

ADOPTION OF THE MODERN MARKETING TENETS IN THE PROMOTION OF NATIONAL HEALTH INSURANCE SCHEME AMONG THE TERTIARY STUDENTS IN NIGERIA

Bonaventure O. Oriko

Abstract

The study attempts to examine the impact of the Modern Marketing Tenets in the promotion of National Health Insurance Scheme (NHIS) among tertiary Institution students in Nigeria. The study evaluates the NHIS to determine whether it is fulfilling its purpose in the context of the tertiary institutions Students Health Insurance Programme (TISHIP). Empirical evidence suggests that most tertiary institutions in Nigeria are yet to key into the TISHIP of NHIS and as such students continue to depend on the out of pocket expenditure (OOP) for their healthcare. Propensity score matching theories of Rosenbam and Rubin were adopted in the study which reduces the bias that could be found from comparing treatment outcomes among units that received the treatment versus those that did not. The study which is based on simple random sampling technique revealed that NHIS/TISHIP students are more likely to receive medical attention and attended by trained health care professionals. The researcher recommends immediate review of the NHIS Act making the scheme mandatory. In addition, NHIS should embark on sustained sensitization and consumer education with the aid of Modern Principles of Marketing focusing on TISHIP to cater for the health care needs of students in tertiary institutions.

Tertiary education broadly refers to all post secondary education, including but not limited to Universities. Universities are clearly a key part of all tertiary systems, but the diverse and growing set of public and private tertiary institutions in every country- Polytechnics, Monotechnics, Colleges of Education, Nursing Schools, Distance learning centres, and many more form a network of institutions that support the production of the higher order capacity necessary for development (World Bank, 2014). These categories of tertiary institutions need health services.

Parks, in Obiechima and Ekenedo (2013), opines that services cover a wide range of services in health promotion, illness prevention, and early detection of diseases and management of health problems within the community. They added that health services are designed to meet the health needs of the community through the use of available health facilities with health manpower carrying out their professional duties.

Globally, tertiary institutions do have health centers, which are expected to provide adequate health care for the community. For instance, the University Health Services in Oklahoma State University, USA, maintains that its duty is to provide the students access to affordable and superior health services (Oklahoma State University 2006). Similarly, Masatu, Lugoe Kvale in Obiechina and Ekenedo(2003) stated that in Tanzania, evaluation of health services utilization among students in the Arusha region revealed that most students benefited and utilized modern health services and the improvement of modern health system is likely to benefit students' population.

In Nigeria tertiary institution students have for the past decades passed through series of health challenges due to poor or ill-equipped health centers in various institutions of higher learning, poor quality personnel for the health centers by school administrators, mismanagement/embezzlement of funds for the health centers among others.

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Nigeria students, particularly the tertiary institution students need adequate health care. Adequate health care has been recognized as a right and not a privilege, and ideally should be provided for Nigerians by the government based on need and not the ability to pay (Usoroh,2012).

Sogo (2013) stated that apart from vulnerability to accidents largely due to their mobile nature, the youths are considered the healthiest group all over the world. He added that periodic health awareness among the stakeholders in Tertiary Institution Social Health Insurance Programme (TISHIP) such as National Association of Nigerian students (NANS), Academic staff Union of Universities (ASUU), Academic Staff Union of Polytechnics (ASUP), College of Education Academic Staff Union (COEASU), become inevitable, and would go a long way to address drug abuse, unwanted pregnancies, sexually transmitted diseases and HIV/AIDS. Usoroh (2012) stated that the average student in Nigeria has not been exposed adequately to the realities of National Health Insurance Scheme (NHIS) and in particular TISHIP due to low level of awareness and lack of sense of ownership of the scheme by the stakeholders.

To increase the awareness of the scheme, promotion and promotional model becomes relevant. Solvak (2002) stated that the goal of promotion is to drive immediate behavioural change. Promotion according to Sorensen (2011) is one of the key elements of the marketing mix, and deals with any one or two way communication that takes place with the consumers.

Anyawu (1999) added that communication (promotional models) try to show the processes which sponsors of the messages go through to be able to transmit the messages to the target audience. Hence, the responsibilities of the promotional model depend on the particular marketing campaign being carried out and may include: increasing product awareness; providing product information, creating an association in the consumers mind between product or brand and a particular idea (Sorensen, 2011). He added that this process involves some key decisions about who the customer is, how to contact him/her, and what the message should be? These questions Shootman (2013) stated can be answered using the five tenets of modern marketing which can be graphically represented:

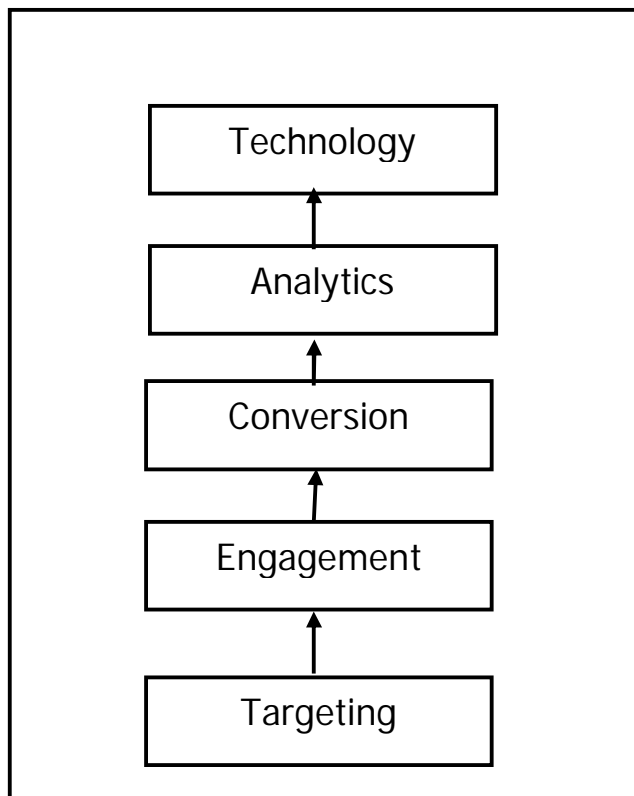


Fig. 1: The five tenets of modern marketing

Source: field work, 2014

The five Tenets of Marketing can be briefly explained thus:

- (a) **Targeting:** This is focusing campaigns driven by segmented data. Shootman (2013) stated that marketers always have understood that it's better to know more about their customer and the attributes that make up a prospects behavioral profile.
- (b) **Engagement:** The first rule of being interesting is to be interested in your audience. This can be achieved by effectively using the concepts of personalized content to match offers to interest.
- (c) **Conversion:** This principle implies tracking and repeating the suspect to customer Journey. Every marketer knows they have to turn their programmes into revenue.
- (d) **Analytics:** This is the component of determining marketing effectiveness; marketers need to have reports on key attributes about the buyer, channel, and offer.
- (e) **Technology:** This is the aspect of using tools and systems to streamline tasks.

This new principles of modern marketing examine how the modern marketer performs on a digital competency score cards (Shootman, 2013). Similarly, the marketing tenets according to Anyanwu (2012) hold that the customer (citizen) is the king or simply put is the focus of all marketing considerations to ensure that he/she is satisfied which NHIS intends to address.

NHIS was established in 2005 by Decree 35 of 1999 (now Act, 35 1999 (NHIS Decree, 1999). The stated mission of the NHIS is to “provide easy access to health care for all Nigerians without out-of pocket payment being required at the point of service” (Nigerian Ministry of health, 1999). To achieve this mandate, the NHIS designed many programmes to suit the various socio-economic groups in the country which include TISHIP for the tertiary institution students in 2008. By the end of 2012 NHIS had accredited 62 National and Regional Health Management organizations, 5949 healthcare providers (public and private), 24 banks, 5 insurance companies and 3 insurance brokers (NHIS, 2012). It is expected that this system of accreditation will eventually raise standards and quality of healthcare throughout the country.

At present the total number of Nigerians being covered by a form of health insurance is 7 million, about 5% of the population, these are mainly formal sector enrollees (Toscani Academy, 2013). The informal sector, vulnerable groups and especially, tertiary institution students who need health insurance the most are largely excluded eight years after the official flag-off of the NHIS and three years TISHIP was launched. The scheme seems to be under performing and this informed the researcher's interest in how best to increase attention to protect the health of Nigerian tertiary institution students.

Empirical Review

The Nigerian Government acknowledges the need for a good health insurance for Nigeria students because good health is a necessity of life (Toscani, 2012). This resulted in the establishment of National Health Insurance programme known as the National health Insurance scheme (NHIS) with the mission “to provide easy access to healthcare for all Nigerians”. The NHIS for Nigerian students is the Tertiary Institutions Social Health Insurance Programme (TISHIP) which provides an affordable students health insurance.

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According to Toscani (2012), TISHIP is a social security scheme whereby funds for the healthcare of Nigerian students are being created by the pool contributions of these students. At present, N1600 is contributed by every student to schools that have keyed into the scheme.

Obiechina and Ekenedo (2013) conducted a study on factors affecting utilization of university health services in a tertiary institution in South-west Nigeria". The objective of the study was to determine students' perception of healthcare services provided in a tertiary institution and assess students' attitude towards utilization. They used simple random sampling techniques. The result showed that high cost of drugs, lack of awareness, non-availability of essential drugs, time spent waiting for treatment, inadequate referral services, student's medical; staff relationship, accessibility to health services and satisfaction with services were considered by the respondents as factors affecting the utilization of university health services. The researchers recommended that to improve utilization and cost of care, government should make necessary efforts to include in the TISHIP so that students above the age of 18 years can benefit from free treatment, and indeed proper awareness of the scheme. The researcher is of the opinion that proper awareness will reduce the incidence of students protest on the N1600 contribution which they may believe as fee hike by school management.

In the same vein, Mensah, Oppong and Schmidt (2009) conducted a study on Ghana's National Health Insurance scheme in the context of the Health Millennium Development Goals (MDG). The study evaluates the NHIS to determine whether it is fulfilling its purpose in the context of the MDGS which deal with the health of women and children. The researchers used propensity score matching techniques to compare health outcomes of recent mothers who are enrolled in NHIS with those who are not. Their results suggest that NHIS women are more likely to receive prenatal care, deliver at a hospital, have their deliveries attended by trained health professionals and experience less birth complications. They concluded that NHIS is an effective tool for increasing health care access and improving health outcomes.

In his own research, Welcome (2002) conducted a study on "The Nigeria Health care system: Need for integrating adequate medical intelligence and surveillance system". This study aims to review the state of the Nigerian health care system and to provide possible recommendations to the worsening state of health care in the country. This study adopted a qualitative approach for the research and it was found that the Nigeria health care system is poorly developed. No adequate and functional surveillance systems are developed. To achieve success in health care in this modern era, a system well grounded in routine surveillance and medical intelligence as the backbone of the health sector is necessary, and NHIS is the answer, it concluded (welcome, 2012).

This discourse demonstrates the challenges of Nigerian health system and the expansion of NHIS to cover the larger and mainly poor and the vulnerable group which would need a robust approach to counter.

According to Chukwu(2014) the measurement indices of any nation are based on the health as well as educational standards of the citizens. Usoroh (2012) stated that the Nigeria health system is decentralized by devolution into the federal, state and local government levels, and enough has not been done by these important stakeholders. He noted that the fallout of a non focused approach to health care by these stakeholders is the continual struggle of more than 60% of Nigerians to pay health care bills and the county's health indices continue to plummet. The former Nigerian Minister of Health Prof Chukwu during the presidential health summit in Abuja in March 2014, proposed a radical shift to ensure adequate and sustained promotion of NHIS activities in attaining universal health coverage in 2015 (www.ntanews.com).

Similarly, the World Health Report (WHR) of 2010 advocated for a high level of education and marketing on health matters and warned that countries that depend on out-of-pocket (OOP) payments for health will be unable to achieve universal health coverage (WHO,2010).

Engel, Warshaw & Kinnear (1979) stated that promotion is necessary for countries to achieve universal health coverage. Engel, Warshaw & Kinnear (1979) referred to communication as undertaken to persuade others to accept ideas, concepts or things. Similarly, the promotion component of the marketing mix is all about communication with customers, and it is used to spread the word about the good or service to customers, stakeholders and the broader public (www.smallbusiness.gov.all). But the important

question to ask will be “how much is the government and NHIS, the organ in charge of health matters carrying out this responsibility? Soyibo (2009) stated that NHIS is expected to adopt a mass media approach to promote the scheme, such as outdoor, business directories, Magazines/Newspapers, Television/ Cinema, radio and News agent windows with two way communication model to increase public knowledge and awareness.

Barrow (2012) in his contribution on the poor penetration of the Pension Reforms Act, 2004 argued that digital marketing approach for promoting TISHIP such as school websites, social media applications, example-face-book or twitter, Blogging, mobile phone promotions using technology like Bluetooth, Youtube etc is quite apt and now. He added that tertiary institutions are research oriented and increasingly innovative, as both the school administrators and students can easily adapt to the ever changing and emerging technologies.

In support of the above Shootman (2013) in his study “defining the modern marketer from real to ideal” advocated for the adoption of the five tenets of modern marketing: Targeting, Engagement, Conversion, Analytics and Technology to define the future and acceptance of organizations products or services. He noted that marketers have to stay open with their mindset and technology in order to adapt to the cool new technologies that we cannot predict will be the next thing.

The health reform system needs to be sustained. Asoka (2011) opined that the process of health system strengthening focuses on improved financing, promotion and re-organization which were encapsulated in the new economic empowerment and development strategy (NEEDS). And with NHIS in place, aggressive marketing to extend health coverage to all Nigeria, especially to tertiary students should be adopted by all stakeholders (Chukwu, 2014).

Theoretical Framework

NHIS membership is at present in Nigeria a choice, and it is very likely that different individuals and organizations will make different enrolment choices.

In this respect, we explore the differences between NHIS members and non-members in a wide range of personal characteristics and regional information. These characteristics are not only potential correlates of the enrolment decision, but are also likely to be related to the health outcomes under study.

Propensity score matching (PSM) first published by Rosenbaum and Rebin in 1983 is the theoretical framework for the study. Propensity Score Matching (PSM) is a statistical technique that attempts to estimate the effect of treatments policy, or other intervention by accounting for the covariates that predict receiving the treatment (Rosenbam and Rubin, 1983). The basic idea behind PSM according to Rossebam and Rubin (1983) is to reduce the bias due to confounding variables that could be found in an estimate of the treatment effect obtained from simply comparing outcomes among units that received the treatment versus those that did not.

It is developed in order to understand buyer behaviour as well as their decision making process through personal values (Baker, 1993). Baker S. & Jenkins, M. (1993) added that the theory has mostly been operationalized in consumer research relating to developing advertising strategies and the analysis of a number of markets such as in medication, telecommunications and services.

PSM has gained considerable currency in the evaluation of public health care programmes (Heller 2005; Ellis 2003; Kneipp, 2000; Rubin, 1997); health finance and insurance scheme White-Means and Hersch, 2005); employment and vocational programmes (Heckman, JJ, Lalonde, RI, & Smith, JA 1999) and many other areas of evaluation research. For example, Rosenbaum PR & Rubin, DB (1983) explained that one may be interested to know the consequences of smoking or the consequences of going to the university. The people ‘treated’ are simply those the smokers, or the university graduates- who undergo in course of everyday life whatever it is that is being studied by the researcher. They added that in both of these cases it is unfeasible (and perhaps unethical) to randomly assign people to smoking or a university education, so observational studies are required. The treatment effect estimated by simply comparing a particular outcome-rate of cancer or life time earning between those who smoked and did not smoke or attended university and did not attend university would be based by any factors that predict smoking or university attendance, respectively. Similarly, Mensah J, Oppong, JR, & Schimadt, CM (2009) observed woman

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who are members of the NHIS with those who are non-members using a variety of specific approaches, namely; neighbor matching with and without replacement, radius matching and kernel matching. It was confirmed among other things that NHIS women display a lower probability to experience an infant death or birth complications than comparable non-members, and higher probabilities to deliver at a hospital and with professional assistance etc.

Using this approach, the researcher matches the students of tertiary institutions who are members of TISHIP and enjoying the associated benefits and those who are non-members. It was observed that student members have a higher probability of receiving health care and receiving it more often, and it seems to be more extensive.

TISHIP members more often benefit from vaccinations and preventive care than comparable non-members etc. Indeed, propensity score matching (PMS) attempts to control for these differences to make the groups receiving treatment and non-treatment more comparable.

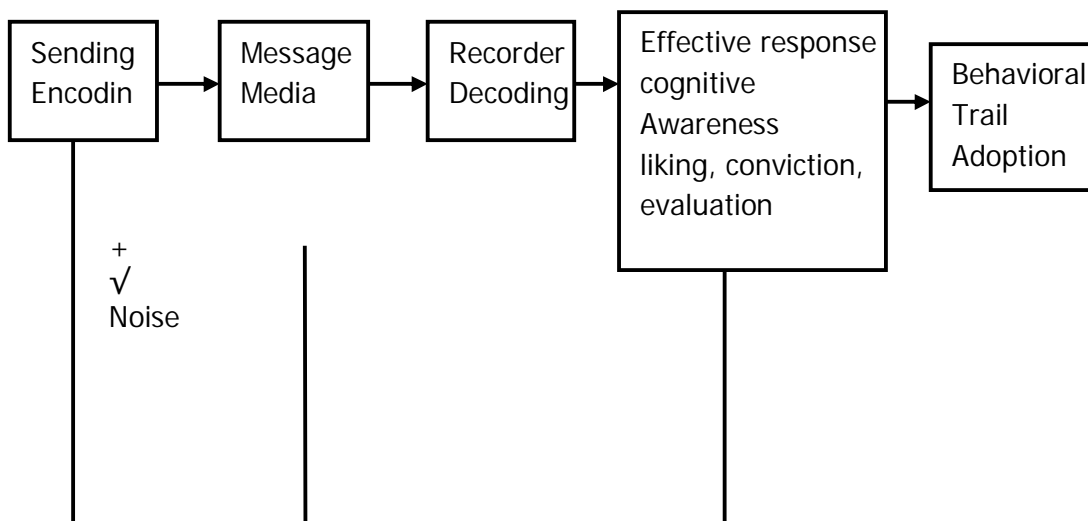
Discussion of Empirical Review

The discussion seeks to look at the content of academic review, which revealed that the need for general poor state of the nation’s healthcare services, pressure on government provided services, poor integration of private health facilities of third parties (health management organizations) which call for competition and marketing in the nation’s healthcare delivery system and overwhelming dependence on out of pocket (OOP) expenses to purchase health.

The study showed that majority of the respondents indicated that students – medical staff relationship was a factor affecting the utilization of tertiary institutions health services. This suggests positive attitude of health workers to the students. Lash A.A (1978) stated that health workers attitude must be good towards patients.

The students considered high cost of drugs and time spent waiting for treatment as factor in the utilization of tertiary institutions health services. This finding corroborates Adekunle, AS, Olloyede, AO, Okanlawon (2006) who discovered that cost of health services and quality of care were contributory to the non utilization of health services and it is a common feature in public hospitals in Nigeria to see a large number of patients waiting to be attended to by medical personnel either for consultation, laboratory tests, or administration drugs and injection. Cole and Mackey (1996) noted that long time waiting could be an impediment to attending lectures and according to Rotimi CN, el deans freeman RA & lee AE (1986) may lead to losing of patients in case of emergency situation therefore, the need to provide urgent attention to students is imperative for effective utilization.

The study also revealed that the scheme is yet to gain wider acceptance because of low awareness and the absence among hospitals and physicians as well as between patients/enrollees with any type of marketing plan and communication model. It was based on this that the five modern tenets of marketing (targeting, engagement, conversion, analytics and technology) became relevant to the stake holder with the two way communication model shown in fig 3.1.



Feedback

Fig 2: Two way Communication Model

Source Anyanwu, A: marketing management, Benin, Barloz publishers Ltd, 1999 P.167.

Asoka (2011) observed that the two ways communication model is most appropriate to transmit the messages to the stake holders and the target audience.

The relevance of the two ways model of communication in NHIS programme is because both the provider and the customer (sender and receiver) are active and they bring something into the communication process that tends to meditate the message impact. As noted by Thomas, in Anyanwu (1999) the model suggest that individuals will first form cognitions about the advertised object, become aware and knowledgeable and possibly change attitudes and ultimately purchase the object. The researcher recommends the immediate adoption of this model by all the stake holders in NHIS/TISHIP programme which will increase awareness and make the potential customers to be satisfied, delighted and committed in line with the tenets of marketing.

Conclusion/Recommendations

The literature review shows and confirms that Nigerian slow progress towards achieving universal healthcare coverage is due to lack of understanding and application of marketing tenets, inadequate market education in healthcare services delivery, time spent waiting for treatment, poor funding for the health system, poor stakeholder participation and challenges of human and infrastructural capacity among others.

It is therefore recommended for urgent review of the NHIS/TISHIP marketing strategy with the five tenets of modern marketing in mind and the two way communication model for a wider outreach and penetration of the scheme. Also, Mr. President should give final assent to National health Bill (NHB) making the scheme mandatory and increase government stewardship of health financing policy reform implementation and ensure community and stake holders participation to grow the scheme and build capacity across the health system. Health care marketing education should form part of tertiary institution curriculum and partnership with media houses for regular interactions, so that everyone involved in any way with the scheme must be aware of the rights and what to expect within the scheme. This will ensure that this latest effort in health care financing and delivery is a success in Nigeria, and indeed health for all (HFA) by the year 2015.

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