A contextual Study of the Challenges Affecting Strategic Health Insurance Communications in Nigeria

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ABSTRACT: *The purpose of the study was to carry out a contextual study of the Challenges affecting strategic health insurance communications in Nigeria through Plateau State Contributory Health Insurance Agency (PLASCHEMA). The study adopted a mixed study design. The target population of the study was focused on 6 Local Government Areas. The research sample size from the study areas is 485. Data was analyzed through coding, tabulation and drawing statistical inferences and data analysis, employing the Statistical Package for Social Sciences (SSPS) software. The results revealed that respondents have heard of the agency, they are enrolled into PLASCHEMA services and therefore they are able to rate the services provided by PLASCHEMA. Base on this, they identified challenges affecting the effective operations of PLASCHEMA's strategic health insurance communications as inadequate funding, unskilled workforce, citizens' apathy etc.The study recommended that the communication unit of the agency be upgraded to a full department, intensify manpower capacity building, prioritise funding for communication department, intensify efforts on initiatives that will build trust between the target audience and the agency.*

KEYWORDS: Strategies, Challenges, Communication, Health, Insurance.

INTRODUCTION

The field of communication has historically served as the vanguard for proper dissemination of health related knowledge. For centuries, Health communication has been the instrument for global health literacy at all levels. In this present era characterized by rapid technological advancement, the role of health communication has expanded its scope from biomedical interventions at a personal level to more context-based communication about health, which includes the socials and the environment that have impacts on an individual's health. This transformation is catalyzed by the integration of different technologies which are revolutionizing how health information is managed, accessed, and harnessed for the betterment of society. According to Colle (2003), health communication has been one of the threads of development communication together with population information, education, and communication (IEC) since 1969. This means that for the past five decades Health communication has been a part of the development in of communication. Popular health models for intrapersonal communication are, for instance, the health belief model, theory of reasoned action (TRA), theory of planned behavior (TPB), the integrated behavioral model (IBM), the trans-theoretical model and stages of change (TTM), and the precaution adoption process model (PAPM). Models used for interpersonal communication are social cognitive theory (SCT) or social learning theory (SLT). Models used for organizational communication are stage theory of organizational change, diffusion of innovation, and social marketing and edutainment (Servaes and Malikhao, 2020).

For a holistic perspective on health in the society that is effective and sustainable, health communication needs to be assessed, studied, and practiced from a rights- or social justice-based position through the integration of multidisciplinary perspectives that try to grasp the complexity of health issues from both global and local, individual, interpersonal, group, and community levels. Therefore, communication is crucial in building common understanding, creating shared meaning and experiences. By implementing excellent communication strategies, organizations are able to build, maintain and protect positive reputation. Communication strategies are the roadmaps designed with an aim of organizing internal and external communication so that an organization's overall strategy can be executed (Pimia, 2015). Peter (2017) observed that using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health insurance communication strategies aim to change people's knowledge, attitudes, and/or behaviors about health insurance which include; reinforcing positive behaviors, influencing social norms and empowering individuals to change or improve their health conditions. Examples of media strategies to convey health messages include the following components: radio, television, newspaper, flyers, brochures, Internet and social media tools (i.e., Twitter, Facebook, and YouTube). Thus, strategic communication is a strong tool that can improve the chances of success of development in Health insurance system.

In Nigeria, the increasingly fractured and cluttered media environment poses numerous challenges in achieving adequate exposure to planned media messages, rather than making wide exposure easier. According to Adefolaju, (2014), careful planning and testing of campaign content and

format with target audiences are, therefore, crucial prerequisite for success of health communication campaigns. Over the past few decades, media campaigns have been used in an attempt to affect various health behaviours amongst Nigerians.

Typical campaigns have placed messages in media that reach large audiences, most frequently via radio or television and outdoor media, such as billboards and posters, and targeted print media publications and advertisements. Research has found exposure to such messages to be generally passive, resulting from an incidental effect of routine use of media (Wakefield, Loken and Hornik, 2010). Of late in Nigeria, some campaigns incorporate new technologies such as the internet via the efficacy of mobile phones and personal digital assistants, but recipients have so far, generally been required to actively choose to seek information, for example by clicking on a web link. Bode and Vraga (2018) posit that systematic communication strategy must make provision for the following to be effective:

i.   An assessment of the communication needs of the society.
ii.   Relevant training communication skills and management.
iii.   Special seminar, workshop, symposia and conferences.
iv.   Specific products like posters, videos, brochures etc.
v.   Technical assistance to communication and community mobilization projects.
vi.   Development of national communication strategies and campaigns.
vii.   Evaluation of communication interventions.

Odeyemi, (2014), believes that hindered by inadequate funding, the increasingly fractured and cluttered media environment, use of inappropriate or poorly researched format or a combination of these features; homogeneous messages might not be persuasive to heterogeneous audiences and campaigns might address behaviours that audiences lack the resources to change. This implies that to tackle the many impediments to healthy life, Nigeria needs a systematic health communication strategy with a view to re-orientating and conscientising her citizens so that they could move with the tide of time and jettison their counter-productive age-long beliefs.

Concerns for quality and affordable healthcare are rife in Nigeria. There is a need to operate a health insurance system that is more efficient and beneficial to the lager population of citizens. As a country, Nigeria has often been faced with the challenge of ineffective use of past opportunities to develop a vibrant and sustainable health care delivery. This has grossly affected health insurance sector and makes its viability very uncertain. In the case of Plateau State Contributory Health Insurance Agency (PLASCHEMA), since inception in 2019 has been communicating with its stakeholders to raise awareness on its operations through campaigns carried out by a dedicated Unit under the office of the Director general of the Agency called Communication for Development (C4D) that handles internal and external communications of PLASCHEMA, with the aim of mass enrolment to offer health Insurance Services to Plateau State citizens. This research x-rays the challenges affecting strategic health insurance communications in Nigeria by carrying out a contextual study on PLASCHEMA.

Statement of Problem

The backbone of any country's economic growth and development is the health sector of the country. In the case of Nigeria, it is obvious that there are so many factors affecting the overall health system of the country. Factors like poor motivation and remuneration, inequitable and unsustainable health care financing, inadequate health care providers, inadequate access to health care, shortage of essential drugs and supplies, lack of quality and affordable healthcare, especially for the rural dwellers and vulnerable citizens etc. This is as a result of illiteracy, inconsistent economic and political relations, corruption, decreased government spending on health etc. These policy reversals and other inconsistencies over the years have led to the undermining of some health reforms and programmes like the health insurance scheme in Nigeria. Despite all the scarce resource allocated to making health insurance viable in Nigeria, the strategies developed for the effective implementation of national health programs in all levels of government are mostly poorly implemented. This is evident in the high disease burden and out of pocket payment explosion in the Nigerian health system which has further increased the vicious cycle of poverty, insecurity and uncertainty.

Consequently, it is not certain the extent to which the challenges affecting strategic health communication strategies adopted by PLASCHEMA have contributed to its level of underperformance or performance in the efficient advocacy strategies that influence the general public for Health Insurance in Plateau State. The researchers seek to contextualize the challenges affecting the health communications strategies deployed by PLASCHEMA in its outreaches and community engagement practices so as to provide insight into the communicative components of the universal health coverage mileage of health insurance schemes implemented in Nigeria and with particular focus on state level through the State health insurance schemes of Plateau State.

Objectives of the study

The objectives of the study are to:
   a) Illuminate more on Strategic Communication and Health Insurance through literatures.
   b) Determine the health communication strategies adopted by PLASCHEMA
   c) Challenges Affecting Strategic Health Insurance Communications in PLASCHEMA in particular and Nigeria by extension.

METHODS

The study was subjected to rigorous analysis using mixed methods approach to achieve specified objectives. These methods include
   a. *Secondary Sources:* Databases were explored to elicit information resources on different aspects of health insurance and health insurance communication strategies, healthcare delivery system in Nigeria. Google Scholar and, PubMed were of immense help in this regard. Other Peer-reviewed publications and abstracts of journal articles in English were also used. Google website and e-books available online were used as sources of information.

b. *Context Method:* It was deemed best for the research because it involves studying users in their real-life environments with the primary goal of learning about users' environments, workflows, tools, pain points, and habits. The users in this case are the health insurance subscribers under PLASCHEMA.

c. *Survey Design Approach:* it was adopted to reach the target population so as to generate quantitative data establishing the relationships between variables in the study.

d. *Key Informant Interviews (KII):* This qualitative method was adopted to complement the survey design so as to gain insights into the phenomenon under study

Study Population

The study's population is focused on 6 Local Government Areas (2 from each zone) where PLASCHEMA's awareness campaigns were more concentrated considering their size in population, urbanization, number of health facilities, likelihood of insurance participation, and media campaign coverage. The National Bureau of Statistics (NBS) 2023 population projection posits that the population size of the Local Government Areas (LGAs) under study is 2,095,900 (Two Million, Ninety Five Thousand, Nine Hundred) people. The breakdown of the 6 LGAs is as follows:

Table 1: Population Table

S/N	Local Government Area	Location	Total
1	Jos North	Northern Zone	643,200
2	Barkin Ladi	Northern Zone	264,500
3	Kanam	Central Zone	246,600
4	Mangu	Central Zone	442,100
5	Quan Pan	Southern Zone	290,200
6	Langtang North	Southern Zone	209.400
		Total	2,095,900

Sample Size Techniques

Using the Taro Yamane (1967) postulation, the sample size for this study was statistically determined to be 485, being the formula for calculating and determining the sample size of large populations for a given study. The formula is expressed as: $n = N/(1+N(e)^2)$. Where n signifies the sample size; N signifies the population under study (2, 095, 900); e signifies the margin of error (which could be 0.10, 0.05 or 0.01). Applying the formula:

$n = 2, 095, 900/(1+2, 095, 900 (0.05)^2)$
$n = 2, 095, 900/(1+ 2, 095, 900 (0.0025)$
$n = 2, 095, 900/(1+1)$
$n = 2, 095, 900/2$
$n = 485$

For this study, the multi-stage sampling technique was adopted; by the application of different sampling techniques at various stages to achieve a reliable procedure. Consequently, purposive

sampling, stratified sampling, and quota sampling techniques were all used at different levels of the research to achieve the set objectives.

Data Collection and Analysis

Two research instruments – questionnaire and Key Informant Interview (KII) guide sources were employed in obtaining data for study. Focus Group Discussion (FGD) was also employed so as to allow for the expression of respondents personal views to provide in-depth responses. The data collected was analysed through coding, tabulation and drawing statistical inferences and data analysis, employing the SPSS software. The results were presented in tables, expressed in simple percentages and graphs where necessary. Qualitative data was analysed using indexing for the interviews and FGD sessions, results were subjected discursive analysis.

Health Insurance and Strategic Communication: Inspiring Changes

There is no gainsaying the fact that today the mass media campaigns can directly and indirectly produce positive changes or prevent negative changes in health-related behaviours across large populations. Boger and Truffer (2015) observed that in order to understand the perceptions of various social groups on the National Health Insurance (NHI), the National Department of Health in the US commissioned the Institute of Social and Economic Research (ISER), Rhodes University to undertake focus group research as a specialized entity on communication and media engagement. The central finding of the study was that, while respondents across all social groups endorsed the values and principles of the NHI, they had significant anxieties and fears about its implementation and the consequences for themselves about the envisaged changes to the health care system. Subsequently, a strategy to create awareness among all the relevant stakeholders was developed. A number of activities in the strategy require technical know-how and institutional memory so that the communication strategy is effectively executed (Boger & Truffer, 2015).

Strategic communication in Health insurance includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices (Ambler, 2013). Health insurance communication often integrates components of multiple theories and models to promote positive changes in attitudes and behaviours towards health insurance. Health insurance communication is related to social marketing, which involves the development of activities and interventions designed to positively change behaviours towards health insurance (Jesse, 2020). Howard (2019) opined that strategic communication in health insurance communication includes the following components:

i. Use of research-based strategies to shape materials and products and to select the channels that deliver them to the intended audience.
ii. Understanding of conventional wisdom, concepts, language, and priorities for different cultures and settings.
iii. Consideration of health literacy, internet access, media exposure, and cultural competency of target populations.

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iv.   Development of materials such as brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, pamphlets, videos, digital tools, case studies, group discussions, health fairs, field trips, and workbooks among others media outlets.

Gil-Gonzales, Carrasco-Portiño, and Ruiz (2016) are of the opinion that since mass media messages reach large audiences, inspiring changes in behaviour for health seekers can be made a norm within an individual's social network such as church association, mosque women association, traditional women groups, age grade meetings and workplace associations. Individuals from the local healthcare centres can be deployed to such associations to print media, videos and voiced messages to encourage citizens to promote their health seeking behaviours.

Servaes (2013) emphasized the same point by stating that the successes and failure of most development projects are often determined by two critical factors which include effective communication and people's involvement in the intervention programme to enable them own the project. This means that the Nigerian people in general and plateau citizens in particular must believe that they own the health insurance programme. To achieve this, there must be intentional efforts championed through the communication strategies deployed to educate them on the need to enroll into health insurance programme. Beyond the information dissemination, education, or awareness-raising, the strategic communication tools should have the ability to change behaviors of their targeted communities and people by improving the chances of success of enrolling into health insurance.

Although the importance of communications for health promotion been established long time ago, strategic communications is still an emerging aspect of it; one of the most critical building blocks for those seeking to create and maintain bestpractice in communication practices. Strategic communications have proved that it can spur greater participation in healthcare programs so as to help in overcoming strong challenges to healthcare program success. In the case of health insurance, strategic communications has the capacity to increase the knowledge of targeted audience so much so that they begin to ask and seek answers to basic questions such as ''how does the health insurance program work,'' "which platform is best for me," ''what's in it for me and ''where do I sign up,''?'' when communication strategy prompts targeted audience to ask and seek answers to these question, it means that it has secured engagement and participant engagement is key to health insurance success. Through participants' engagement, the journey of awareness has begun. Awareness-building communication strategy is important in advancing individual behavior change; the belief of an individual about his or her health status and the belief in the effectiveness of health insurance in helping to improve that health status may probably amount to the of change in the individual's behavior. Therefore, health education plays an important role in behavior change program but health education alone is usually insufficient; to be successful, the strategy in place must motivate individuals to act in their self-interest and this can be achieved by marketing tailored messages to targeted audience inspiring them to adopt healthy behaviors like being part of health insurance. In addition, one pertinent communication strategy that target audience often need

is the use to motivation tactics. The communicators (information professionals and the likes) need to build trust. In achieving this, fact based success stories of people who are part of health insurance from different walks of life needs to be inculcated. The aim is to share their success stories to spur others. Usually, successes are often relayed as stories and shared widely to motivate target audience to motivate them to do the needful. It is therefore, possible to hypothesize that modest impact of health strategic communication campaigns is less a function of the communication process itself, and more a result of the complex programming and research that accompanies a campaign. Therefore, it implies that the likelihood of success is substantially increased by the application of multiple interventions and when the target behaviour is one-off.

Data Presentation and Analyses

The survey was designed to evaluate the challenges affecting strategic health insurance communications in Nigeria by carrying out a contextual study on PLASCHEMA. From the sampled LGAs, Jos North = 85 responses (17.5%), Barkin Ladi= 80 responses (16.5%), Kanam = 75 responses (15.5%), Mangu = 82 responses (17%), Quan Pan = 76 responses (16%) and Langtang North = 85 responses (17.5%). Demographic data is presented first before data on the study variables.

OCCUPATION	FREQUENCY	PERCENTAGE
Applicant	21	4.3%
Businessman/Woman	86	17.7%
Civil Servant	87	17.9%
Health Worker	58	12%
Other	57	11.8%
Retiree	18	3.7%
Self employed	69	14.2%
Student	89	18.4%
Total	**485**	**100%**
AGE	FREQUENCY	PERCENTAGE
18-29 Years	166	34.2%
30-39 Years	157	32.4%
40-49 Years	91	18.8%
50 Years and above	71	14.6%
Total	**485**	**100%**
EDUCATION LEVEL	FREQUENCY	PERCENTAGE
Degree	112	23.1%
Diploma	145	29.9%
Other	30	6.2%
Primary School	32	6.6%
Secondary School	166	34.2%
Total	**485**	**100%**

Figure 1: Respondents Demographic Information
Source: Field Work

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RESPONSE	FREQUENCY	PERCENTAGE
Yes	485	485%
No	-	-
Total	**485**	**100%**

Figure 2: Have you heard of the Agency PLASCHEMA?
Source: Field Work

The data shows that all the 485 respondents sampled are particularly those who live in the 6 Local Government Areas selected for the study. They are also exposed to communication activities and programmes of PLASCHEMA.

RESPONSE	FREQUENCY	PERCENTAGE
Yes	308	63.5%
No	177	36.5%
Total	**485**	**100%**

Figure 3: Have you been enrolled into PLASCHEMA service?
Source: Field Work
The data shows evidence of enrolment into PLASCHEMA scheme and services. Based on the this, Plateau residents are adequately informed on health communication messages relating to   health insurance scheme of PLASCHEMA. .

RESPONSE	FREQUENCY	PERCENTAGE
Fair	181	37.3%
Good	290	59.8%
Poor	14	2.9%
Total	**485**	**100%**

Figure 4: How do you rate the services provided by PLASCHEMA
Source: Field Work
The data on Figure 4 shows that the respondents are satisfied with the services of the agency as it also provides the rating for the services offered by agency.

What are some of the challenges affecting Strategic Health Communications of PLASCHEMA?
The findings of the survey and interviews show that PLASCHEMA is intentional in meeting its communication mandate as evident in efforts and systems put in place for information dissemination. The strategic communication is carried out by Communication for Development (C4D), a unit under the Director-General of the agency. The corporate strategic communication of the agency is anchored under internal and external communication. Engagement with its stakeholders is also a very critical aspect of the success of its strategic communication in the

dissemination of health information. The primary techniques the agency use in carrying out their strategic communications are: print media, broadcast media, direct contacts with stakeholders, engagements and advocacy visits, community and religious leaders.

However, like most of the organizational issues, PLASCHEMA is also bedeviled with numerous challenges that are affecting the Strategic Health Communications put in place by the agency. Responses from the interviews of the study have established that PLASCHEMA is faced with the following challenges:

Inadequate Funding:
Based on the perspectives of the respondents, it is evident funds are needed to increase their volume activities, especially as it pertains to adverts. As at the time of this research, there is lack of adequate funding to run the communication department very efficiently and to also provide robust budgeting for its activities, especially in the media aspect, with the rising cost of airtime and cost of mobilizing for stakeholders' engagements. This poses a serious challenge for health communication activities of the agencies especially in terms of awareness and campaign programs.

Non- recognition Communication as a management function
Another aspect of the challenges as inferred in the observations of the respondents is the issue of the non- recognition Communication as a management function. The operations of the communication department are yet to be fully aligned as management function in the agency, the communication for development still operates as a sub-unit in the office of the Director General and is not headed by a director like other directors. This undermines the full potentials and capacity of the communicative structures of the Agency. The communication activities of the agency are not likely to receive full attention and leadership in the agency thus affecting performance as a lot of bureaucratic bottle necks slow down or hinder the pace and effectiveness of the unit especially on issues that are urgent and structure less in terms of the unique nature of the situation. This limitation hinders the ability of the unit to take quick decisions on pertinent issues raised or discovered in the cause of carrying out their activities either with target audience or institutions the unit is working with to ensure that set goals are met.

Insufficient Skilled Manpower
Insufficient skilled manpower has been identified as another challenge that militates against the full operational capacity of the communication department. The Agency lacks sufficiently skilled manpower for the technical requirements of the communication job as most of the employees who are unskilled were deployed without proper training to fit into the job and provide the needed technical expertise required. This has affected productivity and outputs for communication programs in several aspects; both internally an externally.

Citizens' Apathy
Apathy of citizens to enroll into the scheme despite all advocacy efforts of the agency still reflects in the enrolment rate of the populace, with reasons ranging from stereotyping, economic and

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political. These have taken a toll and affected the enrolment rates of the citizens despite the awareness created prior to now. This proves that the Agency needs to improve and work out a participatory strategy for health communication to enable it reach out to its rural populace and engage them in their local cultures to promote acceptability for the program.

Summary Figure showing results of Interviews and FGD conducted

QUESTIONS	FGDs	RESPONSE	Interviews	RESPONSE
On the effectiveness of public Communication	Majority concluded that it was functional except very few respondents follow social Media	XXX	Most respondents indicated Followership on radio	XXXX
On the efficiency of the coordination efforts of PLASCHEMA	A few respondents believed that the Agency was also doing well in coordinating stakeholders for Health Insurance	XXXX	Most respondents believed that agency was doing well to communicate to stakeholders	XXXX
On the Challenges Affecting PLASCHEMA communication strategy	Inadequate coverage especially for rural areas	XXX	Respondents also feel that more campaigns need to be carried out by Agency	XXXX
Recommendations	1. More outreaches through rural radio 2. The use of community and religious leader	XXXXX	1. More outreaches through rural radio 2. The use of community and religious leader	XXXXX

Source: Field Work
Key:
XXXXX: Majority
XXXX: Many
XXX: Minority
XX: Very Few

DISCUSSIONS

The data collected and analysed shows that all the 485 respondents sampled unanimously agreed that they know about PLASCHEMA; respondents have heard of the agency, they are enrolled into PLASCHEMA services and therefore they are able to rate the services provided by PLASCHEMA. This means that their positions on the challenges affecting strategic health insurance communications are coming from a place of reality, in terms of personal experiences. The challenges outlined are basic points that cover all the aspects they mentioned. The researchers are

of the view that if the above problems are taken care of, it may limit the chances of such problems repeating themselves in large scales. E.g, when the agency has limited skilled manpower, it leads to irregular services offered by individuals' saddled with the responsibilities as directed by the agency. Usually in such cases, you find that their area of coverage are lacking in pertinent aspects that experts in the field cover with ease. When employees with little or no skills carry out the job, apathy or less interest may occur on the part of the recipients. The fall out or consequences of the lack of professionalisms is seen in the degree of acceptance shown by the target audience. So, where there is skilled manpower, it limits the chances of such challenges.

Consequently, the study found myriad of challenges that have posed the barrier to effective communication of PLASCHEMA activities, which include inadequate funding, unskilled workforce, and citizens' apathy. Meanwhile it was also established that in order to reverse the trend and better the relationship and communication with employees, respondents indicated the following areas; effective communication skills, staff motivation, open door policy, honesty and dialogue to be some important areas that needed attention

CONCLUSION

In line with the objectives the study set out to achieve, conclusions can be drawn from the analysis of the data to answer the research questions underpinning this study. It is very evident the communication processes in place by PLASCHEMA have been yielding average level of outcomes as the citizens responded positively in the enquiries administered through the mixed methods. However, the challenges observed are pertinent aspects that need to be approached with precision and tenacity in other to avoid unforeseen damages that may develop as a result of the change in the agency's normal process of functioning. Trial phases should be given to each change so that quick interjections can be made to better the steps before permanenting such step based on the outcome.

Recommendation
The Management of the agency should ensure the following:
- o Upgrade the communication unit to a department with its own budget for better performance.
- o Draft and put in place an employee policy for training and manpower capacity building to equip staff with the requisite skills especially for evaluations, this should also provide a feedback mechanism for management to also gauge perceptions and reactions of the agency operations
- o Prioritise funding of the communication unit so as to enable it operate in the expected speed and precision, especially with field work programs like community sensitization.
- o Intensify on initiatives that will build trust between the target audience and the agency like meeting them half way through their local languages and doing so through friendly and familiar faces or individuals. People that are also part of the health insurance will come in

handy here as good examples and sources of motivation. This feat will help especially the illiterate and less exposed ones to develop or improve on their sense of participation.

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