

**PERCEPTION AND UTILISATION OF TERTIARY INSTITUTIONS SOCIAL
HEALTH INSURANCE PROGRAM AMONG UNDERGRADUATE NURSING
STUDENTS OF UNIVERSITY OF BENIN EDO STATE**

BY

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BMS1900020

FACULTY OF NURSING SCIENCE

UNIVERSITY OF BENIN

BENIN CITY

OCTOBER, 2025.

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE AWARD OF
THE DEGREE OF BACHELOR'S OF NURSING SCIENCES, FACULTY OF
NURSING SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.**

OCTOBER, 2025.

DECLARATION

This is to declare that this research project titled "**PERCEPTION AND UTILISATION OF TERTIARY INSTITUTIONS SOCIAL HEALTH INSURANCE PROGRAM AMONG UNDERGRADUATE NURSING STUDENTS OF UNIVERSITY OF BENIN EDO STATE.**" was solely carried out by EGBUDOM PERFECTER UJUNWA. It was solely the result of my work except where stated otherwise by reference or acknowledgement as being derived from other person (s) or resources.

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CERTIFICATION/APPROVAL

This is to certify that this research project by EGBUDOM PERFECTER UJUNWA with matriculation number **BMS1900020** has been examined and approved for the award of BACHELOR OF NURSING SCIENCE.

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(Head of Department)

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Name _____

(Chief Examiner)

DEDICATION

This project work is dedicated to the **ALMIGHTY GOD** who has been my constant source of help and strength in my academic journey.

To my beloved Parents, Mr & Mrs J.O. OKOLI for their love, sacrifice, and unwavering support throughout my academic journey.

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ABSTRACT

The study examined the perception and utilization of the Tertiary Institutions Social Health Insurance Programme (TISHIP) among undergraduate nursing students at the University of Benin, Edo State. The primary objectives were to: assess students' perceptions of TISHIP, examine the extent to which TISHIP services are utilized, and identify key factors influencing their utilization. To achieve these goals, three research questions were formulated to guide the study. This study adopted a descriptive cross-sectional design, targeting all undergraduate nursing students at the University of Benin. Data was collected using a structured questionnaire, and reliability was confirmed with a Cronbach's Alpha (α) value of ≥ 0.7 . The analysis employed both descriptive and inferential statistical methods. Frequencies, percentages and mean were for data analysis A Chi-Square Test was conducted to test for hypothesis, All statistical tests were carried out at a 95% confidence level ($p < 0.05$), and results were presented using tables, charts, and graphs as appropriate. The study found that awareness and usage of TISHIP among nursing students at the University of Benin are very low, with 75.5% never having accessed the service. Key barriers include poor service quality, long waiting times, unresponsive staff, lack of drugs, and limited information on accessing services. It is concluded that majority of students reported dissatisfaction with TISHIP, with over 85% expressing negative experiences, revealing deep systemic flaws. There is a critical need for improvements in communication, staff responsiveness, drug supply, and overall service delivery to enhance the programme's effectiveness.

Keywords: TISHIP, perception, utilization, nursing students, health insurance

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Access to affordable and quality healthcare remains a fundamental human right. The right to life, as the most crucial of all human rights, becomes meaningful only when individuals enjoy good health. In Nigeria, as in many other developing countries, financial capability is a major barrier to accessing healthcare services (Okiche *et al.*, 2021). Due to the widespread reliance on out-of-pocket payments, only the financially privileged can afford adequate medical treatment. To address this challenge, health insurance schemes have been introduced as alternative financing strategies to ensure broader access. Insurance, particularly social health insurance, has been adopted in various forms across developed nations to subsidize healthcare costs (Omineokuma *et al.*, 2023).

In Nigeria, the Tertiary Institutions' Social Health Insurance Programme (TISHIP) was introduced to cater for the healthcare needs of students in tertiary institutions who are not covered under the formal sector National Health Insurance Scheme (NHIS) (Uguru *et al.*, 2022). TISHIP is grounded in the social health insurance financing model, where student contributions and government funding are pooled together to provide accessible and affordable healthcare services. The National Health Insurance Scheme proposed an annual premium of ₦2,000 for each student under TISHIP, granting them access to services at the institution's health center or, in emergencies, at NHIS-accredited facilities (Sule, 2021).

TISHIP is designed to address the unique health needs of students, a demographic that constitutes a significant portion of Nigeria's population. Since they are typically not eligible to be beneficiaries of public health programs as enrollees or dependents, TISHIP fills an important gap in ensuring their access to health services (Aneke *et al.*, 2025). The scheme

aims to provide students with financial protection and access to quality healthcare throughout their academic stay (Oriolowo *et al.*, 2022).

However, despite the goals and structure of TISHIP, several studies have revealed inconsistent levels of awareness, perception, and utilization among students. For example, a study at the University of Calabar reported that 61.3% of students were unaware of TISHIP, indicating a major gap that could affect service utilization. Similarly, research at Enugu State University of Science and Technology showed that only 28.8% of students had registered under the scheme, with complaints such as long waiting times and underutilization of university health centers being common barriers (Gerald *et al.*, 2024). Even when students are aware of TISHIP, some remain unclear about its objectives, benefits, funding sources, and procedures for redress when dissatisfied with the services (Uguru *et al.*, 2022).

Although several studies have explored general awareness and utilisation of TISHIP among students, few have focused specifically on undergraduate nursing students—a group whose academic and professional orientation toward health should ideally position them to make informed use of such a scheme. The extent to which nursing students perceive and utilize TISHIP remains underexplored. In addition, while previous research has reported low utilisation rates and awareness, the link between students' perception and the actual usage of TISHIP services is not clearly established.

Therefore, by examining how undergraduate nursing students at a tertiary school in Edo State perceive and use TISHIP, this study aims to close this gap. It seeks to offer evidence-based perspectives that can enhance TISHIP implementation, student involvement, and policy efficacy in higher education.

1.2 Statement of Problem

National health insurance programs are crucial instruments for guaranteeing that everyone has access to healthcare (Alfred & Okpako, 2023). According to Nwankwo *et al.*, (2024), the

Federal Government of Nigeria created the National Health Insurance scheme (NHIS), a social health insurance program, to increase access to healthcare for the vast majority of Nigerians and to supplement existing funding sources for the health sector. In Nigeria, providing free healthcare to everyone is a significant challenge. Although government officials and students have long benefitted from subsidized healthcare services, the general population still pay for these services (Ajeigbe *et al.*, 2020). It is crucial since many people are facing health issues and problems that exceed their means of support, forcing them to pay out of pocket (OOP), which typically leads to disastrous medical bills (Adebola, 2020).

A research conducted at Nnamdi Azikiwe University in Awka, Southeast Nigeria, revealed a high level of awareness, 52.8% of students expressed dissatisfaction with the quality of services received, and 56.3% of students never benefited from TISHIP programs (Michael *et al.*, 2020). Adebola (2020) highlighted that, the World Health Organisation estimates that 800 million individuals spend more than 10% of their family income on healthcare, and that over half of the world's population still lacks access to basic medical services. According to the report, out-of-pocket (OOP) health expenses push about 100 million people into poverty each year, accounting for roughly 32% of total national spending on average. Perception and awareness of NHIS could influence the utilisation of the scheme. According to Uguru *et al.*, (2022) a research done in southeast Nigeria, most students (65%) were aware that TISHIP existed, and students in the medical and health sciences faculties knew more about the program than students in other faculties. Although the students were aware of the services the program offered and where they might obtain them, they were not aware that their school fees served as the primary source of funding for the program.

In Nigeria, the conventional medical and other health care institutions received appalling patronage due to the country's terrible economic crisis in the 1980s and 1990s, the rising expense of medical care, and inadequate government financing for the health care industry.

The majority of these medical facilities have been reduced in size or shut down entirely, and their staff members have left for more promising opportunities (Egonu & Ilo, 2023). According to Egonu and Ilo (2023), the majority of consumers ended up using alternative health care providers including herbalists and spiritualists.

Due to financial constraints, persons who accumulate hospital bills typically neglect necessary medical services, such as laboratory testing and treatments, which frequently leads to difficulties and late hospital presentations (Adetona & Janet, 2020). Common illness mortality became the norm, and as a result, the government implemented a number of health intervention strategies, such as the Drug Revolving Fund, the Bamako project, and user fees (Egonu & Ilo, 2023). Following this, the Nigerian government brought about the NHIS .

Furthermore, nursing students, who are often exposed to healthcare systems during their training, might have a distinct perspective on the scheme's effectiveness, yet studies indicate they may not fully utilize available health insurance options due to lack of adequate information or concerns about service quality (Kusi *et al.*, 2021). NHIS was implemented to improve access to affordable healthcare and reduce out-of-pocket healthcare expenses for citizens. However, despite its intended benefits, studies indicate that utilization of NHIS services among certain populations, including students, remains suboptimal. Undergraduate nursing students, in particular, represent a unique subgroup within the NHIS system.

As future healthcare providers, their understanding and use of the scheme may impact their advocacy for patient enrollment in insurance schemes and influence the quality of care they deliver. Without adequate utilization and understanding of the NHIS among nursing students, there may be gaps in their healthcare access and their readiness to support insurance-based healthcare as future nurses. Therefore, it is essential to investigate the specific factors influencing NHIS utilization among this group to address barriers, improve awareness, and promote greater use of the scheme. This research aims to provide insights that could improve

NHIS perception, accessibility and educational strategies targeted at nursing students, ultimately benefiting both their personal healthcare and their professional roles.

1.3 Objectives of the study

The purpose of this study is to evaluate how nursing students view and utilise the nation's health insurance program.

However, the specific objective of this study include to;

1. to assess the perception of nursing students regarding tertiary institution social health insurance programme.
2. to determine the extent of utilization of the TISHIP services by undergraduate nursing students.
3. to identify factors influencing the utilization of TISHIP among nursing students in the University of Benin.

1.4 Research Questions

1. What is the perception of the TISHIP among undergraduate nursing students of University of Benin?
2. To what extent do undergraduate nursing students utilize the TISHIP?
3. What factors influence the utilization of TISHIP among undergraduate nursing students?

1.5 Hypotheses

1. There is no significant relationship between the perception of TISHIP and its utilization among undergraduate nursing students.
2. The extent of utilization of TISHIP among undergraduate nursing students at the University of Benin is low.

3. Awareness, accessibility, perceived quality of services, and affordability do not significantly influence the utilization of TISHIP among undergraduate nursing students at the University of Benin.

1.6 Significance of the study

The study holds immense significance for several stakeholders, including participant, family, nursing practice, nursing education, nursing research, society, nation. Below are the key areas of its significance:

To the participant, perception and utilisation of TISHIP helps participants to reduce financial burden associated with healthcare expenses and improves access to quality healthcare services.

To the family, it helps to reduce out-of-pocket healthcare expenses for students' families, promotes better health-seeking behaviors, reducing the spread of preventable diseases within families.

To the nursing practice, the study encourages nurses to advocate for health insurance programs for students and the general public, promotes preventive healthcare measures among nursing students, which they can apply in practice and strengthens the role of nurses in health education and policy implementation.

To nursing education, the study will provide data that can be incorporated into nursing curricula to enhance students' understanding of health insurance.

To nursing research, the need of the study in nursing research is to identify gaps in awareness and utilization of health insurance that need further investigation.

To the society, this study will encourage the general public to embrace health insurance schemes.

To the nation at large, the study will strengthen national policies on student health and well-being.

1.7 Scope of the study

This study focuses on the perception and utilisation of TISHIP. This study will concentrate on the perception and utilisation of TISHIP among undergraduate nursing students and will be carried out in the University of Benin, Edo state. The study targets undergraduate nursing students, as they are direct beneficiaries of TISHIP and have a foundational understanding of healthcare services. The study covers data collected within a specified period to reflect current trends in awareness and usage. The study does not cover other student populations (non-nursing students) or institutions outside the selected university, which may limit generalizability.

1.8 Operational definition of terms

Perception refers to the way undergraduate nursing students interpret, understand, and form opinions about the TISHIP. It encompasses their awareness, attitudes, beliefs, and overall viewpoints regarding the benefits, accessibility, and effectiveness of the scheme.

Utilisation of tertiary institution social health insurance program: In this study, it refers to how effectively the scheme supports the healthcare needs of its members, aiming to improve health outcomes, reduce out-of-pocket expenses, and provide equitable access to quality healthcare services.

undergraduate nursing students refer to individuals who are formally enrolled in a Bachelor of Nursing Science (B.N.Sc.) program at the University of Benin Edo state, Nigeria. These students are at various levels of their academic training, ranging from 100 level to final year (500 level). Undergoing both theoretical and practical training in nursing and healthcare. Being eligible for Tertiary Institution Social Health Insurance Programme (TISHIP) benefits as part of the student healthcare system.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter focuses on review of relevant literatures as regards the topic of interest in order to identify the gap in knowledge, additionally, it will help explain the research problem and acknowledge the efforts of scholars who have previously made significant contributions to related study. The review is organised based on most important to least important. The review is under the following headings: conceptual review, empirical review, theoretical review.

2.1 Conceptual review

2.1.1 Definition and purpose of health insurance

Health insurance is a contract whereby an insurance provider promises to cover all or part of your medical costs in return for a monthly premium payment. Protecting people from unforeseen high medical expenses and financial hazards is the main advantage of health insurance; large medical expenditures can put households in financial jeopardy and have an impact on their economic activity (Liu *et al.*, 2024). On several levels, health insurance has been acknowledged as a promising way to improve health protection. By lowering out-of-pocket expenses, the prevalence of catastrophic expenditures, and the use of potentially harmful coping mechanisms like taking on debt, it offers financial security against health shocks and is a crucial part of social protection. By transferring healthcare consumption from non-contracted to contracted facilities and minimising wait times for care, health insurance also affects patterns of healthcare utilization (Boutin *et al.*, 2025).

2.1.2 Types of Health Insurance Schemes

There are various kinds of health insurance, but depending on where the money comes from, they can be roughly separated into private and public insurance.

By paying for medical costs incurred when using private healthcare facilities and relieving the strain on the public health system is private health insurance. Private health insurance (PHI) has become a crucial part of healthcare systems and improved social security. It offers shorter wait times, preferred provider and care options, and alternative access to private health care, which lessens the financial strain and boosts the public sector's operational effectiveness. PHI was essentially created to increase healthcare access, enhance health outcomes, and save costs for the general public and healthcare institutions (Balqis-Ali *et al.*, 2023). Certain demographic groups in some countries that are not protected by mandatory social insurance must seek coverage from PHI providers. People who earn more than the eligibility criteria can choose between social health insurance and PHI. Services not covered by social health insurance are protected by private health insurance (Asante *et al.*, 2025). Inadequately designed private health insurance programs have been linked to escalating inequality, the high rate of uninsured people, and the high out-of-pocket expenses (Adebiyi & Adeniji, 2021).

In the public sector, the government pays for health care through general taxes or hypothecated taxes, which enhances access and fosters equity. Public health insurance funds are frequently insufficient and must be augmented by private insurance funds (Adebiyi & Adeniji, 2021). A public health insurance scheme is a government-established program designed to provide health coverage to citizens, ensuring access to necessary medical services without financial hardship. These schemes typically involve pooling funds through taxation or mandatory contributions, which are then used to finance healthcare services for the enrolled population (Alawode & Adewole, 2021). Public health insurance aims to improve population health by ensuring fair access to quality healthcare at a low cost, even if one of its main goals is to protect people financially against significant and unforeseen medical bills (Nolan *et al.*, 2022).

2.1.3 Importance of Health Insurance In Achieving Universal Health Coverage

When "all individuals and communities receive the health services they need without experiencing financial hardship when paying for them," this is known as universal health coverage (Lavers, 2021). The goal of UHC is for everyone who requires healthcare services (promotion, prevention, treatment, rehabilitation, and palliative care) to have access to them without experiencing undue financial burden (Alshehari *et al.*, 2024). The National Health Insurance (NHI) system has been embraced by numerous nations as a crucial strategy for reaching UHC (Lubis *et al.*, 2024).

2.1.4 The Concept of Social Health Insurance

In terms of health, social security is essential to the welfare of individuals and society as a whole. Its implementation aids in the accomplishment of the Millennium Development Goals and is regarded as a fundamental human right (Amegor *et al.*, 2023). Social protection in health is a tool for lowering poverty, fostering social and economic development, and mitigating the detrimental effects of illness on absenteeism, productivity, and the use of private income or savings for medical expenses, according to the World Health Organisation (WHO) and the International Labour Organisation (ILO). With out-of-pocket expenses making up over half of total health spending, it has been demonstrated that many Africans have struggled to pay for medical care in recent decades (Amegor *et al.*, 2023). Given this, it is essential for African nations like Nigeria to preserve and enhance their social health insurance systems in order to offer affordable healthcare to all citizens. In addition to improving risk sharing across individuals of different income levels, ages, health conditions, and geographic regions, this would drastically reduce out-of-pocket expenses (Gilbert *et al.*, 2020).

2.1.5 Definition and objectives of TISHIP

According to the WHO, health insurance is a type of prepayment for medical care, where money is obtained for medical expenses through taxes and/or insurance premiums. In 1995, Nigeria launched the National Health Insurance Scheme (NHIS), which went into full operation in 2005, in an effort to improve healthcare access and the health of its people (Adebola, 2020). One of the official sector initiatives of the National Health Insurance Authority (NHIA) is the Tertiary Institution Social Health Insurance Program (TISHIP), which is intended to address the medical needs of college students who lose their parental insurance coverage upon turning 18 (Akosu *et al.*, 2023). The inescapable health hazards that students face, such as infectious diseases and frequent injuries from athletic activities, served as the justification for the creation of student social health insurance (Inyang *et al.*, 2023).

2.1.6 Structure and operational framework of TISHIP

In order to address the health needs of Nigerian university students who were unable to receive benefits from the original NHIS model, the TISHIP social security program was created (Uguru *et al.*, 2022). The contributions made by the students are combined to create the funds for TISHIP healthcare. With the issued TISHIP identity card, the registered student can now obtain affordable medical care at any of the authorised NHIS centres nationwide. The program's healthcare providers offer students a range of health packages that include preventive services (such as family planning, vaccinations, and prenatal care), diagnostic and curative services (such as specialist consultations, inpatient and outpatient care, laboratory testing, and pharmaceutical care), and rehabilitative services (such as prosthesis provision) (Jeremiah *et al.*, 2022). In order to claim the government's contribution to cover their medical expenses, students enrolled in the Tertiary Institution Social Health Insurance Program (TISHIP) are required to pay a minimum of ₦1600 annually (Oriolowo *et al.*, 2022). By distributing healthcare costs across the pool of students, the student social health insurance plan serves as an insurance mechanism that lessens the financial burden that such health risks

place on sponsors and individual students. Most significantly, the student social insurance program offers a financial safety net for the construction of healthcare delivery facilities, the purchase of medical supplies and equipment, and the recruitment and education of medical professionals who will enable the efficient provision of high-quality medical care to students in situations where government funding is insufficient or unavailable (Inyang *et al.*, 2023).

2.1.7 Differences between TISHIP and the general NHIS

The Tertiary Institutions Social Health Insurance Programme (TISHIP) and the National Health Insurance Scheme (NHIS) are both initiatives by the Nigerian government aimed at providing health coverage, but they cater to different populations and have distinct operational frameworks.

NHIS was created to offer health insurance to all Nigerians, with a particular emphasis on workers in the public and private sectors who are employed in the formal sector. Achieving nationwide universal health coverage is its aim (Eze *et al.*, 2024). TISHIP is a social security program that uses money collected via mandatory contributions from both the government and students to pay for the health care of students enrolled in Nigerian higher education institutions (Jeremiah *et al.*, 2022).

Employer and employee donations provide funding for the NHIS. 10% of an employee's base pay is contributed by the employer, and 5% is contributed by the employee. Enrollees receive healthcare services from this pooled fund (Eze *et al.*, 2024). All students must enrol, and each one must pay a minimum premium of 2,000 naira per session, albeit the precise amount paid is decided by actuarial calculations (Akosu *et al.*, 2023).

NHIS: Provides a full range of benefits, including emergency services, hospitalisation, maternity care, eye and dental care, and outpatient treatment. The program seeks to lower out-of-pocket costs and shield Nigerians from financial risk (Eze *et al.*, 2024). The range of

services covered under TISHIP includes primary healthcare services, such as outpatient consultations, treatment of common ailments, and preventive care (Banmang *et al.*, 2023).

2.1.8 The Perception of Nursing Students in Tertiary Institution Social Health Insurance Program

The perception of nursing students regarding the Tertiary Institution Social Health Insurance Program (TISHIP) is crucial in understanding the effectiveness of the scheme in providing accessible healthcare services for students. TISHIP, established as a subset of the National Health Insurance Scheme (NHIS) in Nigeria, aims to ensure that students in tertiary institutions receive quality healthcare at an affordable cost (Olaniyi & Adebayo, 2020). However, the perception of nursing students toward this initiative is influenced by various factors, including their awareness, experiences, and satisfaction with the services provided. Awareness plays a significant role in shaping the perception of nursing students toward TISHIP. Studies indicate that many students lack adequate knowledge about the scheme, its benefits, and the registration process (Afolabi & Olayemi, 2021). This lack of awareness may lead to skepticism and underutilization of the program, thereby reducing its effectiveness in achieving its objectives.

The quality of healthcare services offered under TISHIP significantly affects students' perceptions. Nursing students, due to their medical knowledge, are often more critical of the healthcare system than students from other disciplines. If the services provided are substandard, characterized by long waiting times, inadequate medical supplies, and poorly trained personnel, nursing students may develop negative perceptions about the program (Okeke & Nwosu, 2021). Conversely, positive experiences with competent healthcare providers and well-equipped facilities can enhance trust and satisfaction with the scheme. Another determinant of perception is the affordability and accessibility of TISHIP services. While the scheme is designed to be cost-effective, some students may find the premiums

burdensome, especially those from low-income backgrounds (Eze & Chukwu, 2022). Additionally, if healthcare facilities covered by TISHIP are not easily accessible within the institution, students may opt for private healthcare providers, further undermining the program's purpose. The effectiveness of communication between TISHIP administrators and students also influences perception. Poor communication regarding policy changes, service availability, and claim procedures may lead to frustration and disillusionment among nursing students (Adewale & Ogunleye, 2020). Ensuring that students receive timely and accurate information can enhance their confidence in the program and encourage higher enrollment rates.

Furthermore, the role of peer influence and academic exposure cannot be overlooked. Nursing students are more likely to discuss healthcare policies, insurance schemes, and patient experiences among themselves. If a significant number of students share negative experiences, this may reinforce skepticism and discourage utilization of TISHIP services (Johnson & Akinola, 2021). Conversely, peer testimonials of positive healthcare experiences can improve overall perception and participation in the scheme. Nursing students' perception of TISHIP is shaped by multiple factors, including awareness, service quality, affordability, accessibility, communication, and peer influence. Addressing these concerns through improved awareness campaigns, enhanced service delivery, and transparent communication strategies can help improve students' trust and participation in the program. Future research should focus on identifying specific barriers to enrollment and utilization to provide evidence-based recommendations for policymakers.

2.1.9 The Utilisation of tertiary institution social health insurance program

Healthcare needs are typically triggered when a household member or person recognises a health issue (Aboaba *et al.*, 2023). Contacting a licensed medical or health facility and seeking care to prevent or treat health issues is referred to as healthcare utilisation (Abu

Bakar *et al.*, 2022). Simply put, healthcare usage refers to how individuals use healthcare facilities. Utilization of health care services for the most vulnerable and underprivileged populations has been recommended by the World Health Organization that healthcare services should be universally accessible, without barriers based on affordability, physical accessibility, or acceptability of services (Gerald *et al.*, 2024). TISHIP was developed to counteract the detrimental effects of user fees which sometimes lead to catastrophic health expenditures. This study Furthermore, pertinent explanatory elements for healthcare usage include things like the availability of medical facilities, the cost and quality of treatments, the social-economic structure, and the individual characteristics of the consumers (Aboaba *et al.*, 2023).

Identified barriers to the utilisation of health facilities in Nigerian studies include insufficient education regarding the appropriate timing for seeking care, poverty, perceived high service costs, inadequacy of available services such as a lack of medications and basic laboratory services, insufficient healthcare personnel, substandard quality of care, and distance to the facility (Gerald *et al.*, 2024).

The TISHIP is not an exception to the several factors that influence the use of healthcare services generally and Health Insurance Scheme services specifically. Numerous studies have documented the influence of several factors on healthcare service utilisation, including location and closeness to the facility, accessibility, client perceptions of services, self-related health state, provider-related characteristics, income, and educational attainment (Aneke *et al.*, 2025).

The utilization of available healthcare services helps promote maximum health status. Inyang *et al.* (2022) buttress the fact that, community utilization of healthcare services was significantly influenced by awareness. Aneke highlighted that there is low utilisation of health care services available to students on campus. Inyang *et al.* (2022) investigations

suggested that poor access to health care facility measured by inadequate number of health care facilities and non-availability of medical consumables, poor student-medical staff connection hindered TISHIP utilization.

2.2 Theoretical Literature Review

This study adopts the Andersen Health Care Utilization Model as the theory of best fit to examine the perception and utilization of the Tertiary Institution Social Health Insurance Program (TISHIP) among undergraduate nursing students in a tertiary institution in Edo State. The model provides a structured approach to understanding healthcare access and utilization by identifying key determinants influencing individuals' healthcare-seeking behavior.

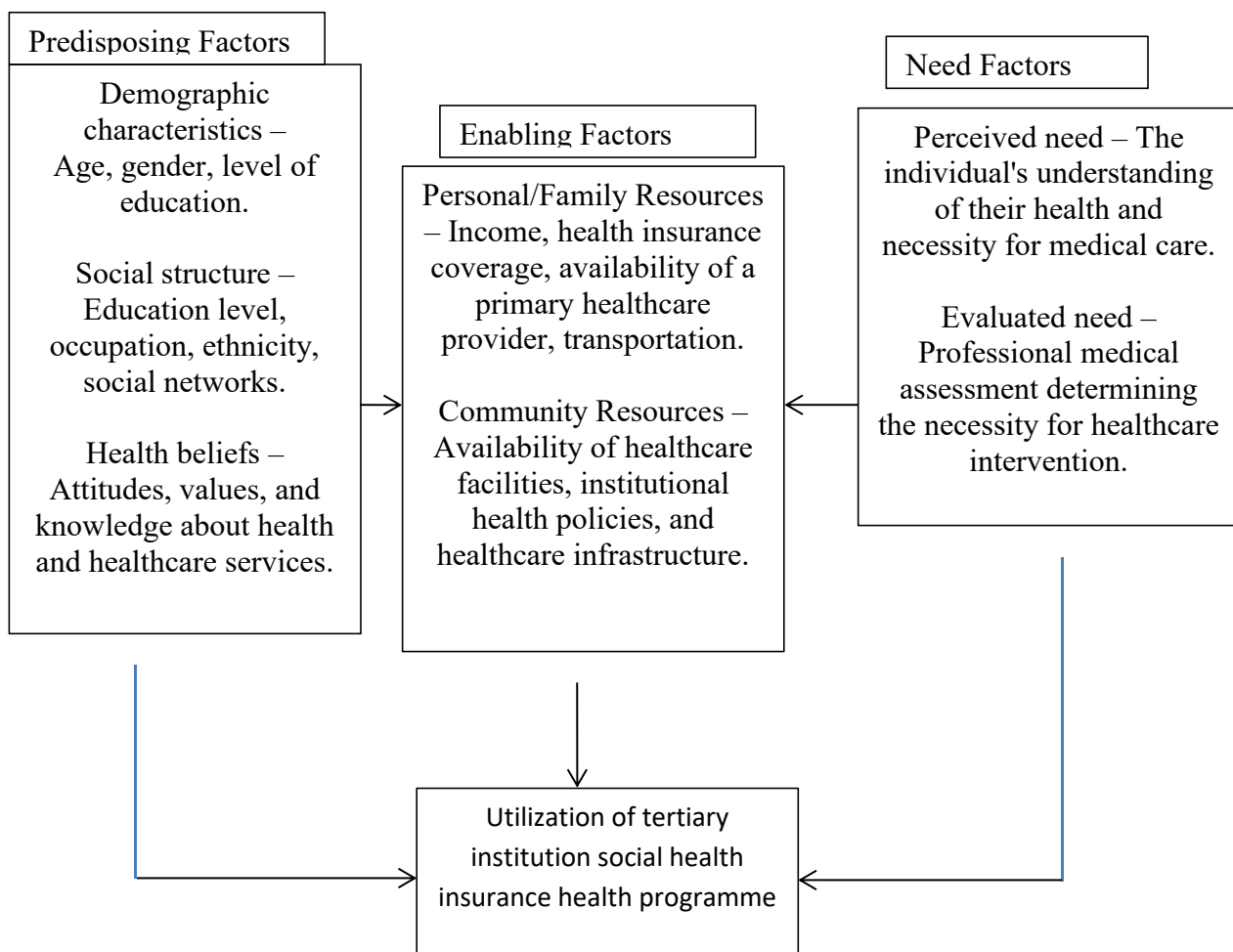


Figure 2.1: Adapted from the Behavioural model of Health Service Use, Joana *et al.* (1975)

2.2.1 Andersen Health Care Utilization Model

The Andersen Health Care Utilization Model was originally developed by Ronald Andersen in 1968 and has undergone several revisions in 1973, 1995, 2000, and 2001 (Gleidt *et al.*, 2023). Andersen, a medical sociologist and health services researcher, aimed to conceptualize "access" and "accessibility" within healthcare systems (Jacezko *et al.*, 2023). The model provides a theoretical structure for understanding the factors influencing healthcare access and utilization, helping to identify barriers and facilitators to service use (Ledearle *et al.*, 2021). The model categorizes healthcare utilization determinants into three core components:

Predisposing Factors – Individual characteristics that exist before illness and influence healthcare-seeking behavior.

Enabling Factors – Structural and financial aspects that facilitate or hinder access to healthcare services.

Need Factors – Perceived and evaluated health needs that drive healthcare utilization.

These components help explain how individuals navigate healthcare access, including participation in health insurance programs like TISHIP.

2.2.2 Core Components of the Andersen Model

1. Predisposing Factors

These are individual-level characteristics that influence the likelihood of seeking healthcare services even before illness occurs. They include: Demographic characteristics – Age, gender, level of education.

Social structure – Education level, occupation, ethnicity, social networks.

Health beliefs – Attitudes, values, and knowledge about health and healthcare services.

In the context of TISHIP, undergraduate nursing students' demographic factors, educational background, and personal beliefs about health insurance influence their willingness to enroll in and use the program. Students with higher education levels may be more aware of the benefits of health insurance, while those with negative perceptions of healthcare systems may be less inclined to participate.

2. Enabling Factors

These factors determine whether an individual has the means to access healthcare services.

They include:

Personal/Family Resources – Income, health insurance coverage, availability of a primary healthcare provider, transportation.

Community Resources – Availability of healthcare facilities, institutional health policies, and healthcare infrastructure.

For undergraduate nursing students, financial constraints, institutional health policies, and awareness of TISHIP services significantly impact participation. For example, some students may lack financial resources to pay for additional services not covered by TISHIP, affecting their overall healthcare-seeking behavior.

3. Need Factors

These refer to the individual's perception of their health status and clinically evaluated need for care, which determine healthcare-seeking behaviors.

Perceived need – The individual's understanding of their health and necessity for medical care.

Evaluated need – Professional medical assessment determining the necessity for healthcare intervention.

In the case of TISHIP utilization, students who perceive themselves as healthy are unlikely to require medical care and may not see the need for insurance enrollment. Conversely, those with chronic conditions or frequent health concerns may be more likely to engage with the program.

2.2.3 Application of the Andersen Model to TISHIP Utilization

The Andersen model helps explain why some undergraduate nursing students enroll in TISHIP while others do not. Applying its three core components to the study context, the following insights emerge:

Predisposing Factors and TISHIP Enrollment

Demographics – Older students or those with family responsibilities may view health insurance as essential, while younger students may perceive it as unnecessary.

Education and Social Structure –Students from higher socioeconomic backgrounds are more likely to understand and enroll in TISHIP, while those from lower-income backgrounds may see it as an additional financial burden.

Health Beliefs – If students trust the healthcare system and believe in the benefits of insurance, they are more likely to participate. Negative experiences or misinformation about insurance coverage may reduce enrollment.

Enabling Factors and TISHIP Accessibility

Financial Constraints – Even with TISHIP coverage, some students may struggle to afford out-of-pocket expenses, such as services not covered under the plan.

Institutional Policies – Universities that actively promote health insurance may see higher enrollment rates, while institutions with bureaucratic challenges may discourage student participation.

Healthcare Infrastructure – If students experience long wait times, inadequate services, or unresponsive providers, they may be discouraged from using TISHIP services. Need Factors and TISHIP Utilization

Perceived Need – If students believe they are healthy, they may not see the value in health insurance. On the other hand, those with frequent health concerns may be more proactive in enrolling.

Evaluated Need – Healthcare professionals play a role in encouraging students to enroll by identifying risk factors and providing necessary health education.

2.2.4 Strengths and Weaknesses of the Andersen Model

The model integrates individual, financial, and structural factors influencing healthcare utilization. It effectively explains why students enroll (or do not enroll) in TISHIP, considering both personal and external barriers. Findings based on the model can guide improvements in TISHIP accessibility and awareness strategies. This model still has some

limitations. The model assumes that students make logical choices about healthcare, but emotions, misinformation, and stigma can also play significant roles. It assumes that healthcare-seeking behaviors remain constant, whereas economic and policy changes can shift behaviors over time.

2.3 Empirical Literature Review

This review examines existing research studies to summarize findings, identify patterns, and highlight gaps in knowledge within a specific field.

2.3.1 Perception of nursing students regarding TISHIP

Gerald *et al.* (2024), carried out a cross sectional study that investigated undergraduate students' perceptions of healthcare services at the Medical Centre, University of Calabar, Nigeria. 7 facilities were selected from the school using multi stage sampling technique. Questionnaire was used to generate data from 420 students in the university. The analysis showed that more than half of the respondents 252(61.3%) have not heard about the TISHIP while 159 (38.7%) said they have heard about TISHIP. 56.2% of the population agreed that they spend long time waiting for treatment. While 33.4% agreed that essential drugs were not always available at the health centre. 64.2% of the respondents knew that they could access healthcare services at the medical centre while 35.8% did not know. According to the study, undergraduate students' education regarding the TISHIP needs to be strengthened. The study examined all undergraduate students collectively without distinguishing between faculties (e.g., nursing, medicine, arts, law). Nursing students, who have a higher baseline knowledge of healthcare systems, may have different perceptions compared to students from non-health-related faculties. The study does not differentiate nursing students' perceptions from those of other students. However, since nursing students are future healthcare providers, they may have greater awareness regarding healthcare services.

According to a study done by Oriolowo *et al.* (2022), at Federal Colleges of Education in the North Central geopolitical zone of Nigeria which assessed the level of perception of college students to TISHIP. A cross sectional study was conducted, and questionnaires were distributed among 188 students of the universities. From the analysis, four areas—facilities and resources, regular patient attendance, referral services, and enrollee satisfaction—were taken into consideration when evaluating how students felt about the treatment they received from their TISHIP healthcare professionals. The overall cleanliness of the atmosphere, the diagnostic lab, and the attitudes of the medical staff were all deemed excellent by the current study. Among the other categories with the highest score, cleanliness and physical facilities were particularly noteworthy. The study highlights key areas of student perception regarding TISHIP but does not address how awareness programs can improve their engagement with the scheme. Hence, this research will assess the effectiveness of orientation programs in improving perception and utilization of TISHIP.

Uguru *et al.* (2022), investigated the awareness and use of the Tertiary Institutions Social Health Insurance Program (TISHIP) for undergraduate dental services. The study was conducted in the University of Nigeria, Enugu Campus (UNEC), using cross sectional descriptive method using 400 students of the university. According to the analysis, while 66.7% of the respondents were aware of the TISHIP, 50.2% were unaware that it was a social health insurance program. Additionally, 61.8% of respondents were unaware that the TISHIP was available to both undergraduate and graduate students, while 51.9% of respondents were unaware that it was only available to university students. Of those surveyed, 35.1% were aware that TISHIP was financed by government and student donations. 23.3%, however, were unaware of the scheme's funding source. The study showed that awareness of TISHIP by undergraduate students was poor and the narrow focus on dental services may not reflect the overall perception of TISHIP, limiting the comprehensiveness of the findings. Hence,

focusing on dental services limits the generalizability of findings to the broader scope of TISHIP services which nursing students are more likely to engage with.

2.3.2 Extent of utilization of the TISHIP services by undergraduate nursing students.

Based on the utilisation of TISHIP by undergraduate nursing students, Inyang *et al.* (2023) looked at the impact of user and service provider related variables on utilisation of TISHIP. This study was carried out at the University of Uyo, Nigeria. Using the cross sectional method, questionnaire was given to 400 undergraduate student to assess the effect of selected user-related and service provider-related variables on utilization of TISHIP. According to the reports, 73% (292) of students used TISHIP-covered medical care, and 82% (328) of students were aware that the program was available at the university. There is no significant link of TISHIP awareness among students to the utilisation of TISHIP. The results showed that students' awareness of TISHIP greatly improved utilisation of TISHIP. The study directly assessed utilisation of TISHIP in relation to user-related and provider-related variables, but claimed no significant link between awareness and utilisation. However, this study seeks for clearer investigation into the relationship between awareness and utilisation, particularly resolving contradictions as seen in Inyang *et al.* (2023) interpretation.

A study done by Aneke *et al.*, (2025), examined the utilisation of health care services under TISHIP. A descriptive cross sectional study was conducted at 2 campuses in Enugu viz: UNEC and UNN. Semi structured questionnaire was used to collect data from 470 students from both campuses. The analysis showed 50.4% of the students have heard about TISHIP, about 88% could give the correct expansion of the TISHIP as "Tertiary Institution Social Health Insurance Programme", only 34.4% of the sampled students had ever visited the university clinic to assess healthcare services. The study revealed a moderate awareness among students which affects their healthcare utilisation. The study provided a clear statistic — only 34.4% of students had visited the university clinic, giving a measurable indication of

utilisation; meanwhile the sample was drawn from general student populations, not specifically undergraduate nursing students, which limits its relevance to my target group. Hence this study will address the utilisation of TISHIP among nursing students, who may behave differently due to their academic exposure to health systems.

Sule (2021) assessed the level of awareness, utilization and satisfaction with TISHIP among students of tertiary institutions in Kaduna State. Kaduna State. The study was carried out using descriptive study design to assess 400 students in a proportionately sampled from Ahmadu Bello University Zaria, Federal College of Education Zaria and Kaduna Polytechnic, Kaduna. Questionnaire was used in the collection of data. The analysis revealed that level of utilization of TISHIP among students of tertiary institutions in Kaduna State is 45.2% which is below average, that is, 45.2%. The study was conducted across three different tertiary institutions in Kaduna State which improves the representativeness of the findings. Also the study was conducted in Kaduna State, and the context may not directly apply to students in Edo State, especially within the specific discipline of nursing. However, this study in Edo State helps fill a regional gap and adds to the national understanding of TISHIP utilisation across different contexts.

Banmang *et al.*, (2023) understudied the access to Tertiary Institution Social Health Insurance Programme (TISHIP) services among students of Federal and State Colleges of Education in North Central Zone of Nigeria. A closed ended questionnaire was used to collect data from 444 respondents across five states in the North Central zone of Nigeria. The study's conclusions showed that students at Federal and State Colleges of Education in Nigeria's North Central Zone could not access TISHIP services. The results of this study led to the conclusion that students at Federal and State Colleges of Education in Nigeria's North Central Zone had insufficient access to TISHIP services.

2.3.3 Factors Influencing the Utilisation of TISHIP Among Nursing Students

A cross sectional study carried out at the university of Uyo by Inyang *et al.* (2023) examined the impact of user and service provider related variables on utilization of tertiary institution social health insurance programme, TISHIP. Data was collected from 400 full time undergraduate students of the university through questionnaire. The analysis revealed that 81%(324) of respondents, reported that the university does not have enough medical facilities, and 82%(328) of respondents felt that the connection between students and medical staff is inadequate. From the study poor access to health care facility and non-availability of medical consumables significantly reduced utilization of the scheme. The study identified key user and provider-related factors such as availability of medical facilities and consumables, and student-medical staff interaction; these are essential in understanding health service use but failed to apply a theoretical model such as Andersen's Behavioral Model. However, this study will use the Andersen's Behavioural model to limit the depth of interpretation regarding predisposing, enabling, and need factors.

A cross sectional descriptive study done by Gerald *et al.* (2024) examined factors influencing utilization of healthcare services by undergraduate students in the university medical Centre, university of Calabar Nigeria. A multi stage sampling technique was used to select 7 faculties that were used for the study. A 30 item questionnaire was used to generate data from 420 students of the faculties. The analysis revealed that lack of drugs and other consumables 286(69.6%); long waiting time 211(51.3%); Medical staff were rude 76(18.5%) and lack of awareness of TISHIP 83(20.2%) were factors influencing the utilisation of TISHIP. The study used a 30 item questionnaire which allows for a broad examination of various factors influencing healthcare utilization but does not focus on nursing students, whose health literacy and healthcare expectations may differ significantly. Hence, this study will focus on nursing students as they have more of medical knowledge.

Aneke *et al.* (2025) assessed the quality of services rendered to the students under the program TISHIP at Enugu Nigeria. A descriptive cross sectional study was conducted and data was collected from 470 through questionnaire. The findings of the study revealed that the majority of the students 34.7% were not satisfied with the quality of services rendered to them in the university clinic thus the poor usage of the program, TISHIP.

2.4 Summary

The literature review identifies knowledge gaps in the perception and utilization of TISHIP among nursing students. While TISHIP was designed to enhance student healthcare access, issues such as limited awareness, poor service delivery, and accessibility challenges continue to hinder its effectiveness. The study, grounded in Andersen's model, seeks to explore these barriers further and suggest solutions for improving TISHIP utilization among nursing students.

CHAPTER THREE

METHODOLOGY

This chapter discusses the research methodology that was applied in the study. The method that was employed to undertake the study are outlined into research design, research setting, target population, sample technique, sample size, instrument for data collection, validity and reliability of instrument, method of data collection, method of data analysis and ethical considerations.

3.1 Research design

The research design adopted a descriptive cross-sectional design because it is the most suitable design that answer the research questions. A cross-sectional study looks at data at a single point in time. It does not involve manipulating variables. It can provide information about what is happening in a current population (Cherry, 2024).

The design was used to assess the perception and utilisation of tertiary institution social health insurance program among undergraduate nursing students of university of Benin Edo state. It involved the collection of data from respondents by using self-administered questionnaires which describes the character of the population.

3.2 Research setting

The study was conducted in the faculty of nursing University of Benin, Edo state. University of Benin Ugbowo campus, is located along Benin -Ore road, Benin City. The University of Benin (UNIBEN) is a government owned tertiary institution, established on the 23rd of November, 1970, by the then Colonel Samuel Osaigbovo Ogbemudia-led military administration of Midwest State. The University was established, first as Midwest Institute of Technology. After attaining the status of a full-fledged university in line with requirements of the National Universities Commission on the 1st of July, 1971, the name was changed to the University of Benin. The Institution became a federal government owned University on the

1st of April, 1975. Currently the university of Benin has seventeen facilities with over 77,000 students. The nursing department was under the faculty of Basic Medical science and was established in the 2005/2006 academic session. Currently, the faculty of nursing was established in 2024/2025.

3.3. Target population

The target population refers to the entire group of individuals that a researcher intends to study and from whom conclusions will be drawn. Members of the target population typically share common characteristics such as age, educational level, or profession. For this study, the target population comprises all undergraduate nursing students at the University of Benin. This includes students from 100 level to 500 level, with a total population of 865 students.

100 Level – 120 students

200 Level – 218 students

300 Level – 190 students

400 Level – 174 students

500 Level – 163 students

3.4 Sampling technique

The study used proportionate stratified random sampling method. This technique is appropriate when a population is naturally divided into subgroups (strata), such as academic levels, and ensures that each stratum is represented proportionally in the final sample. Given the hierarchical structure of the target population (100-500 level nursing students), this method enhanced representativeness and reduced sampling bias.

3.5 Sample size

Sample was a proportion of the target population used for the study. For the purpose of sample size determination, the Yaro Yamane's Formula was used to calculate the sample size

because the population Size was known. The number of undergraduate nursing students in university of Benin is 865

$$n = \frac{N}{1 + N(e)^2}$$

$$n = N$$

$$1 + N(e)$$

Where:

n = Sample size

N = Total population (e.g., total number of undergraduate nursing students in UNIBEN)

e = Margin of error (commonly 0.05 for 95% confidence level)

$$n = \frac{865}{1 + 865(0.05)^2} = 274$$

To account for potential non-response or incomplete data, a 10% adjustment was added to the calculated sample size:

$$10\% \text{ of } 274 = 27$$

$$\text{Which is } 274 + 27 = 301$$

Hence, the sample size is 301

$$\mathbf{100 \text{ Level: } \frac{120}{865} \times 301 = 42}$$

$$\mathbf{200 \text{ Level: } \frac{218}{865} \times 301 = 76}$$

$$\mathbf{300 \text{ Level: } \frac{190}{865} \times 301 = 66}$$

$$\mathbf{400 \text{ Level: } \frac{174}{865} \times 301 = 60}$$

$$\mathbf{500 \text{ Level: } \frac{163}{865} \times 301 = 57}$$

Inclusion criteria

Participants must be actively enrolled in the nursing program in the University of Benin. In order to ensure informed consent, only students who voluntarily consent to participate in the study were included.

Exclusion criteria

Participants were excluded from the study if they are students enrolled in other academic programs other than nursing science. Only undergraduate students were considered; postgraduate students were excluded. Additionally, anyone who refuses to give informed consent from the study was excluded.

3.6 Instrument for data collection

A self-constructed Likert scale questionnaire derived from standardized questionnaires was used for data collection. The questions were carefully constructed to give an understanding of the topic and to also answer the research questions. The questionnaire was divided into four sections.

SECTION A: It contained the demographic data of the participant

SECTION B: Questions on the perception of TISHIP

SECTION C: Questions on utilisation of TISHIP

SECTION D: Questions on factors influencing the utilisation of TISHIP

3.7 Validity of instrument

Validity refers to the degree to which an instrument measures what it is supposed to measure.

Face validity and content validity were used in validating the research instrument.

Face validity

Face validity refers to whether the instrument looks as though it is measuring the appropriate construct, especially to people who completed the instrument. For validity, the questionnaire was submitted to the supervisor for review. The purpose of submitting the questionnaire to

the supervisor was to ensure that the data collection tools was relevant and adequately answered the research questions.

Content validity

Concerns the degree to which an instrument has an appropriate sample of items for the construct being measured and adequately covers the construct domain. The questionnaire used in this study was submitted to a statistician for expert review.

3.8 Reliability of the instrument

Reliability is the consistency with which an instrument measures the attribute. To determine the reliability of the research instrument, a pilot study was carried out using a sample of Twenty (20) respondents. A Cronbach's Alpha which is a coefficient of internal consistency reliability was used to check for the reliability of the instrument. Cronbach's Alpha (α) value of ≥ 0.7 indicates good reliability.

3.9 Method of data collection

The researcher administered a well structured questionnaire based on the research questions to undergraduate nursing students in UNIBEN. Responses was filled out in the questionnaire and immediately gathered. Participants were guided on how to answer the research questions. The participants were assured that there will not be any bridge in confidentiality.

3.10 Method of data analysis

The collected data was analyzed using both descriptive and inferential statistical methods to achieve the study objectives. All completed questionnaires were reviewed for completeness and accuracy before data entry. The data was coded and entered into Statistical Package for the Social Sciences SPSS, 29.0 for analysis. Frequency and percentage distributions was used to summarize categorical variables such as gender, age, and level of study. Measures of central tendency (mean, median) and dispersion (standard deviation, range) was used for continuous variables to describe students' perception and utilization of TISHIP. Chi-Square

Test was used to determine the association between students' perception of TISHIP and their utilization. All statistical tests were conducted at a 95% confidence level ($p < 0.05$), with results presented using tables, charts, and graphs where appropriate.

3.11 Ethical considerations

Permission was obtained from the faculty of nursing science University of Benin. Also, ethical approval was sought from the faculty ethical board.

The following ethical principles were observed:

Informed Consent;

Participants received detailed information about the study, including its objectives, procedures, potential risks, and benefits. Written informed consent was obtained from all participants before data collection. Participants were informed that participation is voluntary, and they may withdraw at any stage without consequences.

The use of ambiguous terminologies was avoided.

Confidentiality and Anonymity;

All collected data were treated with strict confidentiality and used solely for research purposes. No personal information (e.g., names, student IDs) was collected to ensure anonymity.

Non-Maleficence and Beneficence;

The study poses minimal risk to participants, as it involves only a survey without any invasive procedures. The study's findings may contribute to improving awareness and utilization of TISHIP, benefiting students in the long run.

CHAPTER FOUR

4.1 Data Presentation and Analysis

The results of the collected data are presented and analyzed below in line with each research question and objective. A total of three hundred and one (301) questionnaires were duly completed and found valid for the analysis of this study, as presented below.

4.2 PRESENTATION OF RESULT

Table 4.1: Social-Demographic Data

Age Respondents	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 16 – 20	96	31.9	31.9	31.9
21 – 25	161	53.5	53.5	85.4
26 – 30	44	14.6	14.6	100.0
Total	301	100.0	100.0	
Gender Respondent				
Female	251	83.4	83.4	83.4
Male	50	16.6	16.6	100.0
Total	301	100.0	100.0	
Marital Status Respondents				
Valid Single	283	94.0	94.0	94.0
Married	18	6.0	6.0	100.0
Total	301	100.0	100.0	
Level of study of respondents				
Valid 100 Level	41	13.6	13.6	13.6
200 Level	69	22.9	22.9	36.5
300 Level	58	19.3	19.3	55.8
400 Level	69	22.9	22.9	78.7
500 Level	64	21.3	21.3	100.0
Total	301	100.0	100.0	

The table 1 above show the age distribution of the respondents reveals that most undergraduate nursing students are within the 21–25 years category, accounting for 53.5% of the total participants. This is followed by the 16–20 years group, representing 31.9%, while 14.6% fall within the 26–30 years range. This pattern suggests that the respondents are predominantly young adults, consistent with the expected age bracket for university students.

The above table show the result of the gender distribution 251 (83.4%) were female, while 50 (16.6%) were male. This indicates that the majority of the undergraduate nursing students who participated in the study were female, reflecting the female dominated nature of the nursing profession.

The above table also above presents the analysis of marital status, which shows that 283 respondents (94.0%) were single, while 18 respondents (6.0%) were married. This indicates that the majority of undergraduate nursing students at the University of Benin are single, which is typical considering their age bracket and level of study.

Table above shows the distribution of respondents according to their level of study. The results indicate that 41 respondents (13.6%) were in 100 level, 69 respondents (22.9%) were in 200 level, 58 respondents (19.3%) were in 300 level, another 69 respondents (22.9%) were in 400 level, and 64 respondents (21.3%) were in 500 level. This implies that all levels of study were well represented in the research, with the highest participation from students in 200 and 400 levels.

4.3 ANALYSIS OF RESEARCH QUESTION AND OBJECTIVE

4.3.1 RESEARCH QUESTION: WHAT IS THE PERCEPTION OF THE TISHIP AMONG UNDERGRADUATE NURSING STUDENTS OF UNIVERSITY OF BENIN?

Table 4.2: Perception of TISHIP

SN	ITEM	N	Range	Mean	Std. Deviation
1	I am aware of the existence of TISHIP in my institution	301	4	4.33	1.169
2	I understand the objectives and benefits of TISHIP.	301	4	4.41	.988
3	I believe TISHIP provides accessible healthcare services for students..	301	4	3.67	1.193
4	I consider TISHIP an affordable healthcare option	301	4	3.51	1.156
5	TISHIP has improved students' access to quality healthcare.	301	4	3.31	1.104
6	I believe TISHIP contributes to reducing healthcare expenses for students.	301	4	3.01	1.256
7	I am satisfied with the awareness campaigns on TISHIP in my institution.	301	4	3.67	1.193
8	TISHIP healthcare providers are respectful and professional.	301	4	4.33	1.163
9	The facilities and environment at the TISHIP clinic are satisfactory.	301	4	4.48	.988
10	I believe nursing students should fully support and promote TISHIP.	301	4	3.02	1.250

Table 2 presents respondents' perceptions of the Tertiary Institutions Social Health Insurance Programme (TISHIP). The results reveal a generally positive perception among participants. The highest mean scores were recorded for items indicating awareness of TISHIP (M = 4.33, SD = 1.169), understanding of its objectives and benefits (M = 4.41, SD = 0.988), and satisfaction with clinic facilities and environment (M = 4.48, SD = 0.988), suggesting strong

awareness and appreciation of the program's purpose and infrastructure. Similarly, respondents viewed healthcare providers as respectful and professional ($M = 4.33$, $SD = 1.163$). However, moderate ratings were observed for affordability ($M = 3.51$, $SD = 1.156$), improved access to quality healthcare ($M = 3.31$, $SD = 1.104$), and reduced healthcare expenses ($M = 3.01$, $SD = 1.256$), indicating perceived challenges in cost-effectiveness and service impact. It is suggested that while awareness and professional service delivery under TISHIP are commendable, improvements in affordability, accessibility, and student engagement are needed to enhance overall satisfaction and support for the program.

4.3.2 RESEARCH QUESTION 2: TO WHAT EXTENT DO UNDERGRADUATE NURSING STUDENTS UTILIZE THE TISHIP?

Table 4.3: Utilisation of TISHIP Services

SN	ITEMS	N	Range	Mean	Std. Deviation
11	I have used TISHIP services at the institution's health center	301	4	3.41	1.289
12	I visit the health center whenever I have a health concern	301	4	3.34	1.267
13	I have received treatment under TISHIP without extra payments.	301	4	3.19	1.329
14	I have received prompt attention during my visits to the TISHIP clinic	301	4	3.55	1.050
15	I prefer TISHIP services to external/private healthcare providers	301	4	3.45	.899
16	I regularly visit the university health center when sick	301	4	3.18	1.157
17	TISHIP has helped me avoid out-of-pocket healthcare spending.	301	4	3.36	1.082
18	I feel confident in the healthcare services provided under TISHIP	301	4	3.25	.917
19	I have used TISHIP more than once during my academic stay	301	4	3.33	1.332
20	TISHIP services have met my healthcare needs adequately	301	4	3.43	1.148

Table 3 presents data on the utilisation of TISHIP services among respondents. The findings indicate a moderate level of service utilization, with most mean scores ranging between 3.18 and 3.55. Respondents moderately agreed that they had used TISHIP services at the institution's health center (M = 3.41, SD = 1.289) and visited the health center when experiencing health concerns (M = 3.34, SD = 1.267). They also expressed satisfaction with prompt attention during visits (M = 3.55, SD = 1.050) and a preference for TISHIP over

private healthcare providers ($M = 3.45$, $SD = 0.899$). However, relatively lower means for receiving treatment without extra payments ($M = 3.19$, $SD = 1.329$) and regular visits to the health center ($M = 3.18$, $SD = 1.157$) suggest partial dependence on the program. The results further reveal that while respondents acknowledged TISHIP's role in reducing out-of-pocket expenses ($M = 3.36$, $SD = 1.082$) and meeting healthcare needs ($M = 3.43$, $SD = 1.148$), confidence in the services ($M = 3.25$, $SD = 0.917$) and frequency of use ($M = 3.33$, $SD = 1.332$) remained moderate. Overall, these findings imply that although TISHIP services are fairly utilized and appreciated, there is room for improvement in affordability, consistency, and student confidence to enhance optimal service use.

4.3.3 RESEARCH QUESTION 3: WHAT FACTORS INFLUENCE THE UTILIZATION OF TISHIP AMONG UNDERGRADUATE NURSING STUDENTS?

Table 4.4: Factors Influencing Utilisation of TISHIP

SN	ITEM	N	Range	Mean	Std. Deviation
21	The location of the health center makes it easy to access TISHIP services	301	4	2.71	.966
22	The university provides adequate information about how to access TISHIP services	301	4	3.50	1.218
23	Long waiting time discourages me from using TISHIP	301	4	2.52	1.025
24	Lack of essential drugs at the clinic prevents me from using TISHIP	301	4	2.46	1.176
25	Poor attitude of medical staff discourages me from visiting the TISHIP clinic	301	4	2.58	1.063
26	My peers influence my decision to use or not use TISHIP	301	4	3.24	1.068
27	Financial constraints affect my ability to access healthcare outside TISHIP	301	4	3.01	.987
28	I find the registration/enrollment process into TISHIP easy and convenient	301	4	3.19	1.046
29	TISHIP is more beneficial for students with chronic or frequent health issues	301	4	2.74	1.074
30	I will recommend TISHIP to other students.	301	4	2.68	1.241

Table 7 presents the factors influencing the utilisation of TISHIP services among respondents. The findings show that several institutional and personal factors affect students' use of TISHIP. The mean score for the provision of adequate information on how to access TISHIP (M = 3.50, SD = 1.218) was the highest, indicating that information dissemination plays a key role in encouraging utilization. Moderate responses were observed for peer influence (M = 3.24, SD = 1.068), ease of registration (M = 3.19, SD = 1.046), and financial constraints (M

= 3.01, SD = 0.987), suggesting that social factors and economic limitations moderately impact access to TISHIP. Conversely, lower mean scores were recorded for variables such as accessibility due to location (M = 2.71, SD = 0.966), long waiting time (M = 2.52, SD = 1.025), lack of essential drugs (M = 2.46, SD = 1.176), and poor staff attitude (M = 2.58, SD = 1.063), implying that logistical and service delivery challenges discourage some students from using TISHIP. Furthermore, the relatively low willingness to recommend TISHIP (M = 2.68, SD = 1.241) suggests that overall satisfaction is modest. In summary, the findings indicate that while awareness and peer influence promote TISHIP utilization, barriers such as inadequate drug supply, poor accessibility, and service inefficiencies hinder optimal usage among students.

4.4 TEST OF HYPOTHESES

Hypothesis 1: There is no significant relationship between the perception of TISHIP and its utilization among undergraduate nursing students.

Table 4.5: Chi-Square Tests

	p-value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	519.396 ^a	16	.000
Likelihood Ratio	464.200	16	.000
Linear-by-Linear Association	233.459	1	.000
N of Valid Cases	301		

a. 12 cells (48.0%) have expected count less than 5. The minimum expected count is 1.81.

The Chi-square test result reveals a Pearson Chi-square value of 519.396 with 16 degrees of freedom and a p-value of 0.000, which is less than the 0.05 significance level. This indicates that there is a significant relationship between the perception of TISHIP and its utilization

among undergraduate nursing students. Consequently, the null hypothesis stating that there is *no* significant relationship between the perception of TISHIP and its utilization is rejected, while the alternative hypothesis is accepted. This suggests that students' awareness, understanding, and attitudes toward TISHIP significantly influence how they utilize the scheme.

Hypothesis Test 2: The extent of utilization of TISHIP among undergraduate nursing students at the University of Benin is low

Table 4.6: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	683.711 ^a	16	.000
Likelihood Ratio	615.656	16	.000
Linear-by-Linear Association	260.165	1	.000
N of Valid Cases	301		

a. 5 cells (20.0%) have expected count less than 5. The minimum expected count is 2.94.

The Chi-square test result shows a Pearson Chi-square value of 683.711 with 16 degrees of freedom and a p-value of 0.000, which is less than the 0.05 significance level. This indicates that there is a significant association regarding the extent of utilization of TISHIP among undergraduate nursing students at the University of Benin. Therefore, the null hypothesis stating that *the extent of utilization of TISHIP is low* is rejected, while the alternative hypothesis is accepted, implying that the level of utilization is significantly related to students' responses and may not be as low as presumed. Additionally, since only 5 cells (20.0%) have expected counts less than 5, the test result is considered statistically reliable, providing strong evidence that utilization patterns differ significantly among respondents.

Hypothesis 3: Awareness, accessibility, perceived quality of services, and affordability do not significantly influence the utilization of TISHIP among undergraduate nursing students at the University of Benin.

Table 4.7: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	623.171 ^a	16	.000
Likelihood Ratio	594.822	16	.000
Linear-by-Linear Association	254.272	1	.000
N of Valid Cases	301		

a. 8 cells (32.0%) have expected count less than 5. The minimum expected count is 2.79.

The Chi-square test result indicates a Pearson Chi-square value of 623.171 with 16 degrees of freedom and a p-value of 0.000, which is below the 0.05 significance threshold. This shows that there is a statistically significant relationship between awareness, accessibility, perceived quality of services, affordability, and the utilization of TISHIP among undergraduate nursing students at the University of Benin. Consequently, the null hypothesis stating that these factors do not significantly influence utilization is rejected, while the alternative hypothesis is accepted. This implies that students' level of awareness, ease of access, perception of service quality, and affordability of TISHIP play a crucial role in determining how much they utilize the scheme. Although 8 cells (32.0%) have expected counts less than 5, the test remains reasonably reliable, supporting the conclusion of a significant association.

CHAPTER FIVE

5.1 Discussion of Findings

The findings reveal that undergraduate nursing students at the University of Benin generally have a positive perception of the Tertiary Institutions Social Health Insurance Programme (TISHIP). The high mean scores recorded for awareness, understanding of objectives and benefits, and satisfaction with clinic facilities indicate that students are well-informed about the program and have a favorable view of its infrastructure and purpose. This finding is consistent with the report of Umar *et al.* (2021), who noted that student awareness campaigns have significantly enhanced the visibility of TISHIP across Nigerian universities. Likewise, Bamidele *et al.* (2019) found that students' knowledge and understanding of the program influenced their perception and willingness to participate.

the students' positive perception of healthcare providers as respectful and professional supports the findings of Eze and Okafor (2020), who emphasized that staff attitude and patient-provider relationships are key determinants of satisfaction with student health insurance programs. This suggests that interpersonal and service-related factors serve as enabling elements that promote trust and confidence in TISHIP, in line with the Andersen Health Care Utilization Model (Andersen, 1995), which identifies enabling and interpersonal factors as critical to healthcare utilization.

However, moderate mean ratings for affordability, improvement in access to quality healthcare, and reduction in healthcare expenses suggest that cost and accessibility remain areas of concern. This outcome corroborates the study of Ibiwoye and Adeleke (2022), who reported that although TISHIP has increased healthcare access, affordability and long waiting

times still hinder effective utilization. Similarly, Adepoju *et al.* (2020) found that awareness alone is insufficient to guarantee utilization when financial and service limitations persist.

Overall, the findings imply that while awareness, professionalism, and facility quality are notable strengths of TISHIP at the University of Benin, improvements in affordability and cost reduction are needed to enhance satisfaction and encourage greater utilization. Measures such as subsidized premiums, expanded coverage, and improved service efficiency could further strengthen students' engagement with the program (Balqis-Ali *et al.*, 2023; Onwe *et al.*, 2021). The findings therefore affirm that positive perception does not automatically translate into high utilization. As explained by the Andersen Model, utilization depends on a balance of predisposing, enabling, and need factors including cost, access, and perceived quality making it essential for university health authorities to sustain awareness while addressing the economic and operational barriers that affect students' participation.

The findings also reveal that the utilisation of the Tertiary Institutions Social Health Insurance Programme (TISHIP) among undergraduate nursing students at the University of Benin is moderate. The mean scores, which ranged between 3.18 and 3.55, indicate that while many students access TISHIP services, consistent and full utilization remains limited. The respondents moderately agreed that they had used the institution's health center when experiencing health issues and were generally satisfied with the attention received from healthcare staff. This outcome aligns with the findings of Eze and Okafor (2020), who observed that students often appreciate the responsiveness of healthcare providers under TISHIP but still exhibit irregular patterns of health service use. Similarly, Umar *et al.* (2021) reported that although TISHIP has increased student access to medical services, utilization rates remain constrained by inconsistent engagement and service satisfaction.

The moderate preference for TISHIP over private healthcare providers and acknowledgment of its role in reducing out-of-pocket expenses reflect students' recognition of its economic value, even though full confidence in its services remains uncertain. This finding supports Adepoju *et al.* (2020), who found that student patronage of institutional health insurance programs is often hindered by perceived inefficiencies and limited coverage. Likewise, Ibiwoye and Adeleke (2022) emphasized that affordability and confidence in service delivery are central to consistent utilization of student health insurance schemes.

Analysis of the factors influencing utilization shows that the provision of adequate information on how to access TISHIP recorded the highest mean score, underscoring the importance of awareness and sensitization in driving participation. This agrees with Bamidele *et al.* (2019) and Onwe *et al.* (2021), who highlighted that awareness creation significantly influences students' engagement with TISHIP. Peer influence, ease of registration, and financial constraints were also identified as moderate determinants, suggesting that social networks and economic factors play a role in shaping utilization behavior, consistent with the Andersen Health Care Utilization Model (Andersen, 1995), which emphasizes enabling and predisposing factors in health service use.

Conversely, lower mean scores for accessibility, long waiting times, inadequate drug supply, and staff attitude suggest that logistical and service-related barriers discourage students from consistently using TISHIP. These challenges are consistent with those identified by Ibiwoye and Adeleke (2022) and Umar *et al.* (2021), who both reported that long queues, drug shortages, and perceived inefficiencies undermine student confidence and limit satisfaction with the program. The low willingness to recommend TISHIP further confirms that, while the program is beneficial, there are gaps in service delivery and user experience that need to be addressed.

5.2 Implication of the findings to Nursing

The findings of this study have several important implications for nursing practice, education, and health policy. Firstly, the moderate level of TISHIP utilization despite high awareness underscores the need for nurses to play a more proactive role in health education and advocacy. As frontline healthcare providers, nurses are strategically positioned to bridge the gap between awareness and utilization by educating students about the benefits, procedures, and accessibility of TISHIP services. Secondly, the study highlights the influence of factors such as affordability, accessibility, and service quality on students' healthcare-seeking behavior. This calls for nurses to engage in continuous quality improvement practices—ensuring prompt attention, maintaining professionalism, and advocating for adequate drug supply and efficient service delivery. Furthermore, the moderate satisfaction levels suggest that nursing administrators should collaborate with institutional management to develop student-centered approaches that enhance healthcare experiences.

In nursing education, the findings emphasize the importance of incorporating health insurance literacy and patient advocacy into the curriculum, equipping future nurses with the knowledge to promote equitable access to care. Lastly, from a policy perspective, the findings suggest that nurses, as key stakeholders in public health programs, should contribute to policy dialogues aimed at improving the implementation and sustainability of student health insurance schemes like TISHIP. Strengthening nurses' involvement in policy formulation, health promotion, and service evaluation will not only improve program effectiveness but also enhance the overall well-being and academic performance of students.

5.3 Conclusion

Based on the analysis and findings, it can be concluded that the Tertiary Institutions Social Health Insurance Programme (TISHIP) is generally well perceived and moderately utilized by undergraduate nursing students. The study reveals that most respondents are aware of the existence and objectives of TISHIP and express satisfaction with the professionalism of healthcare providers and the quality of clinic facilities. However, despite the positive perception, actual utilization of TISHIP services remains moderate, indicating a gap between awareness and consistent use. Factors such as affordability, accessibility challenges, long waiting times, inadequate drug supply, and limited information dissemination significantly affect students' engagement with the program. Peer influence and awareness campaigns play crucial roles in encouraging utilization, but the presence of logistical and service delivery barriers reduces overall satisfaction and confidence in TISHIP. Therefore, to enhance the effectiveness and sustainability of the program, policymakers and institutional health administrators should focus on improving affordability, reducing service delays, ensuring adequate drug availability, and strengthening awareness and feedback mechanisms. These improvements would likely lead to higher utilization rates, greater satisfaction, and better health outcomes among students.

5.4 Limitation Of The Study

This study, while providing valuable insights into the perception and utilization of TISHIP among undergraduate nursing students at the University of Benin, is not without limitations. Firstly, the study was limited to a single institution, which restricts the generalizability of the findings to other tertiary institutions in Nigeria where the implementation of TISHIP may differ in scope, efficiency, and management. Secondly, the data were collected through self-reported questionnaires, which may have introduced response bias, as participants might have

provided socially desirable answers or overestimated their level of awareness and utilization of TISHIP services.

Additionally, the cross-sectional design of the study captures perceptions and behaviors at one point in time, making it difficult to establish causality between variables such as awareness, affordability, and utilization. The study also relied primarily on quantitative data, which, while useful for statistical analysis, may not fully capture the depth of students' personal experiences or the contextual factors influencing their healthcare choices. Finally, logistical factors such as time constraints, limited access to institutional records, and possible non-response from some participants may have slightly affected data completeness. Despite these limitations, the study provides a strong foundation for further research and policy development aimed at improving the effectiveness of TISHIP in tertiary institutions.

5.5 Summary of Findings

The study examined undergraduate nursing students' perception and utilization of the Tertiary Institutions Social Health Insurance Programme (TISHIP) at the University of Benin. The findings revealed that students generally have a positive perception of TISHIP, characterized by high awareness, good understanding of its objectives, and satisfaction with clinic facilities and healthcare providers' professionalism. These indicate that TISHIP has gained commendable visibility and acceptance among students.

However, the study also found that utilization of TISHIP services remains moderate. While many students reported using the health center and receiving satisfactory attention during visits, issues such as irregular visits, limited confidence in services, and partial dependence on the program were observed. Cost-related concerns, including the need for extra payments and perceived inadequacy in reducing healthcare expenses, were major constraints to optimal use.

In addition, factors influencing TISHIP utilization included adequate information dissemination, peer influence, ease of registration, and financial capability. Conversely, poor accessibility due to location, long waiting times, lack of essential drugs, and unsatisfactory staff attitudes were identified as barriers to effective service utilization.

Overall, the findings suggest that while TISHIP is well-perceived and moderately utilized, improvements in affordability, accessibility, service efficiency, and student confidence are essential to enhance its effectiveness and encourage greater participation among nursing students.

5.6 Suggestion for Further study

Based on the findings and limitations of this study, the following suggestions are made for further research:

Future research could expand the scope of this study by comparing students' perceptions and utilization of TISHIP across different tertiary institutions in Nigeria to uncover possible regional or institutional differences in program effectiveness. Additionally, employing qualitative approaches such as interviews and focus group discussions would offer deeper insight into students' personal experiences, challenges, and satisfaction with the services provided under TISHIP.

Further studies could also examine the influence of recent policy reforms introduced by the National Health Insurance Authority (NHIA) on the sustainability and performance of TISHIP within tertiary institutions. Moreover, exploring the economic factors affecting utilization such as affordability, funding mechanisms, and student income levels would enhance understanding of financial barriers to access. Extending similar studies to non-health or postgraduate students could also provide a more comprehensive view of the program's overall reach and effectiveness across different academic disciplines.

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APPENDIX I

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.770	5

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.846	5

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	
Alpha	N of Items
.708	5

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	
Alpha	N of Items
.838	5

APPENDIX II

QUESTIONNAIRE ON PERCEPTION AND UTILISATION OF TISHIP AMONG UNDERGRADUATE NURSING STUDENTS

SECTION A: Demographic Data

1. Age: () 16 – 20 () 21 – 25 () 26 – 30 () 31 and above
2. Gender: () Male () Female
3. Level of study: () 100L () 200L () 300L () 400L () 500L
4. Marital Status? () Single () Married
5. Religion? () Christianity () Islam () Traditional () Others

Options: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) Strongly Disagree (SD)

SN	Perception of TISHIP	SA	A	N	D	SD
1	I am aware of the existence of TISHIP in my institution					
2	I understand the objectives and benefits of TISHIP.					
3	I believe TISHIP provides accessible healthcare services for students.					
4	I consider TISHIP an affordable healthcare option.					
5	TISHIP has improved students' access to quality healthcare.					
6	I believe TISHIP contributes to reducing healthcare expenses for students.					
7	I am satisfied with the awareness campaigns on TISHIP in my institution.					
8	TISHIP healthcare providers are respectful and professional.					
9	The facilities and environment at the TISHIP clinic are satisfactory.					
10	I believe nursing students should fully support and promote TISHIP.					
	Utilisation of TISHIP Services					
11	I have used TISHIP services at the institution's health center					
12	I visit the health center whenever I have a health concern					
13	I have received treatment under TISHIP without extra payments.					

14	I have received prompt attention during my visits to the TISHIP clinic					
15	I prefer TISHIP services to external/private healthcare providers					
16	I regularly visit the university health center when sick					
17	TISHIP has helped me avoid out-of-pocket healthcare spending.					
18	I feel confident in the healthcare services provided under TISHIP					
19	I have used TISHIP more than once during my academic stay					
20	TISHIP services have met my healthcare needs adequately					
	Factors Influencing Utilisation of TISHIP					
21	The location of the health center makes it easy to access TISHIP services					
22	The university provides adequate information about how to access TISHIP services					
23	Long waiting time discourages me from using TISHIP					
24	Lack of essential drugs at the clinic prevents me from using TISHIP					
25	Poor attitude of medical staff discourages me from visiting the TISHIP clinic					
26	My peers influence my decision to use or not use TISHIP					
27	Financial constraints affect my ability to access healthcare outside TISHIP					
28	I find the registration/enrollment process into TISHIP easy and convenient					
29	TISHIP is more beneficial for students with chronic or frequent health issues					
30	I will recommend TISHIP to other students.					