AWARENESS AND PERCEPTION OF THE HEALTHCARE CONSUMERS TOWARDS COMMUNITY-BASED HEALTH INSURANCE POLICY: INSIGHT FROM ALIMOSHO LOCAL GOVERNMENT, LAGOS STATE, NIGERIA

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ABSTRACT

This paper assessed healthcare service delivery of Nigeria Community-Based Health Insurance Scheme (CBHIS) in Alimosho Local Government, Lagos State. The scheme which took off in 2008 was established to reduce government's healthcare financing burden and create access to affordable and efficient healthcare service delivery for all Nigerians. Despite these laudable aims, evidence on the ground seems to suggest that a number of problems still militate against the realization of the goals of the scheme and these problems include the poor level of awareness, poor healthcare facilities, and poor accessibility to healthcare service. The paper investigated the awareness and perception of Community-Based Health Insurance Policy on healthcare service delivery in Alimosho Local Government of Lagos State, Nigeria. And appraise healthcare consumers' perceptions. A structured questionnaire with a Cronbach alpha coefficient of .809 (awareness), and .898 (perception), .755 respectively which represent over 80% of reliability was administered on 334 out of 379 enrollees in the area. Study hypotheses were tested with the one-way Analysis of Variance (ANOVA) and the one-sample Kolmogorov-Smirnov tests (K-S). The results showed no significant awareness of CBHIS operations and objectives amongst enrollees in Alimosho Local Government, It also indicated that there is a negative perception of the enrollees on CBHIS healthcare service delivery efficiency. The study recommended regular healthcare seminars, workshops and conferences and proactive inspection of accredited HCPs.

Keyword: *Awareness, perceptions, Healthcare and insurance scheme*

1. Introduction

One of the major challenges confronting any government in the modern era is how to boost and provide good, effective and efficient healthcare service delivery for the populace at large; this is because health finance has been majorly depended on the government in Lagos state with a

particular reference to Alimosho Local Government. And in order to find alternative solution to this; Community-Based Health Insurance policy was adopted in Alimosho Local Government. This was done in order to ensure easy accessibility, good quality health service delivery and reduction in cost and health burden bear by the citizens at large.

Since the late 1990s, due to the financial difficulties associated with the imposition of user fees, a number of low and middle income countries have introduced community-based health insurance (CBHI) schemes. CBHI schemes are a hybrid between traditional risk sharing and market based formal insurance arrangements (Ahuja and Jütting, 2004). Like traditional risk management systems, CBHI schemes are local initiatives built upon the principles of social solidarity and common benefits to provide financial protection against the impoverishing effects of health expenditure (Ahuja and Jütting, 2004; Tabor, 2005; Jacobs e tal., 2008). Similar to formal insurance, CBHI members are expected to pay a premium. However, the basic difference between CBHI schemes and formal insurance arrangements is that the latter aims at profit maximization, and therefore premiums are fixed above the expected risk level of individuals, whereas CBHIs are non-profit organizations, and therefore the premium is based on the average risk profile of the community as a whole (Ahuja and Jütting, 2004). Unlike market based insurance institutions, members of CBHI schemes are expected to participate in design, administration and supervision activities in order to enhance trust and self-ownership to the scheme (Carrin et al. 2005, Jacobs et al 2008).

Having started the Community-Based Social Health insurance Scheme (CBHIS) since 2008, with basically only about five percent of the government employees covered, excluding majority of Nigerians especially the informal sector, the Nigerian government aimed to expand its public health insurance through a Community-Based Social Health insurance Scheme (CBHIS). The program was piloted in Lagos in July 2008, with the aim of achieving universal healthcare coverage by 2015, with at least about 70million people to be enrolled.

2. Statement of the Problem

The Community Based Health Insurance Scheme (CBHIS) was established and adopted in 2008 under the NHIS Act by Decree 35 of 1999, thereby creating a new frontier of healthcare service delivery in Alimosho Local Government, Lagos State and Nigeria as a whole. The scheme is a social security system designed to provide access to healthcare for all Nigerians at an affordable cost through various prepayment systems (Executive Secretary NHIS, 2010). The establishment of the scheme has become the fulcrum of healthcare development policy in Nigeria since inception in 2008. The scheme was designed to provide the following benefits (among others) to healthcare consumers in Lagos State and Nigeria as a whole: Easy access to healthcare; reduction in healthcare financing burden; high standards of healthcare delivery; efficient care delivery and spread of healthcare facilities in Nigeria.

Despite these laudable aims, evidences on ground seem to suggest that a number of problems still militate against actualization of the objectives of the scheme. Poor healthcare facilities, inadequate medical personnel, long wait line and poor accessibility to healthcare service and enrollees' awareness of the scheme's objectives and operations may not be what is supposed to be. Also proper health education was not given to the enrollees. Enrollees seem not to be aware of their rights under the scheme. This was indicated in the fact that complaints for redress were not being sought by consumers at the NHIS Arbitration panel.

3. Research Objectives

The research seeks to achieve the following objectives

    a. Assess the level of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) in Alimosho Local Government, Lagos State;

    b. Appraise the perception on efficient care delivery among healthcare consumers in Alimosho Local Government, Lagos State.

4. Research Questions

The research answers the following questions.

a. What are the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) in Alimosho Local Government, Lagos State? And

b. What are the consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State?

5. Research Hypotheses

H_0: There is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State.

H_1: There is significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State.

6. Review of Related Literature

This chapter undertakes a review of available literature of some selected authorities on the subject matter to bring into limelight. Available literature shows that most studies in this area are limited to the type of health insurance adopted by various countries, which reflect their choices, contexts and peculiarities. To this end, very few studies examined the level of awareness and perceptions of the general public towards Community Based Health Insurance Scheme.

In a study by Agada-Amade (2004) on the awareness of Health Insurance Model as a healthcare financing option by health workers and other civil servants in Abuja (FCT). The objective was to examine the level of awareness of health worker and civil servants of health insurance as a system, and benefits accruable to them from this system of healthcare financing. It can be drawn from his findings that a high percentage of the respondents were not aware of the concept and benefits of the health insurance. Most members of the target population should be aware and knowledgeable about CBHIS for it to enjoy universal patronage. The result further showed that health workers had higher level of knowledge (awareness) of health insurance than public employees in Abuja. Agada-Amade (2004) recommended: that the board and management of CBHIS pursue the issue of enlightenment and mobilization of the populace aggressively; that

public enlightenment and mobilization unit of CBHIS liaise with the print and electronic media to improve enlightenment; that the National University Commission and Ministry of Education to include Health Insurance in school curricula and that National Orientation Agency (NOA) should help to propagate the ideals of health insurance as a rewarding system of health care financing.

In a related study, Hamza (2013) examines the level of awareness among civil servants on the operation of CBHIS. Informed by results from field survey conducted in Sokoto State, Hamza (2013) found out that the level of knowledge (awareness) on CBHIS among the public sector employees sampled was very low. This low level of knowledge among public employees in the state may be attributed to poor enlightenment efforts by the Scheme or to inappropriate methods of enlightenment. In either case, this may necessitate the need to redesign the present effort at public enlightenment. Hamza (2013) recommended that the management of CBHIS to organize interactions/seminars and workshop for the stakeholders (civil servants, general public, union leaders, healthcare providers, HMOs, Insurance Companies and Bankers) to improve on the establishment campaigns. Also recommended is that the board and management of CBHIS, in pursuing enlightenment should emphasize on the benefits of health insurance. The study recommended to National University Commission and Ministry of Education to include Health Insurance in the curricula of schools.

From both studies conducted by Hamza (2013) and Agada Amade (2004) it's obviously and apparently clear that they pointed to the poor enlightenment efforts by the Scheme or inappropriate methods of enlightenment and lack of mobilization of the populace as the major factor that contributed to non awareness of the general masses about the scheme and its benefits without looking at the perception, readiness, willingness and people's trust about the scheme; it is based on this that Omar (2002) opined that 'Nigerians have always expressed lack of confidence in any program or project owing to the experience with previous program in Nigeria'. For example in a study, Omar (2002) conducted to assess consumer's awareness and attitude towards life insurance patronage in Nigeria, finding shows that there is a lack of trust and confidence in the Health Care Providers by the health consumers. One major reason for people's attitude is lack of knowledge and trust about the benefit of life insurance product.

7. Theoretical Framework

In order to explain, predict, prescribe and analyze the awareness and perception of the healthcare consumers toward Community Based Health Insurance Scheme in Alimosho Local Government, Lagos State, Nigeria. Structural-Functionalist Theory (SFT) was adopted. This is informed by the view that this theory will help to gain depth understanding about how to predict and explain the perception and awareness of the general populace about CBHIS program in Alimosho Local Government Area, Lagos State. The adoption of this theory is justified in the ability of theory in providing proper analysis for enrollee's choice of chosen CBHIS accredited healthcare centers' as their main source of their healthcare providers and its functions to the masses.

Structural Functionalism as loosely explained refers to the large-scale social structures and institutions of society, their interrelationships, and their constraining influence on actors (Ritzer, 2008). Historically, some founding fathers of sociology like Herbert Spencer, Auguste Comte and Emile Durkheim, laid the classical foundation of structural-Functionalism. Talcott Parsons later refined it to reflect his work titled "the social system" in 1951 (Scott & Marshall, 2005). As a theoretical perspective in sociology, functionalism holds a view of society as a social system that is made up of different parts, which are interdependent and interrelated (Igbo, 2003). These component parts of society, which include the family, school, government, law; economy, etc. perform various functions positively toward the maintenance, stability and survival of the social system (Ravishankanr, N.P. 2009).

From the organism analogy, the functionalists equate the human society with the human or biological organism that has a structure comprising organs, systems and capillaries, which must function for the maintenance and survival of the whole organism. To understand the structure of the organism (man), the respective component parts and their interconnected functions must be examined. The foregoing forms the basis of Parsons' concept of Adaptation, Goal maintenance, Integration and Latency function (AGIL). Thus, AGIL is an elaborate model of systems and sub-systems. It implies that for any society to survive, each system must meet the aforementioned four (4) functional prerequisites namely: Adaptation (adjustment to the physical environment); Goal attainment (a means of organizing resources to achieve societal goal and obtain

gratification), Integration (forms of internal coordination and ways of dealing with differences), and Latency or pattern maintenance (means of achieving comparative stability). The point of emphasis here is how social equilibrium can be achieved and maintained between and among the various elements or institutions of a social system and sub-systems (Ritzer, G. 2008).

Parsons further opined that among these different structures and institutions such as economic, social, educational, political, religious, health, etc. institutions, any dysfunctionality in a structure could equally affect others that are intricately connected to it because of its mutually re-inforcing interdependence on others. For example, bad governance and political leadership can mar effective health care delivery system through corruption and misappropriation of funds (Scott, G. and Marshall, G. 2005)

Practically, the CBHIS has some components and institutional stakeholders that must work harmoniously to achieve efficient and effective health care delivery to the target enrollees. Some of these stakeholders repeatedly mentioned include the government, employers, employees or enrollees, HMOs, health care facility owners or managers, etc. Among its statutory functions, the government through the scheme sets standards and guidelines for all the stakeholders to observe. The employers (public or private sector) must pay some amounts as premiums to the HMOs who in turn remit to managers or owners of health care facilities for treating registered enrollees. This chain of activities between and among these stakeholders must be kept intact and unbroken if the entire scheme is to achieve sustainable result. The interdependence of these various institutions and agencies in the scheme underscores the practical engagement of structural-functionalism. Since government alone could not fund effective and efficient health care system, hence the introduction of the CBHIS, all the concerned stakeholders are expected to work cooperatively as it is in tandem with the principle of functionalism (Ahmed, S.R. &, Mesbah, F.S. 2015).

8. Data Presentation And Analysis

This is devoted to data presentation, analysis and interpretation. The exercise here gives a lucid description about the phenomenon under consideration. The population of interest was CBHIS enrollees in Alimosho Local Government, Lagos State. The responses of a sample size of three

hundred and seventy-nine (379) CBHIS enrollees in the eight (8) NHIS accredited centres in Alimosho Local Government were collected through the use of questionnaire. The sample size of 379 enrollees was derived with the *Taro Yamane* sample size determination formula for a finite population. Out of these number of questionnaires administered, three hundred and forty-four (353) copies were retuned out of which three hundred and one (334) copies were found useable. The number therefore formed the basis of this data presentation, analysis and interpretation. Hence, data presentation analysis and interpretation go hand-in-hand in this section starting with questionnaire administration.

Pilot Study

For pilot test, thirty (30) questionnaires were self-administered to and collected from the healthcare consumers in Alimosho Local Government. The purpose of the pilot study was to pin-point potential difficulty, misinterpreted, ambiguous questions and also the time taken to answer the questions.

Reliability, according to Eboh, E.C. (2009) means consistency which can be over time (stability) or internal in nature. Consistency over time answers the question "if the same instruments were given to same set of respondents under similar circumstances but at different time interviews, to what extent would the assignment produce the same scores?" The interval reliability of this instrument was ensured with the use of test-retest process. Cronbach Alpha is the most commonly used reliability measure in research. The cronbach co-efficient is an indicator of the internal consistency of the instrument which the values vary on a scale of 0 to 1; the closer the score is to 1, the more reliability it will be considered. The following tables show the detail of reliability scores of the dependent and independent variables.

Reliability Test

Pilot Test: The levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) in Alimosho Local Government, Lagos State.

Reliability Statistics

Cronbach's Alpha	Number of Items
.809	5

Items Total Statistics

S/N	Measurement Items	Scale Mean if Item Deleted	Scale Variable if Item Deleted	Corrected Item-Total Correction	Cronbach's Alpha if Item Deleted
1	I have been sensitized that Community-Based Health Insurance Scheme covers medical theatre operation fees.	8.6667	23.195	.306	.861
2	There is public lecture on the number and age limit of primary dependants under the scheme.	9.1667	20.489	.688	.748
3	Media advert keeps me abreast of non-transferability of Community-Based Health Insurance Scheme access card.	9.1333	19.706	.585	.777
4	There is weekly publicity on the healthcare consumer user's fees.	9.8333	19.178	.783	.718
5	I am aware that healthcare service providers engage in home service delivery to customers.	9.6000	19.076	.696	.740

Source: Primary Data from the field work, 2018

The above table shows the reliability test results of the independent variable, which is level of awareness. Thirty (30) questionnaires were administered to test the reliability of this study and the variable scored a Cronbach's Alpha of 0.809 using five (5) items. Therefore, since the result is above 0.7, it is considered acceptable in according to the standard. Also, the item total correlation also shows that the variables have high correlations with one another ranging from .3 to .7. No value was removed and therefore, the five (5) items were used for the actual survey.

Pilot Test: The perception on efficient care delivery among healthcare consumers in Alimosho Local Government, Lagos State.

Reliability Statistics

Cronbach's Alpha	Number of Items
.898	5

Items Total Statistics

S/N	Measurement Items	Scale Mean if Item Deleted	Scale Variable if Item Deleted	Corrected Item-Total Correction	Cronbach's Alpha if Item Deleted
1	Medical staff of my healthcare provider is prompt in attending to patients.	7.7667	18.806	.747	.878
2	My healthcare provider knows how to handle any medical problem brought to him/her.	8.1667	20.626	.807	.866
3	Community-Based Health Insurance Scheme is capable of providing dependable healthcare outcomes.	8.3000	20.700	.633	.897
4	The service rendered by my Community-Based Health Insurance Scheme is less costly compared to other healthcare providers.	8.6667	20.230	.794	.867
5	The states of healthcare facilities are good enough.	8.7000	19.803	.767	.872

Source: Primary Data from the field work, 2018

This shows the reliability test results of the independent variable, which is perception. The variable scored a Cronbach's Alpha of 0.898 using five (5) items. Therefore, since the result is above 0.7, it is considered acceptable in accordance to the standard. Also, the item total correlation also shows that the variables have high correlations with one another ranging from .6 to .8. In response to the Cronbach's Alpha, the value is accepted and none is removed, thereby using it for the actual survey.

Descriptive Analysis

Respondents Rate
Table A

	Items	Number	%
1	Number of sample	379	
2	Number of returned and dully filled	334	88.1%
3	Number of returned but wrongly filled	19	5.0%
4	Number of unreached respondents	26	6.9%
	Total	**379**	**100%**

Source: Primary Data from the field work, 2018

Table A shows that 379 Questionnaires were administered into eight (8) different CBHIS accredited centres in Alimosho Local Government, where the Healthcare Consumers were given a questionnaire each to fill so as to show their views about the Healthcare Insurance Policy. Only three hundred and thirty-four (334) were completely filled and find useful for the study, Nineteen (19) were wrongly filled and twenty-six (26) respondents were unreachable. Hence: the response rate is presented below:

$$\frac{Nr}{Ns - (a\text{-}b)} * 100$$

Nr = Number of returned
Ns = Number of sample
a = Respondents that could not be reached
b = Wrongly filled questionnaire.

Percentage of responses $\quad \dfrac{334}{334 - (26\text{-}19)} * 100 \quad = \textbf{88.1\%}$

Data Analysis
Demographic data presents the respondents' profile. These include gender, age, marital status and level of education. The table shows the profile of the respondents.

Bio-data of Respondents

Sex	Frequency	Percentage
MALE	94	28.1
FEMALE	240	71.9
Total	**334**	**100%**
Age	**Frequency**	**Percentage**
20-30	76	22.8
31-40	93	27.8
41-50	97	29
51-60	36	10.8
61ABOVE	32	9.6
Total	**334**	**100%**
Education	**Frequency**	**Percentage**
SSCE	6	1.8
NCE/ND	116	34.7
HND/BSC	197	59
MASTERS	9	2.7
PhD	6	1.8
Total	**334**	**100%**
Marital Status	**Frequency**	**Percentage**
SINGLE	84	25.1

MARRIED	247	74
DIVORCED	3	.9
Total	**334**	**100%**

Source: Primary Data from the field work, 2018

It can be seen from the above table that 94 of the total respondents, representing 28.1% are male while 240 respondents i.e. 71.9 are female, this is an indication that more female respondents than male participated in the survey. And this may also signifies that women are more conversant of the health of their children than men. Also, the age of the respondents were being segmented into five groups for easy analysis of this study. 76 respondents with twenty-two point eight percent (22.8%) fall within 20-30years while 93 respondents with twenty-seven point eight percent (27.8%) are within 31-40 age limits. A total of 97 respondents with twenty-nine percent (29%) are in the age bracket of 41-50years, 36 or ten point eight percent (10.8%) are in the age bracket of 51-60years while 32 respondents with nine point six percent (9.6%) fall under 61years and above the age bracket. This showed the preponderance of those in the age bracket of 41-50years in the survey.

Also, from the table above, 6 respondents representing one point eight percent (1.8%) of the total respondents have Senior Secondary School Certificate, 116 respondents with thirty-four point seven percent (34.7%) have NCE/ND, 197 respondents or fifty-nine percent (59%) are with HND/B.sc degree, 9 respondents with two point seven percent (2.7%) of the total population have Masters Degree while 6 or one point eight percent (1.8%) of the total respondents have PhD. The indication from the analysis above shows that there is preponderance of the HND/B.Sc. certificate holders in the study. More so, the marital status of the respondents were segmented as well so as to aid for easy analysis of this study. 247 respondents with seventy-four percent (74%) have married, 84 or twenty-five point percent (25.1%) are yet to marry while the divorce rate out of the total respondents are 3 representing zero point nine percent (0.9%).

The level of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) in Alimosho Local Government, Lagos State

Items 1-5 was tailored to seek information regarding the respondents' opinion on the awareness of the healthcare service delivery. The five questions in this section capture the various means of

creating awareness of the healthcare policy for the healthcare consumers in Alimosho Local

Government. Hence, the table hereby provides the breakdown of their responses.

Measurement Items	Opinion	%	Mean	SD	Remark	Total
1. I have been sensitized that Community-Based Health Insurance Scheme covers medical theatre operation fees.	Strongly Agree Agree Undecided Disagree Strongly Disagree	15.6 7.2 8.7 41.3 27.2	2.4251	1.3684	Disagree	334
2. There is public lecture on the number and age limit of primary dependant under the scheme.	Strongly Agree Agree Undecided Disagree Strongly Disagree	12.3 8.4 4.5 44.3 30.5	2.2754	1.3113	Disagree	334
3. Media advert keep me abreast of non transferability of Community-Based Health Insurance Scheme access card.	Strongly Agree Agree Undecided Disagree Strongly Disagree	10.2 10.8 2.4 31.1 45.5	2.0898	1.3504	Strongly Disagree	334
4. There is weekly publicity on the healthcare consumer user's fees.	Strongly Agree Agree Undecided Disagree Strongly Disagree	9.9 7.5 1.8 19.8 61.1	1.5833	1.8533	Strongly Disagree	334
5. I am aware that healthcare service providers engage in home service delivery to customers.	Strongly Agree Agree Undecided Disagree Strongly Disagree	3.6 4.8 3.6 17.1 71.0	1.5299	1.0211	Strongly Disagree	334

Source: Primary Data from the field work, 2018

From the table above 15% of the total respondents Strongly Agreed with the first item on the

level of awareness of the Community-Based Health Insurance Scheme in Alimosho Local

Government, Lagos State. 7.2% of the respondents Agreed with the assertion in the first item,

8.7% of the respondents were undecided while 41.3% of the respondents disagreed with the item

and 27.2% respondents Strongly Disagreed with the item.

Indications from item 2 in the table revealed that 12.3% of the respondents Strongly Agreed with

the item, 8.4% of the total respondents Agreed with the statement in item two of the first variable

(Awareness), 4.5% of the respondents recorded undecided while 44.3% Disagreed with the second item and 30.5% Strongly Disagreed with the item.

In the same vein, 45.5% of the respondents in item three (3) were Strongly Disagreed with the statement, 31.1% recorded Disagreed with the item, 2.4% respondents undecided, 10.8% Agreed with the item and 10.2% of the total respondents were Strongly Agreed with the item. Also, on the fourth question, 9.9% of the respondents Strongly Agreed with the level of publicity on the healthcare consumers user's fees, 7.5% out of the total respondents Agreed with the item, 1.8% were undecided, 19.8% respondents also Disagreed while 61.1% of the respondents recorded Strongly Disagreed.

Consequently, 3.6% respondents were Strongly Agreed, 4.8% of the total respondents Agreed with the fifth item, 3.6% were undecided with the assertion and 17.1% of the respondents Disagreed with the item while 71% were Strongly Disagreed with the fifth item.

The Perception on Efficient Care Delivery among Healthcare Consumers in Alimosho Local Government, Lagos State

Item 1-5 was designed to seek information regarding the respondents' opinion on the perception of the consumers on Community-Based Health Insurance Scheme healthcare service delivery. The five questions in this section capture the various perceptions of the healthcare consumers in Alimosho Local Government. However, the table hereby provides the breakdown of their responses.

Measurement Items	Opinion	%	Mean	SD	Remark	Total
1. Medical staff of my healthcare provider are prompt in attending to patients	Strongly Agree Agree Undecided Disagree Strongly Disagree	14.7 7.2 9.0 41.3 27.8	2.3952	1.3510	Disagree	334
2. My healthcare provider knows how to handle any medical problem brought to him/her.	Strongly Agree Agree Undecided Disagree Strongly Disagree	9.9 9.0 4.5 43.7 32.9	2.1916	1.2612	Strongly Disagree	334
3. Community-Based Health Insurance Scheme is capable of providing dependable healthcare	Strongly Agree Agree Undecided Disagree	9.9 7.8 3.0 32.3				

outcome	Strongly Disagree	47.0	1.9910	1.2651	Strongly Disagree	334
4. The service rendered by my Community-Based Health Insurance Scheme is less costly compared to other healthcare providers.	Strongly Agree Agree Undecided Disagree Strongly Disagree	8.1 6.9 2.7 20.4 62.0	1.7874	1.2685	Strongly Disagree	334
5. The state of healthcare facilities is good enough.	Strongly Agree Agree Undecided Disagree Strongly Disagree	2.7 4.5 5.1 18.3 69.5	1.5269	.9729	Strongly Disagree	334

Source: Primary Data from the field work, 2018

In item 1 of the above table, 14.7% of the respondents strongly agreed with the item, 7.2% agreed, 9.0% out of the respondents were undecided, 41.3% disagreed and 27.8% of the total respondents strongly disagreed with the item.

On whether the healthcare provider knows how to handle any medical problem brought to him/her, 9.9% out of the respondents strongly agreed, 9% of the respondents disagreed, 4.5% were undecided, 43.7% disagreed and 32.9% respondents strongly disagreed with the item two.

If ask whether Community-Based Health Insurance Scheme is capable of providing dependable healthcare outcome, the responses of the healthcare consumers to the item three (3) go thus; 9.9% of the respondents were strongly disagreed, 7.8% were agreed, 3% were undecided, 32.3% out of the respondents disagreed and 47% strongly disagreed.

From the fourth item in table 4.5.3, the item featured 8.1% of the respondents strongly agreed, 6.9% agreed, 2.7% undecided, 20.4% Disagree and 62% strongly disagreed. And then followed question on the perception of the healthcare consumers on the state of healthcare facilities were 2.7% strongly agreed, 4.5% agreed, 5.1% undecided, 18.3% disagreed and 69.5% strongly disagreed.

Normality Test of Dependent and Independent Variable

	N	Minim um	Maxi Mum	Mean	Std.	Skewness		Kurtosis	
	Stati Stics	Statisti cs	Stati Stics	Stati stics	Stati Stics	Stati Stics	Std. Error	Stati Stics	Std. Error
Dependent Variable									
Av_Awareness2	334	1.00	4.80	2.03	.948	1.27	.133	.531	.266
Independent Variable									
Av_Perception2	334	1.00	4.80	1.97	.918	1.40	.133	.975	.266

Source: Primary Data from the field work, 2018

Above table shows the summary of the normality test (skewness and kurtosis) based on the analysis constructed from the table. Therefore, overall interpretation indicates that for all the variables, the degree of skewness for independent and dependent variables are normal. It is hereby concluded that the assumptions of normality in this research are not violated. The result is also complimented by graphical representation, showing the bell-shaped displayed of the variables

Hypothesis Testing

This section focuses on testing the research hypothesis as proposed in this study. SPSS version 20, particularly correlation and regression analysis were also used to test the hypotheses.

Decision Rule: The strength of evidence in support of a null hypothesis is measured by the p-value. If the p-value is less than the significant level (0.05), the null hypothesis is rejected. When the p-value is higher than the significant value, the null hypothesis is accepted (Eboh, 2009).

Hypothesis: There is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State.

Model summary[b]

Model	R	R Square	Adjusted R Square	Std Error of the Estimate	Durbin Watson
1	.092a	.008	.005	.94598	2.131

ANOVA[a]

Model	Sum of Squares	Df	Mean Square	F	Sig (p values)

Regression	2.507	1	2.507	2.804	.095[b]
Residual	296.850	332	.894		
Total	299.357	333			

a. Dependent Variable AV_AWARENESS
b. Predictors: (Constant), AV_PERCEPTION

Coefficient[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig
	B	Std Error	Beta		
Constant	2.222	.123			.000
AV_PER	-.094	.056	-.092	.918	1.021

a.   D
ependent Variable AV_AWARENESS

The null hypothesis states that there is no significant relationship between awareness and perception of the healthcare consumers. The result of the multiple regression test (ANOVA) indicates 2.804 Fcal value at the associated significant level of .095 which is greater than the conventional standard of (0.05). The R-Square value of .008 which indicates that about 0.08% variation in awareness would be recorded for the perception of the healthcare consumers in Alimosho Local Government.

Decision: Hypothesis is accepted; therefore there is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State.

NO	Description	Decision	Result
H₀	There is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State.	Accepted	Beta=-.094 P=.095

Source: Primary Data from the field work, 2018

The table shows the summary of the null hypotheses stated in this study. Based on the decision rule of p-value of 0.05, the result recorded that all the three hypotheses were accepted. Which means: the result of these research hypotheses indicates the followings:

There is no significant relationship in the level of CBHIS healthcare awareness and healthcare consumer's perception of CBHIS in Alimosho Local Government.

Discussion of Research Hypotheses

This section entails the discussion of the research hypotheses that were being developed in the course of this study. They include-:

H_O: There is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State. The findings from the hypothesis shows that there is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State. Enrollee perception on efficient care delivery in Alimosho Local Government recorded a p-value of .095>0.05 and this indicated that there is negative perception of the enrollee on CBHIS healthcare care delivery. This hypothesis is accepted because the P-value is greater than 0.05(Standard Significant Value).

9. Findings

The result of the study shows that the level of awareness of the CBHIS policy is very low in Alimosho Local Government. This means that CBHIS policy awareness is nothing to write home. The finding is similar to that of Agada (2004) who posited that the awareness of the benefits of Community-Based Health Insurance Scheme is even more worrisome than that of knowledge of the concept itself. This is because a population that does not know the benefits of a scheme is more likely to reject, and do everything to scuttle the idea. This is also in line with the findings of Hamza (2013) which revealed that the level of knowledge (awareness) on the CBHIS among sampled public servants was very low. This low level of knowledge among public servants in the state may be attributed to poor enlightenment efforts by the Scheme managers or to inappropriate methods of enlightenment.

In a state like Lagos, where the population and immigration rate is high; more attention should be given to the creation of healthcare awareness in order to meet the required health standard of the masses at large. CBHIS is a health service delivery programme and its main target is health consumers. Since the respondents are healthcare consumers in Alimosho Local Government,

these findings can be considered as reliable. Once they label the awareness level of CBHIS as low and felt disagreed with the awareness level of the CBHIS operation, it shows that the awareness of the CBHIS operation did not meet its target. Being the primary contributory community healthcare service delivery to the local people, CBHIS should be labeled as good if not excellent. As such, CBHIS should improve on awareness of its activities among its actual and prospective consumers.

From the findings, it was found that CBHIS stakeholders in Alimosho Local Government should focus more on educating, sensitizing and engaging in rigorous media adverts so as to keep the masses abreast of the existence, operations and objectives of the CBHIS scheme. This is similar to that of Hamza (2013) who recommended that the management of CBHIS should organize interactions, seminars and workshops for stakeholders (civil servants, general public, union leaders, healthcare providers, HMOs, Insurance Companies and Bankers) to improve on the establishment campaigns. Also recommended is that the board and management of CBHIS, in pursuing enlightenment should emphasize on the benefits of health insurance policy.

The perceptions of the healthcare consumers have negative/low towards healthcare service delivery in Alimosho Local Government, Lagos State. More so, the result from the regression analysis also indicates that there is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State. These results agree with the earlier findings of Enoh (2008) who conducted a perceptive study of health care workers in Delta state. The findings also revealed that more than 70% don't have faith in it and strongly believe that the leaders and champions of the initiative want to use it like other white elephant project to enrich themselve. The peoples' notion gathered from the study portends a great level of dissatisfaction in Government project in Nigeria. This is attributed to the ways that previous projects turned out in the recent time. Healthcare consumers strongly showed their dissatisfaction with the way they are being delayed by the healthcare providers whenever they come for treatment and poor facilities of the CBHIS accredited hospital in Alimosho Local Government is nothing to write home about.

10. Conclusion

The research explored the awareness and perception of the healthcare consumers towards community-based health insurance policy: Insight from Alimosho Local Government, Lagos State, Nigeria. The results of the findings of the study have provided answers to the research questions. The result obtained from the data gathered and analyzed, it has been found that CBHIS awareness operations among healthcare consumers are very poor and dissatisfied with. The findings show that there is no significant relationship between the levels of awareness of the healthcare Community Based Health Insurance Scheme (CBHIS) and consumers' perceptions on efficient care delivery in Alimosho Local Government, Lagos State. The results of this study are important for a number of reasons. First, it provides information on the current scenario of the CBHIS healthcare service delivery in Alimosho Local Government. The service delivery scheme like CBHIS, which purpose is to meet and care for the health needs of the masses is a no end journey. Healthcare consumers/enrollees feedback is important for proper appraisal of the CBHIS and it can be used to set service quality goals. The feedback can help the Lagos State government and other CBHIS stakeholders in improving on the management of the scheme. Second, the feedback on the CBHIS service delivery provides significant information to the Lagos State Government and other stakeholders. This will enable them to know how far the policy has been able to achieve its aims and objectives, and what they can do to improve on the CBHIS service delivery. Feedback, on the CBHIS from the healthcare consumers provide all stakeholders with the knowledge and awareness of the standard of performance that is expected of the CBHIS policy to bring healthcare service delivery to the door step of the people of Alimosho Local Government.

11. Recommendations

The fact that respondents' awareness of the CBHIS was very poor, it is therefore recommended that more of health promotion effort such as seminars, conferences and workshops be organized and more health literature should be disseminated to enlighten the enrollee more on the operations of the scheme; these will help to inform the populace and disabused the modes of some enrollees about the scheme especially as this time of economic recession.

Access to quality healthcare is one of the major specific objectives of the CBHIS. Evidences on ground suggest that many service providers still run their organizations with outdated equipment calling to question the quality of healthcare being accessed. It is therefore recommended that pro-active inspectorate division be set up to ensure that accredited HCPs have an evidence of not having the desired easy access to quality healthcare as promised by CBHIS.

Also, it is necessary to design a monitoring and evaluation unit that is able to keep corruption under control. There should also be periodic clinical audits in collaboration with private auditing firms and experts.

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