J-MWAN 5 (2017) 33– 51

Community Based Health Insurance Scheme: Knowledge, Concerns and Uptake amongst Residents of Tolu Community in Ajeromi-Ifelodun Local Government Area, Lagos State.

Jibowu F.O, Campbell P.C and Kanma-Okafor J.O
College of Medicine, University of Lagos

Background/Objectives: Community based social health insurance has been designed to achieve Universal Health Coverage in many low income, middle income countries. This is primarily targeted towards people in the informal sector. In Nigeria, Coverage with CBHIS has been low, with a problem of under-utilization as fewer people are willing to contribute to the scheme. This study was done to assess the knowledge, concerns and uptake of the CBHIS among residents of Tolu community.

Materials and Methods: A descriptive cross-sectional study. Multi-stage random sampling technique was used to select 348 respondents used for this study. Data was collected using interviewer-administered questionnaires and analysis was carried out using Epi Info 7 statistical software.

Results: Only 33.1% of the respondents had good knowledge of the scheme. Few respondents had concerns about the scheme; with the most frequent (12.1%) being the premium was too high. A low Uptake of the Scheme was observed, only 10.6% of the respondents were enrolled and had renewed their premium while 8.4% though enrolled had not renewed their premium, over half (51.7%) reported that they had not renewed their premium because they had not been ill since enrollment. There was a statistically significant association between knowledge and uptake of CBHIS.

Conclusion: This study shows that fully enrolled users were more likely to be respondents with good knowledge. Focused awareness campaigns on the concepts of CBHIS are recommended to enable a proper grasp of the scheme. This should translate into an improvement in the uptake of the scheme.

KEYWORDS: Community, Health, Insurance.

INTRODUCTION

Universal health coverage (UHC) has been recognized globally as a key strategy towards reducing inequities in access to health care and promotion of good health, which is essential for human capital formation and socioeconomic development. This should be without suffering of financial hardships and irrespective of socio economic status or social influence. Health insurance has been proven to be a key financial policy to achieving increasing access to health care, reducing heath inequalities and extending universal health care especially to the poor in developing countries.

Community Based Social Health Insurance is designed such that voluntary contributions are made by individuals, families or community groups to support the cost of health care services, with emphasis made on Primary Health Care. They are typically targeted at people in the informal sector. Coverage with CBHI has been low in Nigeria, only a small proportion of the nation's population are aware of CBHIS and the few schemes available are therefore under-utilized as fewer people are willing to pay or contribute to the scheme.

Objectives: This study was done to assess the knowledge, concerns and uptake of the CBHIS among residents of Tolu community in Ajeromi-Ifelodun LGA, Lagos state.

MATERIALS AND METHODS

This study was a descriptive cross-sectional study of residents of Tolu community in Ajeromi-Ifelodun LGA, Lagos state. Multi-stage sampling technique was used to select 348 respondents used in the study. Data was collected using interviewer-administered questionnaires and analysed using Epi Info 7 statistical software. The level of significance was predetermined at $p \leq 0.05$.

RESULTS

The mean age of the respondents was **35.02±11.16**. The majority of the respondents were female (53.2%) and married (70.9%). Christianity was the predominant religion (62.6%). Secondary school education was the highest level of education for most of the respondents (75.8%). majority of the respondents were self-employed (83.3%). Majority of the respondents (41.5%) earned between N9,000 and N18,000. Almost all of the respondent were from monogamous families (94.9%)

Majority of respondents (96.4%) had between 0 and 4 children who are less than 18 years old while only 3.6% of respondents had more than 4 children less than 18 years old. Majority of respondents (92.8) had household size less than or equal to 6 while only 7.2% had household size of greater than 6. A total of 212 respondents (60.9%) had never been to the primary health center.

About half of the respondents (50.3%) had heard about CBHIS. Majority of the respondents who had heard about the scheme (39.0%) got to hear about it through community sensitization and 29.4% got to hear it from the health center. Only 43.4% of the respondent

were aware that there is a Community Based Health Insurance Scheme in their community. About half of the respondents (43.4%) think that CBHIS is a scheme to access free health services, while 44.8% knew that it is a monthly contribution of money to pay for health services. Only 4.6% of the respondents think it is spending money as one is sick. About half of the respondents (48.6%) knew CBHIS as a type of health insurance, only 9.2% knew about NHIS. Only 37.6% of the respondents knew that CBHIS is for people in the informal sector. Just few respondents (18.7%) knew that CBHIS aims to ensure equal distribution of Health care. More than half of the respondents (65.1%) reported that it aims to improve access to health care services and only 29% believed it protects families from financial hardship. Only a small percentage of respondents (10.9%) correctly knew who manages the CBHIS. Most respondents did not know the advantages of CBHIS, 43.4% knew that it helps to access good health care services and 27.0% knew that it protects families from financial hardship.

Less than half (42.5%) of the respondents knew that treatment of common diseases was one of the benefits of CBHI with the least known benefit being postnatal care (24.5%). Only 42.2% knew that malaria is one of the illnesses covered under CBHIS while the least known illness covered under the scheme was urinary tract infections (19.0%).
Overall, only a small percentage of the respondents (33.1%) had good knowledge of the CBHIS; its concepts and its benefits.
Only a few percentage of respondents had concerns towards the community based health insurance scheme in their community. With only 12.1% of the respondents reporting that the amount paid was too expensive and 11.2% complained about lack of trust towards the efficient running of the scheme by the government.

A low Uptake of the Scheme was observed, only 10.6% of the respondents were enrolled and had renewed their premium while 8.4% though enrolled had not renewed their premium. Most of the respondents enrolled (39.4%) had been enrolled between 6 months and 1 year, only 9.1% were enrolled for more than 2 years. over half of the respondents (51.7%) yet to renew their premium reported that they had not been ill since enrollment. Only 28.0% of the respondents who are not enrolled were willing to enroll into the scheme, of those not willing to enroll, more than half (55.2%) gave the reason of not being interested in the scheme.
There was a statistically significant association between marital status and level of knowledge ($p=0.037$). Respondents with an overall good knowledge of the scheme were more likely to be widowed or separated.

There was a statistically significant association between occupation and level of knowledge ($p=0.004$). Respondents with an overall good knowledge of the scheme were more likely to be government employed.
There was a statistically significant association between level of education and level of

knowledge (p=0.000). Respondents with an overall good knowledge of the scheme were more likely to have had tertiary education.
There was a statistically significant association between average monthly income and level of knowledge (p=0.001). Respondents with an overall good knowledge of the scheme were more likely to earn between N50,001 and N90,000
There was a statistically significant association between average monthly income and level of knowledge (p=0.001). Respondents with an overall good knowledge of the scheme were more likely to earn between N50,001 and N90,000

There was no statistically significant association between concerns and uptake of the scheme. This shows that the concerns of the respondents did not influence the uptake of the CBHIS in their community.
There was a significant association between knowledge of respondents and uptake of the scheme. Respondents registered under the scheme were more likely to have a good level of knowledge about CBHIS.

DISCUSSION

This study was carried out to assess the knowledge, concerns and uptake of the Community based Health Insurance Scheme among residents of Tolu community in Ajeromi-Ifelodun Local Government Area of Lagos State. The response rate was 100%.
In this study, 50.3% of respondents were aware of the CBHIS. A figure of 84.3% was reported by a very similar study in Abuja, 75.5% was reported by another similar study in Olowora Lagos, while 37.8% and 28.9% were reported by studies in Ilorin and Osun. Only 43.4% of respondents knew that there was a CBHI scheme in their community. In a study done in Douala Cameroon 51.2% of the respondents knew that there was a CBHI scheme in their town, Douala.

In this study the source of awareness of most respondents was through community sensitization (39.0%) followed by health center (29.4%) family and friends (12.3%) community members (11.8%) radio, television, newspaper and internets were the least sources of information (3.2%, 2.2%, 1.6%, 0.5%) respectively. This is in relation to a study done in Abuja[6] where most respondents owed their awareness to community sensitization (47.5%), close relatives (28.1%), and radio (5.4%). However, in a study done in North central zone of Nigeria, the mass media was their main source of information (53.3%), in another study done in Anambra, 79.6% and 61% awareness was recorded in the two towns involved in the study, and the major source of awareness was the churches/mosques.

Less than half of the respondents in this study (44.8%) know that it is a monthly contribution of premium by the enrolled family and 43.4% think that it is a scheme to access free health services, only 10.9% of respondents correctly know who manages the CBHIS this is in

contrast to a study done in Abuja[6] where 76.9% of the respondents know that CBHIS is a monthly contribution of premium by the enrolled family. In a study done in Ilorin[8] only 15.7% of respondents understood that CBHIS involves pooling of fund and 18.8% of their respondents knew that it is for the informal sector whereas in this study, 37.6% of respondents knew that CBHIS is majorly for people in the informal sector.

Overall, only 33.1% of the respondents in this study, had good knowledge about CBHIS, its concepts and benefits. This is almost similar to a study done in Olowora[7] where 49.5% of the respondents have a good knowledge of CBHIS. In a study done in Abuja[6], only 9% of respondents had a good knowledge of CBHIS and 24.2% had a fair knowledge of CBHIS. In another study[8] only 2.5% of the population had a good knowledge of CBHIS this can be attributed to the fact that majority of the population had no formal education. However in a study done in North central zone of Nigeria[11] 71% of respondents had a good knowledge of CBHI this may be due to the fact that majority of the population were students with tertiary education.

In this study, respondents had little or no concerns towards the CBHI Scheme in their community as only 0.3% of the respondents said the health center was far from their house, this is in contrast to a study done in Anambra[12] where 14.1% and 12% of the unenrolled respondents in the two communities involved complained of the health facility been far, while in a study done in Abuja[6], 4.3% of the respondents not enrolled, complained of distance to the health facility. In this study, 4.9% said the reception gotten at the health center was unfriendly and 8.7% complained that the nurses were unfriendly; this is similar to a study done in Neni community by Onwujekwe et al[12], where 4.8% of respondents complained of poor staff attitude.

7.5% of the respondents in the study complained of having to wait for long before being attended to, this is in relation to Onwujekwe et al[12] study where 2.8% and 1.9% of the respondents complained of long waiting hours. To 7.5% of the respondents, the unavailability of the doctors was of concern, Onwujekwe et al[12] also reported that 8.5% of respondents in Igboukwu community and 2.4% of respondents in Neni community complained of no doctors. 9.8% of the respondents in this study complained of the drugs given not being free, this is in relation to what Onwujekwe et al[12] reported where 5.6% of the respondents in Igboukwu community and 4.3% of respondents in Neni community also complained of no drugs.

When asked if there were any concerns towards the management of the scheme, 11.2% of the respondents said they lacked trust in the efficient running of the scheme by the government. This is in contrast to a study done in Igboukwu community[12] were only 0.7% of the respondents' lacked trust in the managers of the scheme, in this community, 48.4% of the

respondents were registered under the scheme. In a study done in Abuja[6], 25.0% of unregistered respondents gave lack of trust for the scheme as a reason for not enrolling.

Only 10.6% of respondents in this study had enrolled under the CBHIS and had renewed their premium, while 8.4% were enrolled but yet to renew their premium. However, in a similar study conducted in Olowora[7] community in Lagos state, almost all respondents 70% of the population were enrolled in the scheme. The high uptake figure in Olowora is most likely attributable to the fact that respondents have a good (49.5%) and fair (25.0%) knowledge of the scheme.
Most of the respondents enrolled (39.4%) had been enrolled between 6 months and 1 year, 21.2% had been enrolled between 1 year and 2 years, only 9.1% were enrolled for more than 2 years. This is similar to a study done in Abuja[6] where only 35.5% of the respondents have been enrolled for more than 1 year. It can be seen in this study that there's a downward slope of number of enrollees as the year of enrollment increases which is attributed to failure of renewal of the scheme. More than half (51.7%) of the respondents who were yet to renew their premium gave a reason of not being ill since enrollment and so sees the scheme as a loss to them, 34.5% respondents do not have money to renew their premium. This is a reverse of a study done in olowora[7] where 21.4% of respondents who were yet to renew their premium gave a reason of not been ill since enrollment and 51.5% do not have the money to renew. In a study done in Abuja[6] only 18.3% of the respondents had not renewed their premium.

In this study, only 28.0% of the respondents who had not enrolled were willing to enroll in the scheme. Of those not willing to enroll majority (53.2%) preferred to pay for their health services when ill, 11.3% said it's like buying an illness and 32.5% said they have other means of healthcare this is similar to a study in Olowora[7] where similar questions were asked and 72.3% preferred to pay for their health services when ill, and 19% said it's like buying a disease. In a study done in Ilorin[8] 13.1% of the respondents were willing to be involved in CBHIS.

There was a statistically significant association between knowledge of the scheme and uptake of the scheme ($p=0.0002$). This is in relation to a study done in Olowora[7] were there was a statistically significant association between knowledge and uptake of the scheme ($p<0.001$) Respondents registered under the scheme were more likely to have a good level of knowledge. There was also a statistically significant association between marital status and knowledge of the scheme, respondents who were married were more likely to have a good knowledge and were more likely to be registered. There was also a statistically significant association between level of education and knowledge of the scheme. Respondents with higher levels of education were more likely to have good knowledge of the scheme and were more likely to be registered.

CONCLUSION

The study showed that the overall level of knowledge of CBHIS among Tolu residents in Ajeromi-Ifelodun LGA was poor, the respondents uptake of the scheme was also low. With a high proportion of failure to renew premium. It also showed that fully enrolled users were more likely to be respondents with good knowledge. This can be tackled with more focused awareness campaigns enlightening the public on the concepts of CBHIS and the exact requirements for the scheme to be successful, this will enable a proper grasp of the scheme and translate into more people being willing to enroll and use the scheme

APPENDIX

Table 1: Socio-Demographic Characteristics of Respondents

Variable (n=348)	Frequency	Percentage (%)
Age Range (Years)		
<21	18	5.2
21-30	112	32.3
31-40	128	36.6
41-50	58	16.7
51-60	20	5.8
61-70	12	3.5
Total	348	100.0
Mean±SD	35.02±11.16	
Sex		
Female	185	53.2
Male	163	46.8
Total	348	100.0
Religion		
Christianity	218	62.6
Islam	130	37.4
Total	348	100.0
Marital status		
Married	247	70.9
Single	93	26.8
Divorced	2	0.6
Widowed	3	0.9
Separated	3	0.9
Total	348	100.0
Level of education		
None	4	1.2
Primary	21	6.1
Secondary	264	75.8
Tertiary	59	17.0
Total	348	100.0
Occupation		
Civil servant	17	4.9
Private sector	26	7.5
Self employed	290	83.3
Unemployed	15	4.3
Total	348	100.0
Income		

Income		
<N9,000	138	39.8
N9,000 – N18,000	145	41.5
N18,001 – N50,000	51	14.7
N50,001 – N90,000	12	3.5
N90,001 – N150,000	1	0.3
N150,000	1	0.3
Total	348	100.0
Type of Family		
Monogamous	330	94.8
Polygamous	18	5.2
Total	348	100.0

Table 2: Dependents and Utilization of Health center

Variable (n=348)	Frequency	Percentage (%)
Number of children under 18		
0 - 4	338	96.4
>4	10	3.6
Total	348	100.0
Household size		
1 - 6	323	92.8
>6	25	7.2
Total	348	100.0
How regular do you visit the		
Always	22	6.3
Never	203	58.3
Often	23	6.6
Sometimes	100	28.7
Total	348	100.0

Table 3: Awareness of respondents about CBHIS

Variable (n=348)	Frequency	Percentage (%)
Awareness of CBHIS*		
Have heard of CBHIS	175	50.3
Have not heard of CBHIS	173	49.7
Total	348	100.0
Source of information*		
Health center	55	29.4
Newspaper	3	1.6
Community members	22	11.8
Friends	1	0.5
Community sensitization	73	39.0
Family or friends	23	12.3
Television	4	2.2
Radio	6	3.2
Total	187	100.0
Do you have CBHIS in your community		
Yes	151	43.4
No	9	2.6
I don't know	188	54.0
Total	348	100.0

***Multiple responses allowed**

Table 4: Knowledge of respondents about concepts and programs of CBHIS

Variable (n=348)	Frequency	Percentage (%)
Meaning of a health insurance*		
A scheme that helps to access free health services	151	43.4
Monthly contribution of money to pay for health services.		
It is insurance against loss through illness	38	10.9
When others contribute to pay for my health needs when I am ill		
It is spending money as one is sick	16	4.6
Types of health insurance schemes*		
Private health insurance	31	8.9
Community health insurance		
National health insurance scheme	32	9.2
Retainership at workplace		
Aims of CBHIS*		
To provide social health insurance coverage for the people in the informal		
To protect families against financial hardship	101	29.0
To ensure equal distribution of Health care		
To improve access to health care services	114	65.1
To improve availability of health care services		
To improve affordability of health care services	89	25.6
To maintain high standard of health		
Who manages the CBHIS		
Local government only		
Lagos state government and local government	48	13.8
Lagos state government and local government and Board of Trustees		
Board of trustees only	25	7.2
I don't know		
Advantages of CBHIS*		
Access to good health care services		
Protect families from financial hardship	94	27.0
Access to good drugs		
Helps when one has no money	99	28.4

***Multiple responses allowed**

Table 5: Knowledge of respondents about the benefits under the CBHISv

Variable (n=348)	Frequency	Percentage (%)
[illegible]	[illegible]	[illegible]
Treatment of common diseases	148	42.5
[illegible]	133	38.2
Postnatal care	85	24.4
[illegible]	109	31.3
Immunization and child welfare	137	39.4
[illegible]	118	33.9
Health education	97	27.9
[illegible]	[illegible]	[illegible]
Malaria	147	42.2
[illegible]	137	39.4
Diabetes	75	21.6
[illegible]	88	25.3
Diarrhea	108	31.0
[illegible]	66	19.0
Injuries	88	25.3

***Multiple responses allowed**

Table 6: Overall knowledge grade of respondents about CBHIS

Variable (n=348)	Frequency	Percentage (%)
[illegible]	115	33.1
Poor Knowledge	233	66.9
[illegible]	348	100.0

Table 7: Concerns of respondents about CBHIS

Variable (n=348)	Frequency	Percentage (%)
Towards the health facility centre*		
The facility is too far from my house	1	0
The environment is not clean	4	1.2
The reception gotten at the hospital is unfriendly	7	2
Towards registration*		
Registration is stressful and tiring	8	2.3
I do not have a card	8	2.3
Retrieving of file at each visit is stressful	9	2.6
Towards the amount Paid*		
Am not comfortable with paying to individuals	3	0.9
Payment should be yearly and not monthly	13	3.8
The amount paid is too expensive	2	0.6
Payment process is too complicated	22	6.3
Towards the quality of care*		
The nurses are not friendly	30	8.7
The doctors are not always available	20	5.8
The doctors do not counsel properly	23	6.6
There is no proper follow up concerning patients	26	7.5
The referral system is poor	25	7.2
Long waiting hours	26	7.5
Towards the quality of drugs*		
The drugs are usually unavailable	17	4.9
Not all drugs are available for free	34	9.8
Proper instruction is usually not given for using the drugs	4	1.2
Towards the management of the scheme*		
Lack of trust towards the efficient running of the scheme by the government	39	11.2
I do not trust the board of trustees	23	6.6

	16	4.6
Towards the sustainability of the scheme*		
	28	8.1
The quality of care will become poor after a while	29	8.4

***multiple responses allowed**

Table 8: Respondents' Uptake of CBHIS

Variable (n=348)	Frequency	Percentage (%)
Not enrolled	282	81.0
	37	10.6
Yet to renew premium	29	8.4
	348	100.0
If yes, for how long?		
	8	30.3
6 months – 1 year	26	39.4
	14	21.2
>2 years	6	9.1
	66	100.0
Yet to renew premium, reasons		
	4	13.8
I do not have the money to renew	10	34.5
	15	51.7
Total	29	100.0
Yes	79	28.0
	203	72.0
Total	282	100.0
I prefer to pay when ill	112	55.2
	23	11.3
I have other means of health care	66	32.5
	2	1.0
Total	203	100.0

Table 9: Association between socio-demographic characteristics of respondents and level of knowledge

Socio-demographic Characteristics	Level of Knowledge		Total (%)	X^2	P
	Good (%)	Poor (%)			
Age					
<21	3 (16.7)	15(83.3)	18(100)	**10.53**	**0.104**
21-30	30(26.8)	82(73.2)	112(100)		
31-40	43(33.6)	85(66.4)	128(100)		
41-50	25(43.1)	33(56.9)	58(100)		
51-60	8(40.0)	12(60.0)	20(100)		
61-70	6(50.0)	6(50.0)	12(100)		
Sex					
Female	63(34.0)	122(66.0)	185(100)	0.1	**0.752**
Male	52(31.9)	111(68.1)	163(100)		
Religion					
Christianity	71(32.6)	147(67.4)	218(100)	0.02	0.888
Islam	44(33.9)	86(66.1)	130(100)		
Marital Status					
Married	90(35.4)	157(63.6)	247(100)	10.20	**0.04***
Divorced	1(50.0)	1(50.0)	2(100)		
Widowed	2(66.7)	1(33.3)	3(100)		
Single	20(21.5)	73(78.5)	93(100)		
Separated	2 (66.7)	1(33.3)	3(100)		
Type of family					
Monogamous	121(36.9)	209(63.1)	330(100)	0.03	0.863
Polygamous	7(38.5)	11(61.5)	18(100)		
Occupation					
Government employed	12(70.6)	5(29.4)	17(100)	18.45	**0.402****
Private sector employed	14(53.9)	12(46.2)	26(100)		
Self employed	86(29.8)	204(70.2)	290(100)		
unemployed	3(20.0)	12(80.0)	15(100)		
Level of Education					
None	1(25.0)	3(75.0)	4(100)	27.58	**0.0000*****
Primary	1(4.76)	20(95.2)	21(100)		
secondary	78(29.6)	186(70.4)	264(100)		
Tertiary	35(59.3)	24(40.7)	59(100)		
Average monthly					

<9,000	31(22.8)	107(77.2)	138(100)	17.47	0.008****
N9,000 – N18,000	52(35.9)	93(64.1)	145(100)		
N18,001 – N50,000	23(45.1)	28(54.9)	51(100)		
N50,001 – N90,000	8(66.7)	4(33.3)	12(100)		
N90,001 – N150,000	0(0.0)	1(100.0)	1(100)		
>N150,000	0(0.0)	1(100.0)	1(100.0)		

**The P-value is the Fisher Exact two tailed P-value for the association between being married and unmarried, and the level of knowledge*

***The P-value is the Fisher Exact two tailed P-value for the association between being unemployed and employed, and the level of knowledge*

****The P-value is the Fisher Exact two tailed P-value for the association between people without tertiary education and people with tertiary education, and the level of knowledge*

*****The P-value is the Fisher Exact two tailed P-value for the association between income equal to or below N18,000 and above N18,000 and the level of knowledge*

Table 10: Association between concerns of respondents towards CBHIS and level of uptake of the scheme

Concerns of respondents	Level of uptake			Total (%)	X^2	P
	Yes (%)	No (%)	Yet to renew premium(%)			
Towards the health facility						
The facility is too far from my house	0 (00.0)	1(100.0)	0(100.0)	1(100)	4.04	0.7034*
The environment is not clean	0 (00.0)	4(100.0)	0 (00.0)	4(100)		
The reception gotten at the hospital is unfriendly	4 (25.0)	8 (50.0)	4(25.0)	16(100)		
Towards the registration process						
Registration is stressful and tiring	2(25.0)	6(75.0)	0(00.0)	8(100)	3.43	0.5021*
I do not have a card	2(25.0)	4(50.0)	2(25.0)	8(100)		
Retrieving of file at each visit is stressful	0(00.0)	2(66.7)	1(33.3)	3(100)		
Towards the amount Paid						

Am not comfortable with paying to individuals	1(12.5)	5(62.5)	2(25.0)	8(100)	8.11	0.2438*
Payment should be yearly and not monthly	1(08.3)	8(66.7)	3(25.0)	12(100)		
The amount paid is too expensive	9(24.3)	15(40.5)	13(35.1)	37(100)		
Payment process is too complicated	9(40.9)	10(45.5)	3(13.6)	22(100)		
Towards the quality of care						
The nurses are not friendly	14(48.3)	11(37.9)	4(13.8)	29(100)	3.81	1.0000*
The doctors are not always available	12(46.2)	10(38.5)	4(15.4)	26(100)		
The doctors do not counsel properly	12(52.2)	10(43.5)	1(4.3)	23(100)		
There is no proper follow up concerning patients	12(46.2)	12(46.2)	2(7.7)	26(100)		
The referral system is poor	11(44.0)	11(44.0)	3(12.0)	25(100)		
Long waiting hours	10(38.5)	11(42.3)	5(19.2)	26(100)		
Towards the quality of drugs						
The drugs are usually unavailable	7(41.2)	6(35.3)	4(23.5)	17(100)	2.38	0.7256*
Not all drugs are available for free	14(41.2)	11(32.4)	9(26.5)	34(100)		
Proper instruction is usually not given for using the drugs	4(57.1)	3(42.9)	0(0.00)	7(100)		
Towards the management of the scheme						
Lack of trust towards the efficient running of the scheme by the government	8(20.5)	22(56.4)	9(23.1)	39(100)	3.14	0.5653*
I do not trust the board of trustees	6(26.1)	10(43.5)	7(30.4)	23(100)		
I do not trust that the money paid will be properly used	2(12.5)	7(43.8)	7(43.8)	16(100)		

Towards the sustainability of the scheme						
I do not think that the scheme will be sustained for long	6(21.4)	15(53.6)	7(25.0)	28(100)	0.17	0.9406*
The quality of care will become poor after a while	5(17.2)	16(55.2)	8(27.6)	29(100)		

**P= Fisher exact probability test*

Table 11: Association between respondents' level of knowledge and uptake of CBHIS

Knowledge of CBHIS	Uptake of CBHIS					
	Yes (%)	No (%)	Yet to renew	Total (%)	X^2	P
Good	32(27.8)	56(48.7)	27(23.5)	115(100)		
Poor	5(6.3)	73(91.3)	2(2.5)	80(100)	38.45	0.0002*

**P= Fisher exact probability test.*

REFERENCES

1. Evans D. B, Marten R, Etienne C. Universal health coverage is a developmental issue. The Lancet. 2012; 380 (9845):864-865.
2. World health organization. Research for universal health coverage. The world Health report. Geneva 2013.
3. Nguyen H. T, Rajkotia Y, and Wang H. The financial protection effect of Ghana National Health Insurance Scheme: evidence from a study in two rural districts. International journal for Equity in Health. 2011; 10(1):4.
4. ED Adinma, BDJI Adinma. Community based health financing; an untapped option to a more effective healthcare funding in Nigeria. Nigerian medical journal. 2010; 51(3).
5. Onwujekwe. O, Valenyi. E. Feasibility of voluntary health insurance in Nigeria. The World Bank. 2006.
6. Christiana Ogben. Knowledge and Perception of Rural Communities in Abuja Nigeria on Community Based Health Insurance Scheme. South American Journal of Public Health 2014; 2(4).
7. Ibukun 0A, Olatona FA, Oridota ES, Okafor IP, Onajole AT. Knowledge and uptake of Community Based Health Insurance Scheme Amo1ng Residents of Olowora, Lagos. Journal of Clinical Sciences. 2013 Jul-Dec; 10(2): 8-12.
8. Babatunde O.A, Babatunde OO, Salaudeen AG, Aderibigbe SA, Adewoye KR, Alao TA et al. Knowledge of community health insurance among household heads in rural communities of Ilorin, Nigeria. Ethno Medicine 2012; 6(2): 95-102.
9. Bamidele JO, Adebimpe WO. Awareness, Attitude and Willingness of Artisans in Osun State South-Western Nigeria to Participate in Community Based Health Insurance. Journal of Community Medicine and Primary Health Care .2013; 24(1&2): 1-11.
10. Jean Jacques N Noubiap, Walburga Yvonne A Joko, Joel Joel R Bigna. Community-based health insurance Knowledge, Concerns, Preferences and financial planning for health care among informal sector workers in a health district of Douala, Cameroon. Pan African Medical Journal. 2013; 16(17).
11. ME Banwat, HA Agbo, Z Hassan, S Lassa, IA Osagie, JU Ozoilo et al. Community Based Health Insurance Knowledge and Willingness to pay; A Survey of a Rural community in North Central Zone of Nigeria. Jos Journal of Medicine 2012; 6(1): 54-59.
12. Onwujekwe O, Onoka C, Uzochukwu B, Okoli C, Obikeze E, Eze S.Is community-based health insurance an equitable strategy for paying for healthcare? Experiences from southeast Nigeria. *Health Policy* .2009; 92: 96–102.