

Title: Motivations And Service Needs for Social Health Insurance Uptake Amongst The Informal Sector in Bayelsa, Ekiti, Kaduna, Kano, Katsina, Niger, and Ondo States in Nigeria

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BACKGROUND: In Nigeria, out-of-pocket expenditure accounts for 75.4% of total health spending, pushing many into financial hardship. While only 17% of Nigerians are enrolled in health insurance, the informal sector, comprising over 92% of the workforce, remains largely uninsured. This study, conducted by Clinton Health Access Initiative CHAI, across seven Nigerian states (Bayelsa, Ekiti, Kaduna, Kano, Katsina, Niger, and Ondo), aimed to identify the motivations and service needs that influence social health insurance uptake among this critical demographic, crucial for achieving Universal Health Coverage (UHC).

METHODOLOGY: A qualitative approach involved twelve focus group discussions across urban, peri-urban, and rural areas within the selected states. Eighty-four participants, representing women (18-49 years), men (18+ years), caregivers of children under five, and informal sector workers, were recruited based on predefined criteria. These discussions explored participants' awareness, motivations, and perspectives regarding social health insurance. Data were analyzed using thematic content analysis.

RESULTS: The findings highlighted significant knowledge gaps regarding social health insurance across all states, particularly rural communities. A prevailing mistrust of government programs, coupled with dissatisfaction concerning the quality and availability of healthcare services and the perceived unaffordability of premiums, emerged as key barriers to uptake. Participants demonstrated limited understanding of upfront premium payments, service utilization conditions, and the non-refundable nature of premiums. However, willingness to enroll was contingent on the perceived value of the benefit packages. Notably, women prioritized maternal, newborn, and child health services, while men emphasized mental health and non-communicable disease coverage.

CONCLUSION: There is an urgent need to improve public understanding of health insurance and its role in mitigating catastrophic health expenditure. Strengthening service quality and tailoring benefit packages to reflect gender- and context-specific needs are essential. This research provides a crucial foundation for developing and implementing strategies that can effectively expand social health insurance coverage, thereby improving financial risk protection and driving progress towards UHC in Nigeria.