



# Attitude of Federal Civil Servants (FCSs) in Abuja Municipal Area Council (AMAC) Federal Capital Territory (FCT) Towards National Health Insurance Scheme (NHIS)

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## Abstract

*The purpose of the study was to investigate the attitude of Federal Civil Servants in Abuja Municipal Area Council, Federal Capital Territory of Nigeria towards National Health Insurance Scheme (NHIS). A cross-sectional descriptive survey research design was used for the study. Two research questions were formulated to guide the study while one null hypothesis was postulated. The study population consisted of all 20,015 Federal Civil Servants in Abuja Municipal Area Council of Federal Capital Territory. The Taro Yamane formula for sample size determination was employed to arrive at a sample of 400 civil servants. A Researchers-designed instrument was used for data collection. Research questions were answered using mean and percentage while the null hypothesis was tested using the t-test statistic. The major findings showed that Federal Civil Servants had a positive attitude towards NHIS. Male federal civil servants mean score was slightly higher than the females although both indicated a positive attitude. Gender was not a significant factor in the attitude of federal civil servants towards NHIS. Recommendations were made among which include that National Health Insurance Scheme and Ministry of Health should still embark on a more intensified public enlightenment efforts to improve the attitude of civil servants towards NHIS. The media (both print and electronic) roles should be stepped up for more aggressive and permeable information dissemination on NHIS to get the public abreast with the scheme.*

**Keywords:** Attitude, Insurance, Health Insurance, NHIS and Federal Civil servants.

## Introduction

Healthy population and workforce is a strong determinant of a nation's economic growth and sustainable development globally. All over the world, healthcare financing has always been and is still an issue of concern resulting from the problem of scarce resources (Effiong, 2012). The cost of one day stay in a hospital (excluding the cost of all other care services) can exceed one thousand dollars in some parts of the United States. This exceeded in hospital stays that include surgery (Adeniyi & Onajole, 2010). Developing countries account for 84 per cent of the world population and 93 per cent of the worldwide burden of disease. Almost about 60 per cent of total health spending in China is financed out-of-pocket (Effiong, 2012). The author stated that according to recent data, 44 per cent of families in China now in poverty reportedly fell into poverty because of hospitalization. In Nigeria, the cost of the stay in hospital per day ranges from five thousand Naira and above (Effiong, 2012). The increasing pressure to deliver proper healthcare to the populace with the limited available resources according to Lawan, Iliyasu and Abba (2012) has always been a source of concern for the government and health managers in Africa. The authors maintained that this situation has led the government to explore alternative healthcare financing initiatives, including various types of health insurance scheme.

Insurance may be seen as risk-sharing or risk pooling. Insurance according to Ekwuluo, Eluwa, Okereke, Isaac, Orji, and Soromtochukwu (2018) is a risk – transfer mechanism in which the insured agrees to make small payments called premium to another party (the insurer), in return for a payment of a large sum (benefit) on the occurrence of a specified event. Health insurance protects people from financial loss caused by the huge cost of medical care. Ekwuluo et al (2018) refer to health insurance as a social device for pooling health risks and costs of an exposure unit with a view towards predictability. Many African countries, including Nigeria, decided to implement the National Health Insurance Scheme (NHIS) to complement funding for the health sector to improve equity in health. Nigerian's Ten year Plan for Development and Welfare (1946 - 56) incorporated the first attempt at planning for health services in Nigeria. In the same vein, Federal Republic of Nigeria Official Gazette, (1999) revealed that since October 1, 1960 (Nigerian's Independence), successive Nigerian Government (civilian and military) have come up with the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> National Development Plans all of which had substantial portions of 3<sup>rd</sup> and 4<sup>th</sup> dedicated to addressing issues related to National Health Care Systems. Eyong, Agada, Asukwo and Chuku (2016) further stressed that various reform programmes have been put in place and the government has expressed determination to pursue a bold reform of the system. In an attempt by the government to ensure that all citizens

attain a good physical, mental and social well being, it has formulated and implemented the National Health Insurance Scheme.

National health insurance scheme (NHIS) is the form through which Nigeria finances its health care. National health insurance scheme (NHIS) is a health care scheme established by the Federal Government of Nigeria in 2005 for better healthcare delivery to its populace (Onyedibe, Goyit, & Nnadi, 2012). According to Ehiosun (2018), the scheme is designed to provide comprehensive health care delivery at affordable costs, covering employees of the formal sector, self-employed, as well as rural communities, the poor and the vulnerable groups. Specific benefits of NHIS to enrollees include easy access to efficient health care services at all times, protection from the financial hardship of huge medical bills and affordable health services for all income groups (Federal Republic of Nigeria Official Gazette, 1999).

However, the introduction of health insurance as a health care financing mechanism, in any nation can elicit mixed reactions from the populace. A nation with high knowledge of insurance and places health delivery at high esteem welcomes it with enthusiasm and avail themselves of its benefits and progress health-wise, while any nation with little no knowledge of it reacts otherwise of its benefits and lags behind in this useful enterprise. The goal of NHIS is to improve the health status of Nigerians as a significant Co-Factor in National poverty Eradication Efforts. The mission of NHIS is to undertake a government-led comprehensive Health sector Reform aimed at strengthening the National public and private Health System to enable it to deliver effective, efficient, qualitative and affordable Health Services. Federal Civil Servants in Abuja Municipal Area Council, Federal Capital Territory (FCT) of Nigeria are among the beneficiaries of this laudable scheme.

Federal Civil Servants are people that work with the federal government. According to Olugbenga and Adebimpe (2010) Federal Civil Servants are workers who are in federal government payroll. Federal Civil Servants are among the major stakeholders in the NHIS programme and were selected for the study because they constitute, and represent the thirty-six States and the Federal Capital Territory, of the federation. Federal Civil Servants exhibit all characteristics found in Nigerian populace and thus could be used to judge the whole population. The attitude towards the National Health Insurance Scheme (NHIS) by Federal Civil Servants in Abuja Municipal Area Council of FCT becomes necessary for their cooperation and sustainable support to the scheme. The cooperation of the Federal Civil Servants in Abuja Municipal Area Council of FCT to NHIS depends largely to their attitude towards the scheme.

Attitude is a disposition or state of mind. Luthans (2007) defined attitude as a persistent tendency to feel and behave in a particular way towards an object. The author continued that attitudes are complex cognitive processes which consist of three components which include the person's feeling about the object, the information the individual has about the object and the behavioural component consisting of a person's tendencies to behave in a particular way towards the object. The author further states that attitudes tend to persist unless something is done to change them. Attitude towards NHIS refers to a set of affective reactions towards NHIS which predisposes Federal Civil Servants to behave either positively or negatively in a certain manner towards NHIS. Adewole, Dairo and Bolaninwa (2016) found out in their study that all the respondents (100%) favourably were disposed to prepayment schemes and 88.2% believed that prepayment scheme is better than the out-of-pocket payment system. The Federal Civil Servants favourable or unfavourable attitude may influence or affect their adoption and participation in the attitude object, which in this case is NHIS.

However, certain factors may affect the attitude towards the National Health Insurance Scheme. Several studies like Wells (2006), Aday (2008) and Finkelstien (2005) identified age, gender, level of education, occupation as factors that may affect attitude towards NHIS. According to Finkelstein (2005), among the factors associated with attitude and utilization of health insurance, socio-demographic factors remain ultimately the most important. Literature shows that studies on health insurance examined socio-demographic factors of age, gender, marital status, level of education and income. This study focused on the socio-demographic factor of gender. Finkelstein (2005) reported gender difference in attitude towards health insurance. Females' attitude towards insurance services was more positive than that of males. Wells, (2006) also noted in a similar study that in general, women are greater users of health insurance services, due largely because of their socio-biological characteristics which make them seek knowledge and have a positive attitude towards health insurance services. Aday (2008) maintained that gender is an important factor as it concerns attitude towards health service. Using 695 residents of Central Harlem as the sample, the author reported that gender was critical in the attitude towards health insurance service. Thus the socio-demographic variable (gender) was considered important to the present study.

The study was anchored on the theory of reasoned action. The theory of reasoned action (TRA) developed by Fishbein and Ajzen (1980) suggests that a person's behavioural intention depends on the person's attitude about the behaviour and the subjective norms. The theory identifies intention as the most immediate determinant of



behaviour. This theory, therefore, captures how belief attributes of a certain object (NHIS) lead to the attitude towards that object. It then follows that if the Federal Civil Servants believe that poor health or illness expenses will have adverse consequences on them or their dependants; and believe that NHIS would be able to address the above problems, they will be motivated, through the Schemes education and enlightenment campaigns, to embrace a positive attitude towards NHIS. This positive attitude will in turn compel them to participate (choose and adopt) in the operations of the Scheme. Based on this, the Federal Civil Servants attitude toward NHIS was anchored on the theory of reasoned action (TRA). National Health Insurance Scheme operators will benefit from the findings as it will help them to reappraise their roles and make adjustment where necessary with a view of making NHIS more attractive to Federal Civil Servants to adopt the scheme.

The introduction of National Health Insurance Scheme (NHIS) as a health care financing mechanism should be welcome with enthusiasm and sense of relief by all stakeholders in the health care industry, especially Federal Civil Servants in Abuja. Specific benefits of NHIS to enrollees include easy access to efficient health care services at all times, protection from the financial hardship of huge medical bills and affordable health services for all income groups (Federal Republic of Nigeria Official Gazette, 1999).

Regrettably, the emergence of NHIS seems not to garner the much-expected acceptance support and co-operation from the civil servants. It appears that the majority of them prefers to treat themselves when they fall sick; others are still reluctant to take a stand. Some of the Civil Servants are suspicious of governments' motive, intention and strategies especially when they realized that there will be a monthly deduction from their salaries as their contributions into the 'solidarity pool' for running the Scheme. The government, on the other hand, had tried hard to inculcate positive attitude on the need for implementing the scheme among the federal civil servants and had made frantic efforts towards convincing the civil servants through series of activities, including dialoguing with the Nigerian Labour Congress (NLC). Despite such efforts, mutual suspicion, recriminations and subtle flexing of muscles are still palpable in both camps.

The researchers consider that this seemingly unwillingness to participate in the scheme may be as a result of negative attitude towards the scheme by Federal civil servants in Abuja Municipal Area Council (AMAC). The researchers, after identifying the problem decided to embark in a study to investigate attitude towards NHIS by Federal Civil Servants in Abuja Municipal Area Council, besides, such study has not been conducted in the area.

### **Purpose of the Study**

The purpose of the study was to investigate the attitude of Federal Civil Servants in Abuja Municipal Area Council, Federal Capital Territory of Nigeria towards National Health Insurance Scheme (NHIS). Specifically, the study determined:

1. attitude of federal civil servants in AMAC towards National Health Insurance Scheme; and
2. the difference in the attitude of Federal Civil Servants towards NHIS according to gender.

### **Research Questions**

Two research questions guided the study.

1. What is the attitude of Federal Civil Servants towards NHIS?
2. What is the difference between male and female Federal Civil Servants' attitude towards NHIS?

### **Hypothesis**

This null hypothesis was postulated and tested at .05 level of significance.

1. There is no significant difference in the attitude of Federal Civil Servants towards NHIS according to gender.

### **Methods**

The cross-sectional survey research design was adopted to investigate the attitude of Federal Civil Servants in Abuja municipal area council, Federal Capital Territory of Nigeria towards the National Health Insurance Scheme (NHIS). Abuja, the new capital of Nigeria (Federal Capital Territory) according to Abuja Geographic Information Services (AGIS) (2004) came into existence by the Federal Capital Territory Act of 1976. Abuja (FCT) is made up of six Area Councils which include: Abuja municipal area council (AMAC), Gwagwalada, Kwali, Abaji, Kuje and Bwari Area Councils. The choice of AMAC in the study is due to its nature as the heart of Abuja as a cosmopolitan city where the concentration of people, especially civil servants is mainly found than in the other area councils. Other characteristics that favour AMAC as the choice of study include: most ministries and parastatals are located in AMAC.

The study population consisted of all 20,015 Federal Civil Servants in Abuja Municipal Area Council of Federal Capital Territory. The Taro Yamen formula for sample size determination was employed to arrive at a sample size of 400 civil servants. By this formula, the sample size of 400 which is 2 per cent of the entire population was drawn through a stratified sampling technique. The instrument for data collection was the researcher – designed structured questionnaire titled attitude towards National Health Insurance Scheme among Federal Civil Servants Questionnaire (ATNHISQ). The instrument was face validated by five experts in the Department of Human Kinetics and Health Education, University of Nigeria Nsukka. The reliability of the ATNHISQ was established using the split-half method. A reliability coefficient of .84 was obtained. The copies of the questionnaire were distributed to the respondents in their offices and 92.3 per cent return rate was obtained. The modified four-point Likert scale was used to establish the attitude of Federal Civil Servants towards NHIS. In each positive statement, four points are assigned to Strongly Agree (SA), three points to Agree (A), two points to Disagree (D) and one point to Strongly Disagree (SD). In other words, the higher mean scores on the scale imply a positive attitude of the respondents towards NHIS. In the case of the negative statements, the scores were reversed. Subsequently, one point was assigned to Strongly Agree (SA), two to Agree (A), three to Disagree (D) and four points to Strongly Disagree (SD).

The criterion mean was obtained thus:  $\frac{4+3+2+1}{4} = 10 = 2.5$

Where the mean score was equal to or greater than the criterion mean of 2.5, it was concluded that the federal civil servant's attitude was positive to the subject matter. Where the mean score was less than the criterion score, it was concluded that the Federal Civil Servants attitude was negative to the subject matter. Thus, the mean score was used to determine the attitude of the Federal Civil Servants towards the Scheme while hypothesis was tested using independent samples t-test statistic.

## Results

Table 1

### Mean Analysis of Federal Civil Servants Attitude towards NHIS (n=369)

S/N	Attitudinal items on NHIS (attitude)	$\bar{X}$
<b>Concept of NHIS</b>		
1.	Health insurance is not worth the money it costs	2.36
2.	Arrangement of monthly deduction from salary is not fair	2.53
3.	The idea of every Nigerian having access to good health care services is nice	3.49
<b>Cluster <math>\bar{X}</math></b>		<b>2.79</b>
<b>Objectives of NHIS</b>		
4.	To maintain a high standard of health care delivery Services with the scheme is a good idea	3.43
5.	The idea of NHIS programmes not covering cancer/HIV AIDS treatment is not good	3.10
6.	I don't support the idea of over 18years of age being considered as above primary dependent	2.78
<b>Cluster <math>\bar{X}</math></b>		<b>3.10</b>
<b>Roles in NHIS</b>		
7.	Only four children as primary dependents under NHIS Programme is discouraging	2.62
8.	An enrollee spending six months before he/she can change a provider is discouraging	2.83
9.	The state of health care facilities under NHIS is not good enough	2.85
<b>Cluster <math>\bar{X}</math></b>		<b>2.76</b>
<b>Responsibilities of NHIS</b>		
10.	The goals of NHIS are achievable	2.87
11.	Paying an extra amount for additional dependants under NHIS programme is not bad	2.59
12.	Enrollees being responsible for choosing their healthcare providers is not good	1.98
<b>Cluster <math>\bar{X}</math></b>		<b>2.48</b>
<b>Benefits of NHIS</b>		
13.	Employment opportunities for health care professionals as a benefit of NHIS is encouraging	3.18
14.	Co-payment of the cost of prescribed drugs as a benefit of NHIS is not ideal	2.14
15.	Minimizing quackery as a benefit of NHIS is a lofty idea	3.12
<b>Cluster <math>\bar{X}</math></b>		<b>2.92</b>

**Key: Positive attitude =  $\geq 2.50$ ; Negative attitude =  $\leq 2.50$**



The result in Table 1 show that the grand mean score of FCSs attitude towards the various dimensions of NHIS were as follows: attitude towards concept of NHIS  $\bar{X} = 2.79 > 2.50$ ; objective of NHIS  $\bar{X} = 3.10 > 2.50$ ; roles of NHIS  $\bar{X} = 2.76 > 2.50$ ; attitude towards benefits of NHIS  $\bar{X} = 2.92 > 2.50$ . These mean scores were greater than the criterion mean of 2.50, thus indicating that FCSs attitude was positive regarding these dimensions of NHIS. The table further shows a mean score of 2.48 in the FCSs attitude towards the responsibilities of NHIS which is less than the criterion mean of 2.50. This implies that FCSs attitude towards this dimension of NHIS was negative.

Table 2

**Mean Analysis of the Difference between Male and Female Federal Civil Servants Attitude towards NHIS**

	Male (n = 206) $\bar{X}$ (1)	female (n = 163) $\bar{X}$ (2)
<b>Concept of NHIS</b>		
1. Health insurance is not worth the money it cost	2.36	2.34
2. Arrangement for monthly deduction from salary is not fair	2.53	2.52
3. The idea of every Nigerian having access to good health care services is nice	3.48	3.51
<b>Overall mean</b>	<b>2.79</b>	<b>2.79</b>
<b>Objectives of NHIS</b>		
4. To maintain a high standard of health care delivery services with the scheme is a good idea	3.44	3.42
5. The idea of NHIS programmes not covering cancer/HIV/AIDS treatment is not good	3.16	3.03
6. I don't support the idea of over 18years of age being considered as above primary dependent	2.77	2.79
<b>Overall mean</b>	<b>3.12</b>	<b>3.08</b>
<b>Roles in NHIS</b>		
7. Only four children as primary dependents under NHIS programme is discouraging	2.57	2.69
8. An enrollee spending six months before he/she can change a provider is discouraging	2.87	2.79
9. The state of health care facilities under NHIS is not good enough	2.83	2.8
<b>Overall mean</b>	<b>2.75</b>	<b>2.78</b>
<b>Responsibilities of NHIS</b>		
10. The goals of NHIS are achievable	2.86	2.87
11. Paying an extra amount for additional dependants under NHIS programme is not bad	2.61	2.55
12. Enrollees being responsible for choosing their healthcare providers is not good	1.95	2.01
<b>Overall mean</b>	<b>2.47</b>	<b>2.47</b>
<b>Benefits of NHIS</b>		
13. Employment opportunities for health care professionals as a benefit of NHIS is encouraging	3.19	3.15
14. Co-Payment of the cost of prescribed drugs as a benefit of NHIS is not ideal	2.55	2.34
15. Minimizing quackery as a benefit of NHIS is a lofty idea	3.20	1.92
<b>Overall mean</b>	<b>2.98</b>	<b>2.47</b>
<b>Grand mean score</b>	<b>2.82</b>	<b>2.72</b>

**Note. Positive attitude =  $\geq 2.50$ ; Negative attitude =  $\leq 2.50$**

Results in Table 2 showed that both males ( $\bar{X} = 2.79$ ) and female ( $\bar{X} = 2.79$ ) FCSs had an equal mean score in their attitude towards concept of NHIS which were above the criterion mean of 2.50. This implies that the attitude of males and females FCSs were positive. On the attitude towards objectives of NHIS, the Table also shows that males FCSs ( $\bar{X} = 3.12$ ) had an overall mean score which was slightly higher than that of females FCSs ( $\bar{X} = 3.08$ ) and they were greater than the criterion mean of 2.50. This implies that the attitude of males and females FCSs was positive. The Table further shows that females FCSs ( $\bar{X} = 2.78$ ) had an overall mean score towards roles of NHIS which was slightly higher than that of male FCSs ( $\bar{X} = 2.75$ ) and both were above the criterion mean of 2.50. This implies that the attitude of male and female FCSs was positive. The Table further shows that both male ( $\bar{X} = 2.47$ ) and female ( $\bar{X} = 2.47$ ) FCSs had equal mean scores in their attitude towards

“responsibilities of NHIS” and they were less than the criterion mean of 2.50. This implies that the attitude of male and female FCSs was negative.

Result in the Table further showed that male FCSs ( $\bar{X} = 2.98$ ) had an overall mean score on their attitude towards benefits of NHIS which was greater than the criterion mean of 2.50, thus indicating positive attitude. On the other hand, female FCSs ( $\bar{X} = 2.47$ ) had an overall mean score which was less than the criterion mean of 2.50. This implies that female FCSs had a negative attitude towards the benefits of NHIS. Male FCSs had a grand mean score of ( $\bar{X} = 2.82$ ) which was slightly higher than that of females FCSs ( $\bar{X} = 2.72$ ) and were above the criterion mean of 2.50. This implies that both male and female FCSs had a positive attitude towards NHIS.

Table 3

**Result of t-Tests Analysis Testing the Null Hypothesis of no Significant Difference in the Attitude of FCSs towards NHIS According to Gender**

S/N	Dimensions	Male (n = 205)		female (n = 164)		$\chi^2$	df	P
		$\bar{X}_1$	SD	$\bar{X}_2$	SD2			
1.	Concept of NHIS	2.79	0.966	2.79	0.904	0.205	367	0.839 **
2.	Objectives of NHIS	3.12	0.916	3.14	0.910	0.514	367	0.649 **
3.	Roles in NHIS	2.75	0.981	2.78	1.004	0.791	367	0.446 **
4.	Responsibilities in NHIS	2.473	1.034	2.476	1.009	0.386	367	0.705 **
5.	Benefits of NHIS	2.98	0.866	2.83	0.89	1.510	367	0.236 **

Significant =  $p < 0.05$

Table 3 shows the  $\chi^2$  calculated value for: concept of NHIS ( $t = .205$ ;  $P = .839$ ); objectives of NHIS ( $t = .514$ ,  $P = .649$ ); roles in NHIS ( $t = .791$ ;  $P = .446$ ); responsibilities in NHIS ( $t = .386$ ;  $P = .705$ ) and benefits of NHIS ( $t = 1.510$ ;  $P = .236$ ) with their corresponding p-values which are greater than .05 level of significance at 367 degrees of freedom. The null hypothesis of no significant difference was therefore accepted. This implies that Federal Civil Servants did not differ in their attitudes towards NHIS according to gender.

**Discussion of Findings**

The findings in Table 1 showed that FCSs had a positive attitude towards the four components of NHIS, and had a negative attitude towards responsibilities of NHIS. The overall mean attitudinal score, however, showed that FCSs had a positive attitude towards NHIS. The result of the study corresponds to those of Lawan, Ilyasu, and Abba (2012) who reported that majority (74.7%) of their respondents opined that NHIS is a good initiative and was willing to participate in the scheme. The finding also agrees with the findings of Adewole, Dairo and Bolaninwa (2016) who reported that all the respondents (100%) favourably disposed to prepayment schemes and 88.2% believed that prepayment scheme is better than the out-of-pocket payment system. On the other hand, the respondent’s negative attitude towards the responsibilities component of NHIS could be attributed to their experience with government salary deduction programmes such as Federal Housing Scheme where civil servant fulfilled their responsibilities but hardly had they benefited from the scheme. This according to Yusuf (2006) had seemingly created in civil servants the aversion to responsibilities in any salary-deduction programme introduced by the government.

The implication is that the implementers of the NHIS programme have to, in one way or another; convince FCSs that the scheme is entirely different from Federal Housing Scheme. Secondly, the government should endeavour to always be honest, sincere and faithful in her dealings with Civil Servants to get their support and cooperation. Another implication is that the government and other stakeholders in the scheme need to continue to organize awareness programmes that will sustain this interest among workers in the formal sectors. Information should include telling them all about the scheme; dispel their fears about the scheme as well as ensuring that no loopholes exist in organizing and managing the NHIS scheme in Nigeria.

Findings in Table 2 showed that both male and female FCSs had positive attitude towards all the dimensions of NHIS except attitude towards RENHIS which was negative. The table further showed a grand mean score for males which was slightly higher than that of females. This shows that FCSs did not differ in their attitude towards NHIS according to gender. The finding disagrees with the report of Finkelstein, (2005) who found out that women had a more positive attitude towards health matters than men. The finding in Table 3 showed that Federal Civil Servants did not differ significantly in their attitudes towards NHIS according to gender. These results of no difference were surprising and not anticipate. The result is not in agreement with Aday (2008) who



maintained that gender is an important factor as it concerns attitude towards health service. This the researchers attributed to as a result of the rising profile of women in education, enlightenment and other endeavours. The implication, according to Dogo (2006) is that the eagerness of females through education, to match with males in every endeavour has been paying off and should be encouraged and sustained for the overall benefit of the society.

### Conclusion

The findings have shown that FCSs had a positive attitude towards NHIS; FCSs did not differ in their attitude towards NHIS according to gender and Male and female was not a significant factor in the attitude of FCSs towards NHIS.

### Recommendations

1. Based on the findings, discussion and conclusions, it was therefore recommended that NHIS and Ministry of Health should still embark on a more intensified public enlightenment efforts to improve the attitude of civil servants towards NHIS. Again, The media (both print and electronic) roles should be stepped up for more aggressive and permeable information dissemination on NHIS to get the public abreast with the scheme.

### Limitations of the Study

The study was constrained by several challenges; prominent among them include an inadequate fund to effectively carry out the project especially as the cost of running around and doing things was very high. It affected the overall process of this investigation. Also, Federal civil servants had tight duty schedules during the official hours. This made it difficult for them to squeeze out time to fill the questionnaire with desired attention. This was coupled with general apathy and aversion to questionnaire by civil servants, citing reasons as being that research works were never taken seriously or made proper use of by relevant authorities. All these slow time and the tempo of the investigation.

### References

- Abuja Geographic Information System (2002). *The Abuja Master Plan*. Abuja: AGIS.
- Adeniyi, A. A., & Onajole A. T. (2010). The National Health Insurance Scheme (NHIS): a survey of knowledge and opinions of dentists Lagos. *African Journal of medical sciences*. 39 (1), 29 –35.
- Adewole D . A., Dairo, M. D., & Bolaninwa, O. A (2016). Awareness and coverage of NHIS among formal workers in Ilorin Nigeria. *African Journal of Biomed Research*, 19 (1), 1-9.
- Aday, L. A. (2008) *Utilization of Health Services: Indices and correlates*: Washington D. C.: National Centre for Health Services Research and Development.
- Dogo, M. (2006 September). *Contemporary issue in health insurance administration: A paper presented at 2<sup>nd</sup> health care providers' workshop*. Abuja.
- Effiong, (2012). Comparison of knowledge, attitude and utilization of National Health Insurance by workers in the Teaching and General Hospital in Calabar. Unpublished thesis.
- Ehiosun, M. O (2018). An appraisal of Clients' Utilization of National Health Insurance Scheme (NHIS) Services at Kubwa General Hospital. *International Letters of Social and Humanistic Sciences*. 84, 35 – 46.
- Ekwuluo, C. K., Eluwa, A. N., Okereke, I. C., & Orji, S. B (2018). Knowledge, attitude to, and utilization of the National Health Insurance Scheme (NHIS) among health workers in the university of Nigeria teaching hospital (UNTH), Ituku Ozalla, Enugu State, Nigeria. *International Journal of Research. Granthaalayah*, 6 (1), 1-22.
- Eyong, A . K., Agada, P . O., Asukwo, E .O., & Chuku, I. (2016). Awareness of national health Scheme (NHIS) and quality Health Care Services among Civil Servants in Cross River State, Nigeria. *Research on Humanities and Social Sciences*. 6 (13), 7-10.
- Federal Republic of Nigeria (1999). Official Gazette Health Insurance Scheme Decree 1999. 30, 86 Lagos.
- Finkelstein, A. S. (2005). Gender difference in health care access indicators in an urban low-income community. Columbia. *American Journal of Public health*. 20 (6), 906-916
- Fishbein, M., & Ajzen, I. (1975-1980). *Belief, attitude, intention and behaviour. An introduction to theory and research* Reading; UK, M. A. Addison – Wesley.
- Lawan, U . M., Iliyasu, Z., & Abba, M . D. (2012). Challenges to the scale-up of the Nigerian National Health Insurance Scheme: Public knowledge and opinions in urban Kano, Nigeria. *Annals of Tropical Medicine and Public Health*, 5 (1) 34-39.

- Luthans, F. (2007). *Organizational behaviour* (5<sup>th</sup> ed). New York: McGraw-Hill Book Company.
- Olugbenga, B. A. I., & Adebimpe, W. O. (2010). Knowledge and attitude of civil servants in Osun State, Southwest Nigeria towards the National Health Insurance. *Nigerian Journal of Clinical Practice*. 13 (4), 421-426.
- Onyedibe, K. I., Goyit, M. G., & Nnadi, N .E. (2012). An evaluation of the national health insurance scheme (NHIS) in Jos north-central Nigeria city. *Global Advanced Research Journal*. 1 (1) 20-30.
- Wells, E. A. (2006). *Socio-cultural determinants of health insurance purchase*. New York: Routledge Taylor & Francis Group. 28-42.
- Yusufu, T. O. (2006). Insurance in Muslim countries: Nigeria's Takaful Scheme in Focus. *Journal of Islamic Banking and Insurance*, 6(2) 15-33.