

# PREFERENCE AND CUSTOMERS' SATISFACTION WITH PRIVATE HEALTH INSURANCE SERVICES IN CROSS RIVER STATE, NIGERIA

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## ABSTRACT

It is expedient to know that the measure of progress of any service provider depends on the extent to which customers prefer and are satisfied with the services rendered; and this is a product of the quality of service provided. This study sought to investigate the preference and satisfaction of customers on private health insurance services in Cross River State, Nigeria, with a view to improving the delivery of health insurance services in Nigeria. The following hypothesis was formulated to test if there is a significant variation in the preference and satisfaction of customers on private health insurance services. The study was based on customers' satisfaction; hence, the survey design was used to obtain the expert opinion of health workers in the study area. The population of the study was the health insurance beneficiaries in the study area. The study adopted the purposive sampling method; hence, twenty (20) insurance beneficiaries who visit each health centre were the respondents which gave a total of two hundred (200) respondents. A total of one hundred and forty-eight copies of questionnaire were used for the analysis. The data analysis was done using the Relative Importance Index (R.I.I) Technique and the Kruskal-Wallis test. Results revealed that the customers were satisfied and preferred more of the following NHIS Services: Maternity care for only four live births (Ranked 1<sup>st</sup>), Reduced waiting time (Ranked 2<sup>nd</sup>), Laboratory & Radiology services (Ranked 3<sup>rd</sup>), Ease of access to hospitals (Ranked 4<sup>th</sup>). However, almost all the variables ranked above the 2.50 score except one, which is the Maternity care for more than four live births (Ranked 11<sup>th</sup> with 2.11 score). The result of the hypothesis reflected that there is a significant variation in almost all the variables of the NHIS services as opined by the customers. This study concluded that the customers who visit health centres are satisfied and prefer the services provided by the private health insurance scheme in Cross River State, Nigeria; however, it also asserted that the customers were not satisfied with a service provided by the health insurance scheme which is the maternity care for more than four live births.

**Keywords:** Insurance, Health Insurance Scheme, Service Delivery, Health Centres, Nigerian Insurance Industry.

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## INTRODUCTION

The need for an improved service delivery of health insurance alternatives in Nigeria cannot be overemphasized. It is expedient to know that the measure of progress of any service provider depends

on the extent to which customers prefer and are satisfied with the services rendered; and this is a product of the quality of service provided. Therefore, it is necessary to have an evaluation on the preference and satisfaction of customers as it

relates to the health insurance services in Nigeria. Garga and Bambale (2016) asserted that when a customer is contented with either the product or services it is termed satisfaction. Satisfaction can also be a person's feelings of pleasure or disappointment that results from comparing a product's perceived performance or outcome with their expectations (Kotler and Keller, 2009). Satisfaction varies from one person to another because it is utility. "One man's meal is another man's poison," an old adage stated describing utility; thus highlighting the fact that it is sometimes very difficult to satisfy everybody or to determine satisfaction among group of individuals. Customer satisfaction has been defined differently by different authors as "the consumer's response to the evaluation of the perceived discrepancy between prior expectations and the actual performance of the product or service as perceived after its consumption" (Fornell, 1992; and Giese and Cote, 2000) hence considering satisfaction as an overall post-purchase evaluation by the consumer". Schiffman and Kanuk (2004) gave the definition as "the individual's perception of the performance of the products or services in relation to his or her expectations". Hence, customer satisfaction depicts the opinion that a user has on the usefulness of a product or service.

The National Health Insurance Scheme (NHIS) is an implemented idea of the Social Health Insurance Programme (SHIP) which is targeted at reaching out to the poor, especially in developing countries. The NHIS is aimed at providing health insurance to individuals by ensuring a clear access to good quality and affordable healthcare services. The NHIS which was established in 1999 as a significant factor in the National Poverty Eradication Efforts intends to improve the health situation in Nigeria (Aderounmu, 2013). The scheme which was officially launched in 2005 has some of these objectives: to protect families from the financial hardship of huge medical bills, to ensure equitable distribution of healthcare costs among different income groups, to ensure high-standard and efficiency of healthcare delivery and services to Nigerians, and to ensure the availability of funds to

the health sector for improved services (National Health Insurance Scheme, 2013).

Indeed, with the advent of the NHIS in Nigeria, private involvement in healthcare service delivery is expected to grow which will in turn increase the level of competition (Iloh, Ofoedu, Njoku, Odu, Ifedigbo, and Iwuamanam, 2012; Major, 2017). The private health insurance service providers are part of the Health Management Organisations (HMOs) which has 76 accredited providers (Health Insurance Survey, 2014). They are given the responsibility of ensuring that the goals of the NHIS are implemented by facilitating affordable and high quality Medicare for Nigerians (National Health Insurance Scheme, 2013). From studies, it has been observed that the service providers deny the customers of their complete entitlements and charge them extra fees based on opinions that some other services were not included in the insurance plan. Apart from this problem, there have also been complaints that the service providers have poor or bad attitude towards the healthcare scheme (NBF News, 2010).

In view of these assertions, there are some studies that have been carried out on the issue of customer satisfaction. A study by Health Insurance Survey (2014) assessed the perception of health insurance among Nigerians and to evaluate the quality and preference of HMO services provided to the customers; it was seen from the study that the adoption of health insurance among respondents is average as only about half (49% insured, 51% non-insured) are registered. It was seen that it may be because of lack of knowledge of the scheme or the low quality of care by the HMOs. The most outstanding advantage of the insurance scheme as observed from the study is lower costs for medical treatment; while the most noticed disadvantages are poor coverage as well as low quality drugs and treatment together with long waiting times. In another study by Ojatta (2012), the healthcare delivery of Nigerian National Health Insurance Scheme (NHIS) in Kogi East, Nigeria, was assessed; the study gave a significant awareness of NHIS objectives among enrollees in Kogi East, Nigeria. It

also indicated significant reduction in healthcare financing burden, and positive perception of NHIS healthcare delivery efficiency. The study also gave that the respondents were satisfied with NHIS healthcare and preferred the healthcare services than the cash-and-carry regime in the area. A study was conducted by Salawudeen (2011) in Kaduna state to assess the knowledge and quality of outpatient care from the perspective of the NHIS clients, health providers and health managers under the scheme at Barau Dikko Specialist Hospital Kaduna. From the study, 41.7% of the NHIS enrollees, 48.6% of the healthcare providers and 55.6% of the healthcare managers of the facility were knowledgeable on various aspects of the operation of NHIS. The NHIS enrollees and healthcare providers of the facility rated positive staff attitude, adequate information/communication about services and technical competence of the healthcare provider as the most important quality indicator in the outpatient care whereas the healthcare managers are looking at quality of care in the direction of improved funding, provision of physical infrastructure and having adequate trained personnel. Majority of the enrollees said that past experience and high expectations are the main reasons for choosing the hospital during registration. The level of NHIS enrollees' satisfaction with outpatient care services in facility was 43%. This study showed that client satisfaction with outpatient care under NHIS is largely determined by the knowledge of the rudimentary principles of the operation of the scheme. Iloh, Ofoedu, Njoku, Odu, Ifedigbo, and Iwuamanam (2012) carried out a study to evaluate patients' satisfaction with quality of care provided at the National Health Insurance Scheme (NHIS) clinic of a tertiary hospital in South-Eastern Nigeria. In the study, the overall satisfaction score of the respondents was 66.8% but in specifics, the respondents expressed satisfaction with patient-provider relationship (81.5%), patient-provider communication (79.9%), accessibility (74.2%), and hospital environment (68.2%) and dissatisfaction with hospital bureaucracy (48.8%) and patient waiting time (48.3%). The study showed that the overall patients satisfaction with the services provided was very good with patient-provider

relationship rated highest and patient waiting time the lowest. A study by the same author assessed satisfaction with quality of care received by patients without national health insurance (NHI) attending a primary care clinic in a resource-poor environment of a tertiary hospital in South-Eastern Nigeria. The overall satisfaction score of the respondents was 3.1. Specifically, the respondents expressed satisfaction with patient-staff relationship (3.9), patient-staff communication (3.8), and hospital environment (3.6) and dissatisfaction with patient waiting time (2.4), hospital bureaucracy (2.5), and cost of care (2.6). The overall non-NHI patient's satisfaction with the services provided was good.

In view of these studies, there are few studies that have been carried out on the pertinent issue in the study area. Therefore, this study seeks to investigate the preference and satisfaction of customers on private health insurance services in Cross River State, Nigeria, with a view to improving the delivery of health insurance services in Nigeria. The following hypothesis was formulated to test if there is a significant variation in the preference and satisfaction of customers on private health insurance services in Cross River State, Nigeria.

## **METHODOLOGY**

The study was carried out in one of Nigeria's oil-producing states in the South-South region – Cross River State, Nigeria. The study is based on customers' satisfaction; hence, the survey design was used to obtain the expert opinion of health workers in the study area. The population of the study was the health insurance beneficiaries in the study area. The study adopted the purposive sampling method which is a method that is adopted when the members of the sample size are those who are capable of supplying the required information for the study. Ten (10) health centres registered with the National Health Insurance Scheme (NHIS) were selected for the study; and for the purpose of the study, twenty (20) insurance beneficiaries who visits each health centre were the respondents which give a total of two hundred (200) respondents. The research instrument that was used to obtain and collect the study data is the questionnaire. Babbie

(2001) explained that the questionnaire contains questions and other items needed to obtain information for data analysis. The questionnaire was developed by the researcher and structured to investigate the respondents' preference and satisfaction of private health insurance services in Cross Rivers State. It used a five-point Likert scale for measurement of perceptions ranging from "very weak" to "very strong" and "strongly disagree" to "strongly agree", "very low" to "very high". The rating to be used was based on a numerical scale of 5 for highest and 1 for lowest. Hence, the number of copies of questionnaire administered on the respondents was two hundred (200). The copies of questionnaire were self-administered by the researcher on the respondents within the study area.

The data analysis was done using different methods, both for the descriptive and inferential statistics. The responses on the research objective was analysed using the Relative Importance Index (R.I.I) Technique. The test of hypothesis was carried out using the Kruskal-Wallis test. The Relative Index (R.I.I) technique was adopted by Ryal Net and Kaduma (2015), in relation with the Likert scale, and the formula is as follows:

$$R.I. = \frac{\sum [1n_1 + 2n_2 + 3n_3 + 4n_4 + 5n_5]}{5[n_1 + n_2 + n_3 + n_4 + n_5]}$$

Where  $n_x$  = the number of respondent agreeing with the x choice. Thus;

$n_1$  = number of respondents for "Never"

$n_2$  = number of respondents for "Less often"

$n_3$  = number of respondents for "Fairly often"

$n_4$  = number of respondents for "Quite often"

$n_5$  = number of respondents for "Very Often"

If  $R.I. < 0.60$ , it indicates low frequency in use;  $0.60 \leq R.I. < 0.80$ , it indicates high frequency in use;  $R.I. \geq 0.80$ , it indicates a very high frequency in use.

The copies of questionnaire that were properly filled and returned from the field were one

hundred and forty-eight (148), out of the two hundred (200) copies of questionnaire that were administered on the respondents. This represented a response rate of 74% which is far above the 30% rate (cited in Ryal-Net and Kaduma, 2015). Hence, the total of one hundred and forty-eight copies of questionnaire was used for the analysis. The response rate is shown in Table 1.

Table 1: The response rate of the research instrument

Responses	Number	Percentage
Questionnaires properly filled and returned	148	74
Questionnaires not properly filled and returned	52	26
<b>Total</b>	<b>200</b>	<b>100</b>

(Source: Author's Survey, 2017)

## DATA ANALYSIS AND DISCUSSION

### Respondents' Socio-economic Characteristics

Table 2 shows the outcome of the respondents' characteristics which are obtained from the one hundred and forty-eight (148) copies of questionnaire used for the analysis. The characteristics are: sex, nationality, marital status, employment status, age, and educational status.

Table 2: Outcome of respondents' characteristics

Characteristics	Frequency	Percentage
<b>Sex</b>		
Male	96	64.9
Female	52	35.1
<b>Nationality</b>		
Nationality	148	100
<b>Marital Status</b>		
Single	67	45.3
Married	66	44.6
Divorced/Separated	3	2
Widowed	12	8.1
<b>Employment Status</b>		
Employed	131	88.5
Unemployed	17	11.5



<b>Respondents' Age</b>		
21-30 years	26	17.6
31-40 years	42	28.4
41-50 years	33	22.3
51-60 years	27	18.2
Above 60 years	20	13.5
<b>Educational Status</b>		
OND	36	24.3
HND	24	16.2
B.Sc	45	30.4
M.Sc	14	9.5
Ph.D	12	8.1
Others	17	11.5

(Source: Author's Survey, 2017)

The result for the sex characteristic gave that 64.9% of the respondents were male, while 35.1% of them were female. This was to give a reasonable sense of gender balance between those participating in insurance marketing in Nigeria. The nationality distribution of the respondents reflected that 100% of them were Nigerian; this showed that the data is satisfactory enough since the study has to do with health insurance services in Nigeria only. The table also showed that 45.3% of the respondents were single, 44.6% of the respondents were married, 2% were divorced/separated while 8.1% were widowed. This showed that the data obtained was suitable enough for the study as there is quite an adequate spread of the respondents among the singles and the married. On the employment status distribution of respondents, 88.5% of the respondents were employed, while 11.5% of them were unemployed. The employed will be at a higher advantage to make

use of the health insurance services; hence, the data is suitable and adequate enough as most of the respondents used for the study fall among the category of the employed.

The table on the respondents' age distribution showed that 17.6% were between 21-30years, 28.4% were between 31-40years, 22.3% were between 41-50years, and 18.2% of the respondents were between 51-60years, while 13.5% were above 60years. This indicated that the respondents for the study were adequately spread across the age distribution which makes the data satisfactory. From the respondents' educational status distribution, 24.3% were OND holders, 16.2% were HND holders, 30.4% were B.Sc holders, 9.5% were M.Sc holders, and 8.1% were Ph.D holders, while 11.5% of them had other ranks of educational height. This indicated that the respondents are qualified through training, expertise and experience to give the necessary information for this study.

### **Preference and Satisfaction of Customers on Private Health Insurance Services in Nigeria**

Table 3 reflects the outcome of the respondents' preference and satisfaction with the Health insurance services provided in Nigeria. It revealed that the customers were satisfied and preferred more of the following NHIS Services: Maternity care for only four live births (Ranked 1<sup>st</sup>), Reduced waiting time (Ranked 2<sup>nd</sup>), Laboratory & Radiology services (Ranked 3<sup>rd</sup>), Ease of access to hospitals (Ranked 4<sup>th</sup>). However, almost all the variables ranked above the 2.50 score except one, which is the Maternity care for more than four live births (Ranked 11<sup>th</sup> with 2.11 score); this shows that the customers are very much satisfied with the services provided by the NHIS in the study area.

Table 3: Satisfaction of customers on private health insurance services in Nigeria

	<b>N.A.A</b>	<b>V.L</b>	<b>L</b>	<b>H</b>	<b>V.H</b>			
NHIS Services	1	2	3	4	5	Total	M.S	Rank
Maternity care for only four lives births	9	18	24	39	58	148	3.80	1
Reduced waiting time	15	12	21	49	51	148	3.74	2

Laboratory & Radiology services	12	18	32	45	41	148	3.57	3
Ease of access to the hospital	23	6	26	51	42	148	3.56	4
Immunization, family planning & health education	12	11	48	47	30	148	3.49	5
General outpatient care	23	18	20	45	42	148	3.44	6
Pharmacy services	21	24	20	48	35	148	3.35	7
Hospitalization in an amenity ward	24	21	21	48	34	148	3.32	8
Accident & Emergency care	15	40	30	33	30	148	3.16	9
Eye care with provision spectacles	33	45	32	21	17	148	2.62	10
Maternity care for more than four live births	66	29	30	17	6	148	2.11	11

\*M.S: Mean Score

(Source: Author's Survey, 2017)

### Test of Hypothesis on the Preference and Satisfaction of Customers on Private Health Insurance Services in Nigeria

The following hypothesis was tested to ascertain the variation of the satisfaction of customers on private health insurance services in the study area:

**H<sub>0</sub>**: There is no significant variation in the preference and satisfaction of customers on private health insurance services in the study area;

**H<sub>1</sub>**: There is significant variation in the preference and satisfaction of customers on private health insurance services in the study area;

The Kruskal-Wallis Test was carried out on the hypothesis and the decision rule is such that if

the p-value is less than 0.05, it means the null hypothesis is rejected and the alternative hypothesis is accepted. Otherwise, the null hypothesis is accepted and the alternative hypothesis is rejected.

From Table 4, seven of the variables gave p-values less than 0.05, which by indication means they are significant. This means that the null hypothesis was rejected, while the alternative hypothesis was accepted for the variables. However, four of the variables returned a p-value greater than 0.05; this means that for the four variables, the null hypothesis were accepted, while the alternative hypothesis was rejected. This showed that the customers had different opinions on their level of preference and satisfaction with the NHIS services provided in the study area.

Table 4: Variation of satisfaction of customers on private health insurance services in Nigeria

NHIS Services	Designation of Respondent	N	Mean Rank	Chi Square	D/f	Sig.	Remark
General outpatient care	21-30 years	26	84.67	2.607	4	0.626	N.S
	31-40 years	42	73.46				
	41-50 years	33	75.50				
	51-60 years	27	71.50				
	Above 60yrs	20	65.85				
Accident & Emergency care	21-30 years	26	49.00	15.101	4	0.004	S
	31-40 years	42	74.07				
	41-50 years	33	75.27				
	51-60 years	27	90.72				

	Above 60yrs	20	85.38				
<b>Pharmacy services</b>	21-30 years	26	76.42	23.925	4	0.000	S
	31-40 years	42	89.64				
	41-50 years	33	50.68				
	51-60 years	27	90.83				
	Above 60yrs	20	57.45				
<b>Laboratory &amp; Radiology services</b>	21-30 years	26	88.83	26.343	4	0.000	S
	31-40 years	42	87.57				
	41-50 years	33	78.59				
	51-60 years	27	63.67				
	Above 60yrs	20	36.30				
<b>Maternity care for only four lives births</b>	21-30 years	26	63.02	17.270	4	0.002	S
	31-40 years	42	89.71				
	41-50 years	33	67.36				
	51-60 years	27	87.11				
	Above 60yrs	20	52.23				
<b>Maternity care for more than four live births</b>	21-30 years	26	81.56	5.862	4	0.210	N.S
	31-40 years	42	66.07				
	41-50 years	33	68.45				
	51-60 years	27	86.78				
	Above 60yrs	20	76.43				
<b>Eye care with provision spectacles</b>	21-30 years	26	84.10	17.180	4	0.002	S
	31-40 years	42	52.18				
	41-50 years	33	81.18				
	51-60 years	27	81.83				
	Above 60yrs	20	87.98				
<b>Hospitalization in an amenity ward</b>	21-30 years	26	72.31	1.722	4	0.787	N.S
	31-40 years	42	70.18				
	41-50 years	33	73.41				
	51-60 years	27	77.72				
	Above 60yrs	20	83.88				
<b>Immunization, family planning &amp; health education</b>	21-30 years	26	63.90	25.191	4	0.000	S
	31-40 years	42	69.43				
	41-50 years	33	76.68				
	51-60 years	27	106.83				
	Above 60yrs	20	51.68				
<b>Ease of access to the hospital</b>	21-30 years	26	58.60	13.666	4	0.008	S
	31-40 years	42	90.50				

	41-50 years	33	71.23				
	51-60 years	27	80.28				
	Above 60yrs	20	59.18				
<b>Reduced waiting time</b>	21-30 years	26	82.81	8.462	4	0.076	N.S
	31-40 years	42	64.11				
	41-50 years	33	84.68				
	51-60 years	27	80.22				
	Above 60yrs	20	61.00				

N.S = Not Significant; S = Significant; N = Number of Respondents

D/f = Degree of freedom; Sig. = Significant Level

(Source: Author's Survey, 2017)

### Discussion of Major Findings

This study found out that the customers were satisfied and preferred more of the following NHIS Services: Maternity care for only four live births, Reduced waiting time, Laboratory & Radiology services, Ease of access to hospitals among others except one, which is the Maternity care for more than four live births; this shows that the customers are very much satisfied with the services provided by the NHIS in the study area. The satisfaction of the customers with the services rendered by the private health insurance scheme indicates that they have always preferred this scheme and that the customers do not regret investing their money into the insurance sector. The customers are satisfied with the fact that the private health insurance scheme provides services like maternity care for only four live births and not more. When services like this are provided, it eases the stress on mothers who just got delivered of their babies; this is because less attention is usually given to anti-natal mothers in health centres especially if there are in their numbers. The use of the insurance scheme guarantees a reduced waiting time for patients who visit health centres, and it also give the customers an easy access to the centres. There is also an advantage in the insurance scheme when using laboratory and radiology services as recognised by the customers in the study area; this could indicate that the customers gets a greater level of assurance from the laboratory and radiology test results when using the insurance scheme. The result from the hypothesis showed that seven of the variables indicated a significant variation in the responses of the customers. This means that the null hypothesis

was rejected, while the alternative hypothesis was accepted for the variables. However, four of the variables indicated that there was no significant variation in the satisfaction of the customers; this means that for the four variables, the null hypothesis was accepted, while the alternative hypothesis was rejected. This showed that the customers had different opinions on their level of preference and satisfaction with the NHIS services provided in the study area. This study agrees with a study by Iloh, Ofoedu, Njoku, Odu, Ifedigbo, and Iwuamanam (2012) that carried out a study to evaluate patients' satisfaction with quality of care provided at the National Health Insurance Scheme (NHIS) clinic of a tertiary hospital in South-Eastern Nigeria. It found out that the overall patients satisfaction with the services provided was very good with patient-provider relationship/communication, accessibility, and hospital environment as the most important variables that the patients were satisfied with.

### CONCLUSION AND IMPLICATIONS OF THE STUDY

This study investigated and found out that the customers who visit health centres are satisfied and prefers the services provided by the private health insurance scheme in Cross River State, Nigeria; however, it also asserted that the customers were not satisfied with a service provided by the health insurance scheme which is the maternity care for more than four live births. This study reflects that the insurance service providers are now more responsible for the delivery of health services by promoting and improving the standard through the assessment of patients' satisfaction. This study when



carried out on a consistent basis could obtain data that bodies like SERVICOM and NHIS service charters need to provide the feedback necessary to ensure improved quality of care and continuous quality management. The outcome of this study notwithstanding, there is still a need to improve on the current level of patients' satisfaction while efforts are geared to tackle areas of dissatisfaction.

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