutral (%)
Facilities and resources				
1	My TISHIP service provider has up-to-date medical equipment.	72.87	11.70	15.43
2	The physical facilities of my service provider are very attractive.	77.13	10.10	12.77
3	My TISHIP HCP has a functional diagnostic medical laboratory.	69.15	14.89	15.96
4	My healthcare provider has adequate medical personnel	66.49	17.55	15.96
5	In my opinion, my HCP environment is clean.	73.40	13.83	12.77
Routine attendance to patients				
6	I have always been treated with courtesy by receptionist each time I visit my HCP centre.	62.23	12.24	25.53
7	I usually wait for too long before am attended to by nurse/doctor at my HCP.	62.77	13.29	23.94
8	Doctor/nurse listen carefully to what I have to say	70.21	16.49	13.30
9	I was given enough time to discuss my health or medical problem with the doctor/nurse.	70.81	13.29	15.96
10	I have always been involved as much as I wanted in decisions about my care and treatment.	65.43	17.02	17.55
11	Doctor/nurse always answers my questions in an understandable manner.	70.21	7.45	22.34
12	I have confidence and trust in the doctor/nurse in my HCP	64.89	14.36	20.75
13	Doctor /Nurses usually treats me with respect and dignity	64.43	11.70	22.87
14	Doctor/nurse always give me enough information about the purpose of the prescribed medicine prescribed	74.40	9.57	17.02
15	I have always been given enough information about any side-effect(s) the medicine may have.	69.68	10.64	19.68
16	Doctor/nurses usually give me enough information about how to use the prescribed medicine	80.32	10.64	9.04
17	On my sick bed, I usually get help as soon as I demand or make calls.	61.17	13.83	25.00
Referral service				
18	I have been referred in the last 12 months by my HCP to a specialist (e.g. a hospital consultant).	55.85	13.83	30.32
19	I was offered a choice of hospital for my referral by my HCP.	51.06	28.81	27.13
20	The person I was referred to seemed to have all the necessary information about my condition or treatment.	62.77	16.49	20.74
21	I received copies of letters sent between the specialist and my HCP.	52.66	20.74	26.60

Students' satisfaction				
22	TISHIP has provided easy access to healthcare in my institution.	71.81	13.30	14.89
23	The problem of getting money for medical care is less now because of TISHIP implementation.	67.02	12.23	20.75
24	I prefer TISHIP services to the cash-and-carry system of healthcare.	69.68	13.83	16.49
25	I am always satisfied with my TISHIP healthcare provider (Clinic) services.	63.83	12.23	23.94

Table 2: General perceptions of students on their TISHIP healthcare providers'.

Table 3 shows comparison between students of FCE Okene and FCE Pankshin on the level of awareness of TISHIP operational provisions. There were no significant statistical difference in the levels of their awareness on objectives, benefits, financial responsibility and the procedures for seeking redress when dissatisfied (P>0.05).

Students' awareness	FCE Okene n (%)	FCE Pankshin n (%)	*P-value
TISHIP Objectives			
Aware	466 (81.75)	387 (69.35)	0.199
Not aware	34 (5.95)	97 (17.39)	
I am not sure	70 (12.28)	74 (13.26)	
TISHIP Benefits			
Aware	422 (70.04)	287 (51.43)	0.199
Not aware	52 (9.12)	136 (24.37)	
I am not sure	96 (16.84)	135 (24.20)	
Students' Responsibility			
Aware	70 (36.84)	84 (46.16)	0.199
Not aware	112 (58.95)	102 (54.84)	
I am not sure	8 (4.21)	0 (0)	
Redress procedures			
Aware	67 (35.26)	49 (26.34)	0.199
Not aware	85 (44.74)	108 (58.06)	
I am not sure	38 (20.00)	29 (15.59)	

*Chi square test: P<0.05 is significant.

Table 3: Chi-square test on awareness of students' about TISHIP operational provisions.

Table 4 shows comparison between students of FCE Okene and FCE Pankshin on their general perceptions of TISHIP services received in their college clinics. There were no significant statistical difference in their perceptions on facilities and resources at the college clinic, routine attendance, referral services and the level of satisfaction with healthcare services received at the college clinic (P>0.05).

<i>Students' Perception</i>	<i>FCE Okene n (%)</i>	<i>FCE Pankshin n (%)</i>	<i>*P-value</i>
<i>Facilities and Resources at the college clinic</i>			
Strongly agree	138 (29.05)	151 (32.47)	0.24
Agree	235 (49.47)	151 (32.47)	
Undecided	42 (8.84)	86 (18.49)	
Disagree	45 (9.47)	38 (8.17)	
Strongly disagree	15 (3.16)	39 (8.39)	
<i>Routine attendance receive at the college clinic</i>			
Strongly agree	429 (37.63)	323 (29.94)	0.22
Agree	434 (38.07)	351 (31.45)	
Undecided	96 (8.42)	185 (16.58)	
Disagree	123 (10.79)	131 (11.74)	
Strongly disagree	58 (5.09)	126 (11.29)	
<i>Referral services at the college clinic</i>			
Strongly agree	110 (28.95)	95 (25.54)	0.22
Agree	126 (33.16)	87 (23.39)	
Undecided	60 (15.79)	77 (20.70)	
Disagree	52 (13.68)	61 (16.40)	
Strongly disagree	32 (8.42)	52 (13.97)	
<i>Satisfaction with healthcare delivery at the college clinic</i>			
Strongly agree	147 (38.69)	117 (31.45)	0.22
Agree	141 (37.11)	106 (28.50)	
Undecided	39 (10.26)	58 (15.59)	
Disagree	33 (8.68)	52 (13.98)	
Strongly disagree	20 (5.26)	39 (10.48)	

*Chi square test: P<0.05 is significant.

Table 4: Chi square test on students' perceptions on healthcare service received at the college clinic.

Discussion

The study shows that college students in the study were ware moderately aware of the objectives and benefits of Tertiary Institution Social Health Insurance Program (TISHIP) while majority were ignorant of their responsibility and procedures for seeking redress when dissatisfied with TISHIP services. This could be as result of TISHIP been a mandatory government policy of which the school authorities enforced enrolment without adequate enlightenment of the students. Students seem not to be too keen on the basic TISHIP guidelines as long as they are free from the measure meted against non-enrollees. A similar non-challant disposition was reported among civil servants who registered for National Health Insurance Scheme (NHIS) in Lagos State, Nigeria [12]. It is saddened to realize that many students do not know how to go about redress when they are dissatisfied with the services they receive from their health-care providers. Similar low level of knowledge was reported by [8] among students of Institute of administration, Kongo campus, Ahmadu Bello University, Zaria. Lack of awareness of the provisions and operations of TISHIP could be a hindrance to students' proper evaluation of the performance of scheme [13]. Low level awareness of these students of TISHIP provisions and operations looks abnor-

mal considering the level of their education. Inadequate knowledge could aggravate misgivings or dissatisfactions of students about the scheme. This is because, once they are not fully aware of their right and responsibilities as enrollees, their overall expectations and evaluation of TISHIP would not be valid.

Students' perceptions of their TISHIP healthcare providers' delivery was considered under four domains, namely: facilities and resources, routine attendance to patients, referral services and enrollees satisfaction. The present study found the overall environment cleanliness, diagnostic laboratory and medical personnel attitude to be very good. Cleanliness and physical facilities stood out among other factors with highest score. This is similar to the findings of Adekanye A et al., Olamuyiwa TE and Adeniji OF. [14, 15]. This was in contrast to the finding of Anetoh UM et al. [16], when they reported poor level of cleanliness of the environment of healthcare providers as a drawback to TISHIP amongst the students of the Nnamdi Azikiwe University Awka, Nigeria.

Students who had experienced referral services were not many in this study. This could be as result of availability of adequate facilities and resources in their healthcare providers' clinics as earlier noted. Similar low experience of patients' referral was reported by Anetoh UM et al. [16]. However, those who experienced referral in this study attested to the high quality of referral services they received. Majority of students were satisfied with the level of access they have to healthcare services with less financial burdens while in school. Similar high level of satisfaction was also reported for NHIS patients using the University of Port Harcourt Teaching Hospital, River State Nigeria by Olamuyiwa TE and Adeniji OF [15].

Conclusion and Recommendations

Students' level of awareness of their right and responsibility under the TISHIP is pivotal to taking full advantage of all the provisions of the scheme. Though majorities were aware of the objectives of the scheme, many do not also keep abreast with the benefits and responsibilities under the scheme. Such observation could be attributed to mandatory registration of students of higher institution of learning into the TISHIP without proper orientation. Few complaints from students about the quality of services received could be as a result of their inadequate knowledge about their rights and responsibility under TISHIP. Thus, school authorities should give adequate orientation to students about TISHIP provisions. Many of the students who visited TISHIP clinics on their campuses seem to be happy with the services they received, with exception of long waiting time before consultation. This can be improved by proper time management on the part of doctors/nurses at the clinics, as well as the employment of more medical personnel, especially medical doctors, in order to ease the pressure on the few already working.

Acknowledgments

We would like to express our sincere gratitude to the authorities and staff of Federal Colleges of Education Okene, Kogi State and Pankshin Plateau State, Nigeria for their cooperation during this study.

Author's contributions

Olatayo Bamidele Oriolowo: Conceptualization and design of the study, data collection, interpreted the results, reviewed the literature and manuscript, statistical analysis and interpretation, preparation and editing of manuscript and prepared first draft of manuscript. *Antakil Asarya*: data collection, proofreading of manuscripts and editing of manuscript. *Ganiyu Oladimeji Olarongbe*: data collection, proofreading of manuscripts and editing of manuscript. All authors read and approved the final manuscript.

Funding

The study was supported by 2016-2017 (merged) Tertiary Education Trust Fund (TETFUND) Research Project (RP) Intervention.

Availability of data and materials

Data and materials used during the study are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

This research was conducted according to the principles expressed in the Declaration of Helsinki and was approved by the Research, Ethics and publication Committee of Federal College of Education Kontagora Niger State, Nigeria.

Competing interests

The authors declare that they have no competing interests.

References

- 1 World Health Organization. Constitution of the World Health Organization. Basic Document 45th edition, Supplement (2006).
- 2 Kar S Sitanshu., et al. "Concept of essential medicines and rational use in public health". *Indian J. Community* 35.1 (2010): 10-13.
- 3 Msuya M John., et al. "Impacts of Community Health Insurance Scheme on Health Care Provision in Tanzania". Discussion papers on development policy No. 82, Bonn (2004): 26.
- 4 Zhu M Jane., et al. "Health Insurance of Rural Township School Children in Pinggui, Beijing: Coverage Rate, Determinates, Disparities and Sustainability". *International Journal for Equity Health* 7 (2008): 23.
- 5 Agba M Sunday. "Perceived Impact of the National Health Insurance Scheme (NHIS) among Registered Staff in Federal Polytechnique, Idah, Kogi State". *Nigerian Studies in Sociology of Science* 1.1 (2010): 44-49.
- 6 Olanrewaju T. National Health Insurance Scheme: Of what Benefit to Nigerian Masses? *Nigerian Tribune* (2011).
- 7 FRN (2004). National Policy on Education. 4th Edition, NERDC, Yaba Lagos.
- 8 Shagaya Y. "Assessment of student's satisfaction and quality of patient care under the Nigerian Tertiary Institution Social Health Insurance Programme (TISHIP)". *European Journal of Business and Management* 7.6 (2015): 20-30.
- 9 Daramola Oluwaweun., et al. "Referral Services under the National Health Insurance Scheme: A Hospital-based Descriptive Cross-Sectional Study in Abuja, Nigeria". *World Journal of Innovative Research* 6.2 (2019): 134-138.
- 10 FMH (2005). Operational Guideline of National Health Insurance Scheme. FMH Abuja.
- 11 Ofili Antointte and Ofovwé Caroline. "Patients' Assessment of Efficiency of Services at a Teaching Hospital in a Developing Country". *Annals of African Medicine* 4.4 (2005): 150-153.
- 12 Adewale B., et al. "Preliminary Study on Enrollees Perception and Experiences of National Health Insurance Scheme in Lagos State, Nigeria". *International Journal of Tropical Diseases and Health* 18.3, (2016): 1-14.
- 13 Owumi E., et al. "An Evaluation of the Impacts of the National Health Insurance Scheme on the Employees' Health Status at the University of Ibadan". *African Journal of Social Sciences* 3.3 (2013): 40-52.
- 14 Adekanye A., et al. "Patients' satisfaction with the healthcare services at a north central Nigerian tertiary hospital". *Nig. J. Med* 22 (2013): 218-224.
- 15 Olamuyiwa E Temitope and Adeniji O Foluke. "Patient's Satisfaction with Quality of Care at a National Health Insurance Clinic at a Tertiary Center, South-South Nigeria". *Journal of Patient Experience* 8 (2021): 1-7.
16. Anetoh U Maureen., et al. "Knowledge and Implementation of Tertiary Institutions' Social Health Insurance Programme (TISHIP) in Nigeria: a case study of Nnamdi Azikiwe University, Awka". *Pan African Medical Journal* 28 (2017): 171.

Volume 3 Issue 2 August 2022

© All rights are reserved by Olatayo Bamidele Oriolowo., et al.