

Health Information Literacy: Optimizing the willingness to participate in the Practice of Health Insurance in Nigeria

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ABSTRACT: *Recently, Nigeria has become increasingly cognizant of the need to orientate their citizens on quality and affordable health care through pre-payment schemes. Health Insurance (HI) is one factor driving the movement to develop and disseminate a better Health Information Literacy (HIL) that will be easily accepted by the people (literate or illiterate) of Nigeria. To outline some new approaches to HIL instruction through the use of information professionals to improve on the existing norm. Archival study analysis, with results from a segment of the-mixed method study data of a Baseline Survey (BS) report of 2021 and other related literatures. The BS report showed that there is inadequate knowledge and access to information on Health Insurance. Also, it outlined the immediate challenges of HI as perceived by the respondents. The paper offers new techniques for HIL through the official integration of information professionals as part of the process in educating people on HI.*

KEYWORDS: information literacy, health information literacy (HIL), information professionals, health insurance.

INTRODUCTION

In the recent past, Health information literacy (HIL) and affordable quality health care are among the most popular topics in printed and digital media. The rising number of research and publications on health information literacy (HIL) and affordable health care is an indicator that these topics are of utmost interest to professionals in the field of information and various fields of health. The need for more discoveries on these aspects is pertinent to these professionals in Health

Publication of the European Centre for Research Training and Development -UK and information fields because they are always faced with new tasks in the dynamic environment of the twenty-first century where the revolution in information communication technologies (ICTs) has great impact on the dissemination information. As a result, vast number of information and health professionals and even healthcare consumers are becoming more involved and available on the capabilities ICT in terms of health literacy, especially through the World Wide Web. This has led to a noticeable change in the relationship between information providers, healthcare providers, and patients or health consumers.

Since the term health literacy was first coined in 1974 by Simonds SK, an increasing number of studies have been devoted to exploring the interaction between health literacy and public health (LaScala, Erikson, Sparks, and Hudson, 2020). Today, health literacy and health information literacy are phrases that are becoming more popular, though sometimes they are used interchangeably, there is a difference. Health literacy is one's ability to understand instructions provided by a health professional on how to take or administer a medication given. Health information literacy on the other hand, is more in-dept. First, it entails having access to a reliable channel of getting required information like information resources from the physical library and or Internet /online health information. Secondly, it also encompasses the ability to have the skills required to effectively recognize:

- i. the required knowledge on the health condition in place and possible treatment options
- ii. the required knowledge to get the needed information to address health-challenge gaps
- iii. the ability to verify and re-verify the quality of information at hand to be sure it is relevant to the health challenge in place
- iv. the ability to correlate the verified information with that which emanates from a specialized health professional in the field of the health challenge so as to arrive at a balanced decision that meets the anticipated health goals.

With respect to HIL, the problem is more on being able to find, understand, and apply health information gotten in the proper way. This has always been the barrier to successful patient participation treatment decision-making process and it gives the impetus for the involvement of professionals in the various fields to present a balanced outcome. Where patients lack HIL, it may result to unhealthy lifestyles, greater chances of financial expenditures and commitments, poor health outcomes like worsening an already exiting condition(s), increased hospital visitations either as routine or emergencies and greater chances of mortality as well.

In the quest to deepen the spread and quality of Health information literacy, the Medical Library Association (MLA) in 2003 formed the Health Information Literacy (HIL) Task Force to assist the association in addressing health information literacy issues. The task force, on behalf of MLA considered and defined health information literacy as “the set of abilities needed to recognize a health information need, identify likely information sources and use them to retrieve relevant information, assess the quality of the information and its applicability to a specific situation, and analyze, understand, and use the information to make good health decisions” (MLA, 2009).

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According to Centers for Disease Control and Prevention (2023), Healthy People 2030 initiative defined Health Information Literacy in two perspectives; Personal and Organizational Health Literacy:

- i. **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- ii. **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Irrespective of background and education level, everyone needs health information and health information literacy. Often times however, it is somewhat difficult to find and understand them especially with the class of low literacy levels, in terms of reading and understanding. Because of their concern over health issues, for themselves, or their families or loved ones, they need to know how to maintain their health, how to treat minor illnesses and ailments, and to understand the nature of an ongoing or life-threatening condition, the treatment options available to them, and how to live with the condition (Rowena, 2005). Obviously, it places heightened demands on information and health professionals who are saddled with the responsibility of enlightening/orienting people on health information services. This can be achieved through one on one/ face to face contact or on the web, teaching them on the need to become self-activated and self-responsible. In doing this, information and health professionals must develop an understanding of several key elements of effective health information literacy education:

- i. the need for consumer health information;
- ii. the principle of informed consent, information literacy and critical thinking;
- iii. the principles of effective teaching; and
- iv. the criteria for evaluating consumer health information resources (Rowena, 2005).

Furthermore, the influence of these key elements affects healthcare service provision around the world, whether in developed or developing countries, and are leading to an emphasis on informed consent in medical decision-making (Rowena,2005). It is therefore important that all the parties involved are adequately informed so as to understand the aspects of health information literacy content and the reasons why certain approaches to healthcare like health insurance, are applied to bring about better health outcomes for everyone.

Health insurance has continued to gain global interest as a viable tool to accelerating access to affordable health care and achieving Universal Health Coverage (UHC). Universal Health Coverage (UHC) is the organization of health-care systems in a way that provides a specific health-care benefit package to all members of a defined population, through provision of financial risk protection in the course of accessing necessary healthcare services (World Health Organization; WHO). The aim of UHC is to ensure that everyone has access to the quality and effective health care they need, without suffering huge financial consequences in attaining such i.e., financial protection of ill health at all times. This means that all individuals and communities are ideally

Publication of the European Centre for Research Training and Development -UK supposed to receive the health services they need without suffering financial hardship, including the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across board. It is one of the health-related targets of the United Nations (UN) Sustainable Development Goals (SDGs). UHC is critical to the attainment of the Sustainable Development Goal 3 by 2030 (Johnston, 2016). Studies conducted earlier on health insurance focused mostly on developed economies where their Health Insurance system is vast, effective and in-depth. Recent studies however, focuses more on a number of developing African countries like Nigeria, classified under low- and middle-income countries. These studies dwell more on examining the feasibility of health insurance scheme in their rural areas.

CURRENT STUDY

This article presents a segment result from the archival study analysis of the Baseline survey (BS) on the disease burden, universal health coverage, health-seeking behavior, knowledge attitude and perception of Plateau Residents on Social Health Insurance Submitted to Plateau State Contributory Healthcare Management Agency PLASHEMA, November 2021. Mixed method collation of quantitative and qualitative data; structured electronic questionnaires and Focus Group Discussion (FGD) was on a sample of 3981 household head ranging between 16 and 20 people between 26 – 30 years of age in the 17 local governments of Plateau State, Nigeria. Related literatures were also consulted to show a strong correlation between the research interest and health information literacy (HIL) to buttress the position of the paper.

With the present Health Insurance (HI) package offered by Nigeria under NHIA, diversified to also accommodate the informal and private sector, the gap In HI still persists based on reports from the baseline survey (BS). The researchers through this article, unfolds the place of information professionals in bridging this gap. Bringing clarity to the integral aspect of HIL that can only be given justice by the efficient integration and collaboration between the health and information professionals.

The respondents were selected purposively using knowledge of the community and health characteristics as prerequisite criteria. The article looks at optimizing health information Literacy in Nigerians to educate them with the needed knowledge in HIL so as to improve their attitude and willingness to participate in the practice of Health Insurance in Nigeria. The place of information professionals was approached based on the unique nature of Nigeria. The research has the following **objectives**:

To ascertain;

- i. The role of information / health professionals in disseminating Health information Literacy
- ii. The level of access to information on Health Insurance the people have
- iii. Source of Health Information the people get
- iv. People's perception of Health Insurance scheme
- v. Challenges of health insurance scheme in Nigeria

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About 25% of the respondents were influencers in the communities comprising of leaders of women, youth and elders' forums as well as traditional rulers. The Quantitative data analysis was conducted using a combination of MS Excel and SPSS applications. Qualitative data was analyzed using thematic frameworks based on NVIVO and later own transcribed to Excel. Data was collected, analyzed and interpreted.

Respondents' socio-demographics statuses was shown to be related to different levels of health information literacy (HIL). The current study examined how demographics like gender, age, marital status, education level, religion, and employment status contributes to their HIL.

Socio-demographics Results

Gender: Most of the respondents i.e., heads of households were males (65.7%). Females constituted 34.3%. *Religion:* Most of the respondents practice Christianity (68.7%), 29.1% respondents' practice Islam while 2.2% were traditional worshippers. *Marital Status:* Majority of the respondents were married (88.8%), 4.9% were single. Few respondents were either married but separated (1.2%), divorced (0.4%) or widowed (4.8%). Among the married respondents 46.7% practice monogamy, majority of the households were polygamous. Most of the respondents had completed secondary school. *Level of Education:* A proportion of the participants had completed tertiary level of education. 17.5% of the respondents had no formal education. *Employment Status:* Based on the report, most of the residents were self-employed; a majority of them are farmers and traders/ business people. A significant number of respondents are civil/public servants, few were retirees. Other notable occupations among respondents were clergy, transportation, builders (Masons and carpenters), housewives, medical practitioners, volunteers, hunters, cattle raring and construction workers.

The Nigerian Health Insurance Experience:

Over the years, Nigeria has experimented with forms of social health insurance schemes in the past as a sovereign state. A near recent example is the National Health Insurance Scheme introduced in the year 2000, with coverage of only about 4% of the population, a majority of who are federal civil service employees. The limited coverage of this scheme has often been attributed to the lack of acceptability and unwillingness to pay premiums, especially within the informal sector (Lawan, Iliyasu, and Daso, 2012). According to Eteng and Agbor (2016), Over 70% of the Nigerian populations are rural dwellers and over 90% of the rural dwellers are not public servants. This shows that they are not involved in the scheme. If greater portion of the population are not covered by the scheme we cannot conclude that the scheme is adequately successful. Part of why the scheme seems obscure in Nigeria is as a result of non-participation of greater rural public and non-public servants in the scheme. Since the rural populace/ informal sector makes up of about 70% of Nigeria's rural dwellers/ workforce and 90% of them are not public servants, it is substantially self-evident that reliance on out-of-pocket payments (OOP) is the main payment source for healthcare. In this context, Out-of-pocket payments (OOP), refers to the cost borne by patients for the use of a particular healthcare service. Such costs include expenses, like medical analysis and treatment. This means that Nigeria's OOP contributes over 70% of the total health expenditure, which surpasses the recommended 30% threshold stipulated by WHO and the Federal

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Ministry of Health in Nigeria respectively, making Nigeria's OOP among the highest in the world and the highest in Africa. This does not only have adverse effect on demand for health services, but also translates to increase in the financial burden and enormous spending in majority of households, leading to impoverishment. This indicates that the highest percentage of health OOP in Nigeria is by households, meaning that they contribute more to health expenditures than the governments in Nigeria. Under Act 35 of 1999, the National Health Insurance Scheme (NHIS), a corporate body by the Federal Government of Nigeria, was established to ensure access to health care by all Nigerians at an affordable cost. The scheme became operational in 2005.

In the knowledge of these glaring inadequacies, Nigeria has attempted to show some level of commitment to reducing OOP and increasing access to quality basic health services through the National Health (NH) Act signed into law in 2014. The Act provides a legal framework for the provision, development and management of the National Health System and sets standards for rendering health services in the federation. To achieve this important objective of providing quality healthcare services to all Nigerians, "the Act specifies that all Nigerians shall be entitled to a Basic Minimum Package of Health Services (BMPHS) to be funded by a basic health care provision fund (BHC PF) which would be derived from contributions of not less than one percent (1%) of the Consolidated Revenue Fund (CRF) of the Federal Government of Nigeria." Following the enactment of the first NH Act 2014, the advent of the Sustainable Development Goals (SDGs) and the increased global support for the attainment of Universal Health Coverage (UHC), it became necessary to develop the 2016 National Health Policy. Reflecting these new realities and trends, the updated policy provides the direction necessary to support the achievement of significant progress in improving the performance of the Nigerian health system. It lays emphasis on strengthening primary health care sub-system, to deliver effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services as the bedrock of the national health to all Nigerians, particularly the rural dwellers who are mostly the poorest and most vulnerable groups.

In the quest to improve on the existing health insurance policy and bridge the wide gap between the 70% of Nigeria's population who are mostly in informal/private sector, relying heavily on out of-pocket payments (OOP) for their healthcare, the National Health Insurance Authority (NHIA) Act 2021, repealed the act of National Health Insurance Scheme Cap. N42 Laws of the Federation of Nigeria, 2004. The primary objective of the NHIA act is to provide for promotion, regulation and integration of Health Insurance Schemes in Nigeria, improve and harness private sector participation in the provision of health care services and do such other things that will assist the authority in achieving universal Health Coverage to all Nigerians. The document represents the agreement and joint commitment of the Federal, State and Local Governments as well as the private health sector to intensify action to attain the goal of health for all citizens. In the light of this recent Act (NHIA), this paper looks at the optimizing health information Literacy in Nigerians to improve their willingness to participate in the practice of Health Insurance in Nigeria.

Information Literacy

Finding a universally accepted definition for the terminology of literacy is largely a controversial

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one because literacy is used in many different contexts today. Information professionals are expected not only to help people find and access information, but to also help them understand and master the unique complexities of the information age in order to acquire lifelong information problem-solving skills, which are generally referred to as information literacy. Libraries/Information Resource Centres (IRCs) have long played a pertinent role in basic literacy education as long as it has existed and have already carved a niche for itself in the new arena of information literacy. In defining Information literacy generally, it is as something much broader than just library/information retrieval skills. It starts just as literacy starts; with the earliest stages of education, the encouragement of critical thinking in the young ones. In an Ideal system, information literacy is supposed to be a central part of all educational processes, from elementary school to tertiary Health information literacy training level. Just as Information (IL) literacy is a vital skill essential for every citizen's active participation in democracy and the knowledge economy, it is also so in decisions about every citizen's health care. Therefore, Information literacy is not just a library issue, but a broadly based education/learning and health issue. According to American Library Association (1989), Information literacy is a set of abilities enabling individuals to "recognize when information is needed and have the ability to locate, evaluate, and use effectively the needed information." Based on this definition, the need for health consumers to find, access, retrieve, evaluate and apply the information they need to care for themselves and their families, and to give informed consent to medical procedures, this mission to give people life-long information literacy skills, especially in the health area, becomes critically important. Information professionals play a critical role in promoting it and in teaching their users/consumers the skills that make an information literate person so that they can help themselves out anywhere or in any situation they find themselves. As information professionals (librarians), few elements are placed in defining their place in it because it is useful to understand the scope of the issue in order to develop programs and communicate with the community. Literacy is "using printed and electronic information resources to function in the society, achieve specified goals and develop knowledge and potentials among its user communities. Therefore, issues of literacy and health information literacy cut across a broad spectrum of persons for information professionals.

RESULTS AND DISCUSSION FROM THE BASELINE SURVEY (BS) REPORT

Knowledge/Perception of Health Insurance

The figure below shows respondents' understanding of Health Insurance. Most of the participants in the survey don't know about health insurance. A significant proportion of respondents agreed that it is a financial system that gives easy access to health; a government program that provides easy access to health and a plan that gives quick access to healthcare. A few others believed it is a financial system that allows getting health services at an affordable rate; or a system that allows one to pay less for healthcare; while others perceive it as a system that subsidizes medical bills in order to improve their health.

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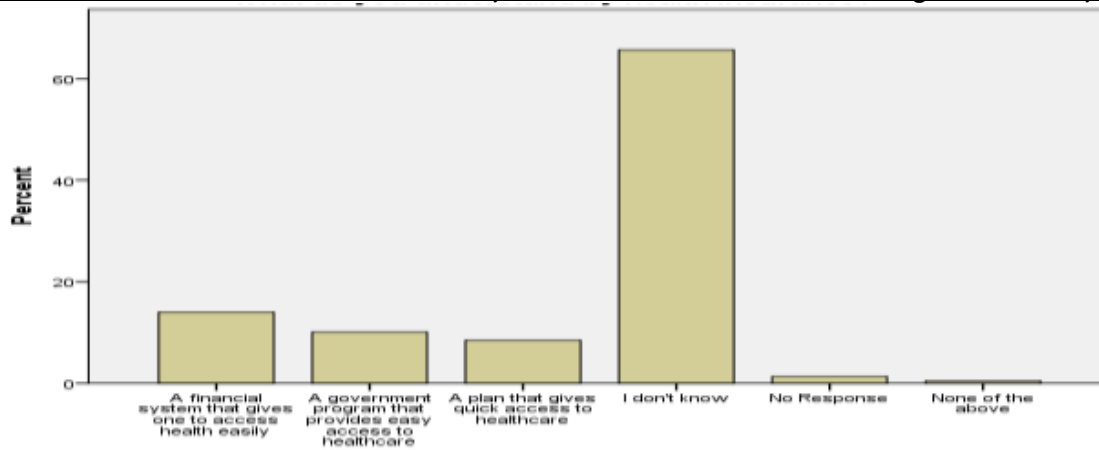


Table 1: respondents' knowledge/perception of health insurance

Access to information on Health Insurance

The figures below display information on access to information on Health Insurance and the various sources of such information. Over half of the respondents have never received information on Health Insurance. About half of the respondents had heard about Health Insurance and the commonest source of information was radio. Other significant sources of information were Friends, Government publications, Places of worship, television, school and social media/internet. A very few of the respondents highlighted some very specific sources of information as shown in the table. This indicates that radio programs could be very effective in reaching a majority of the population. It also brings to bare the need to intensify sensitization on Health Insurance which is known facilitate buy-in by communities and individuals.

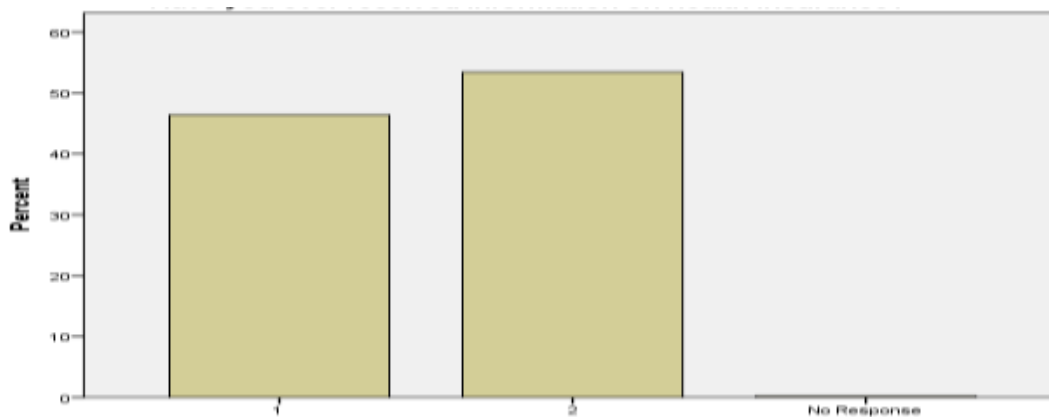


Table 1: proportion of respondents who had received information on health insurance

QUALITATIVE ANALYSIS OF THE REPORT

Outlined Perceived Challenges of Health Insurance Scheme as Presented by the Respondents

- i. **Conception of the scheme:** Respondents stated that lack of knowledge/awareness in the communities could hinder community members from participating.
- ii. **Perceived Corruption:** They also feared that there will be unaccountability and mismanagement of funds by concerned authorities if they eventually become part of it.
- iii. **Delay in Reimbursing:** Service Providers: Inconsistent payment of health facilities by NHIA will contribute in the poor treatment of beneficiaries of the scheme.
- iv. **Limited participation Capacity:** The ability of the people to be consistent in the payment on their own part is another issue. This is based on the economic realities of the informal and some parts of the private sector. Having the capacity to participate is a vital aspect to them.

Knowledge of Health Insurance Scheme

Very few of the respondents knew what a social health insurance contributory scheme is and have benefitted from it. A larger proportion showed ignorance of what health insurance scheme is and its benefits.

Availability and Challenges of Health Facilities

Almost all respondents stated they either have a private, public or both facilities in their communities. The general condition of most of the facilities was also an issue mentioned by the respondents. The respondents complained of inadequate skilled manpower in the hospitals, long waiting hours, high cost of health services, lack of drugs and inadequate space

Role of Information Professionals in Optimizing Hil

Information professionals are known more for dedication of their time around the information resources they make available to people because they need to be always ready, in tune and capable of what is expected of them. However, with the reality of issues as regards HIL, there is an increasing need for:

Boundless Physical Operation

Since it is established by the baseline survey that there are private and/or public health facilities in the communities, information professionals need to leave the confines of their information resource centers in order to reach a wider community. This is apt because to most people, information resource centers (IRCs) are considered as a place for reading, study, learning and academic information. This assertion needs to expand so as to reach out to people on HIL. Though information professionals have stated over time that IRCs are as neutral territory and a welcoming environment for all community members, nonjudgmental place open to everyone, many people, especially the non-literate and low literate ones, find IRCs intimidating and never try to come into them or to the information professionals for the information or clarity they need. Thus, information professionals need to go out the more and reach out to people in rural hospitals, homes, markets and work places to achieve an effective HIL.

Interwoven Relationship between the Professionals

Regardless of setting, Information professionals are encouraged to develop an excellent working relationship with a medical librarians and Health professionals. This is irrespective of their individual perspectives; health issues affect everyone over the course of a lifetime, no matter how consistent or inconsistent. Therefore, the need to Know someone you can turn to for adequate information, advice, good referral, and a specialized list of resources can be invaluable. With such relationship, IRCs can provide multiple functions within a broad context: welcome desks in hospitals, referral agent, i.e, information providers and perspectives molders; promote awareness of health issues or provide information about specific disorders. Such efforts can only be successful through partnerships between information and health professionals. In addition, information professionals should also strive to keep an open dialogue with health professionals and hospital staff to receive new materials and training/orientation on a new topics and breakthroughs in the always advancing field of health, so that people are informed on latest information.

Unique HIL

With right the partnerships, the role of information professionals as literacy brokers span through wide range of basic health literacy because using the principles of information literacy a unique concept of health information literacy can be better developed for Nigeria. Thus HIL Centres should be made available and viable in hospitals too, patients should be advised and directed to visit them when they need clarity on issues of health. The resource Centre should be able to help people by providing more technical information and by providing training on the use of medical databases for interested consumers.

People-Driven Health Information Literacy Materials

Information professionals should promote regular awareness of health issues to provide updated information through bulletin boards all over the hospital. One of the most important ways that Resource Centres collaborate with the health professionals in the hospital is through the production of patient education and information materials. In doing this, common words rather than technical jargon should be used, short words and sentences are best. i.e, too much educational jargon is not needed. The language must be one that can be understood by people who do not have a medical vocabulary. All publications should be produced in English, Pidgin English, Hausa, Igbo, Yoruba and Arabic. Catchy graphic designs to make the information visually interesting and inviting is also necessary. The idea is to make available easy-to-read versions information materials to reach people who may have difficulty reading in only English. Such should be done on frequently asked question, viral diseases, endemic and pandemic issues, unproven medications and treatments by fake medical attendants, or hospitals/clinics who practice any form of medicine that is not based on scientific evidence.

Media-Driven Health Information Literacy programmes and Adverts

Based on the baseline survey report, it was revealed that more of the people heard what they know from the radios. This means that Information professionals will need to use that medium more, bringing it closer to them by using languages they understand more and featuring people that they

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are familiar with in the community or around them. This is geared towards making the process a simple and inviting one.

Using Regular Patron/Familiar Faces

Information professionals should also intensify efforts in training some of the important persons in each community. i.e, people that are popular and easy to reach so that they can also be consulted by the people were the people are not comfortable to meet the information professionals or when they cannot be reached. Such persons should also be given easy access to the information professionals so that they can get trusted clarity when in need of it. This will also help in person to person literacy.

CONCLUSION

As the debate over health care reform continues in Nigeria and the move toward better Health Information Literacy (HIL) on what is scientifically proven to be medically ideal continues, Information professionals need revalidate their affirmation and support for health information literacy (HIL) and in doing so, it must conform to every components of Evidence Based Practice (EBP). As information specialists, it is one of the guiding principles as opined by Medical Library Association (MLA): Quality information is essential for improved health. In a nutshell, since Information Professionals are known for their firm belief in the” right to access credible information,” it naturally extends to the right to access to credible information in understanding diseases, treatments and medications if given the needed support and collaborations

Prospects of NHIA in correlation with HIL

The possibility that the recently upgraded health insurance in Nigeria (NHIA) to achieve greater feat is high, going by core its objectives. Committed implementation through robust HIL programmes may guarantee public acceptability, better participation and success. An integral area of intervention that will guarantee brighter prospect of the scheme is the official enablement of information professionals. The full integration/inculcation of information professionals into the health care system in Nigeria is a critical aspect of HIL that needs further development. HIL must be approached from a deliberate intentional perspective, with the right reinforcement. Initiating such a program with the expectation of achieving it requires strong Information Resource Centres (IRCs) to aid the information and health professionals work in better collaboration, with the right resources, and systematic planning on the development of policies and outlines to present integrated approach in the development of HIL as expected. Thus, Information specialists understand that building an information-Literate based society demands an information-literate base. I.e. the information society needs connectors. Knowing how to effectively educate and prepare people on HIL requires collaborations, effective collaboration and better collaboration.

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