

Assessment of Willingness to Enrol in Health Insurance After National Youth Service Among Corps Members in Rivers State, Nigeria

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Abstract

The expansion of health insurance depends not only on new enrolment but also on reenrolment and retention of subscribers. Individuals' decision to enrol in a health insurance scheme may be influenced by their perception of service quality among other factors. The NYSC members constitute a distinct population of young Nigerians, serving their nation in various locations in the country and are covered under a national health insurance programme during their service year. This study assessed willingness to enrol in health insurance after the service year and the factors influencing enrolment intentions among corps members in Rivers State, Nigeria. A cross-sectional study was conducted among 697 corps members in Rivers State, South-South Nigeria, using a self-administered online questionnaire. Data were analysed using IBM SPSS version 23. Descriptive and inferential statistics were used in the data analysis. A majority of the respondents, 619 (88.8%), expressed willingness to enrol in health insurance after their service year. Among those unwilling, the main reasons included dissatisfaction with the programme (38.5%), financial constraints (38.5%) and poor service quality (33.3%). Perception and satisfaction were significant predictors. Respondents with low satisfaction had significantly lower odds of willingness (OR = 0.24; 95% CI: 0.11–0.53; $p < 0.001$). Similarly, poor perception was associated with significantly lower willingness (OR = 0.16; 95% CI: 0.07–0.51; $p < 0.001$). Most corps members expressed willingness to enrol in health insurance after their service year. However, gaps in service quality and user experience may undermine sustained participation. There is therefore a need to prioritise improvements in service quality to strengthen positive perceptions and encourage enrolment beyond the service year, thereby contributing to Nigeria's progress towards universal health coverage.

Keywords: *Enrolment, Health Insurance, National Youth Service Corps, Nigeria, Willingness.*

Introduction

The expansion of health insurance and advancement towards Universal Health

Coverage (UHC) depend not only on new enrolments, but also on re-enrolment and retention of the subscribers.

This is particularly important in Nigeria, where the informal sector is very large and the conventional social health insurance models are still limited, despite the National Health Insurance Authority (NHIA) legislation that makes enrolment in the scheme mandatory, leaving countless individuals to make health insurance enrolment decisions on a discretionary and voluntary basis.

The NHIA Act of 2022 made health insurance mandatory for all citizens and legal residents in Nigeria [1], with the aim of expanding coverage beyond the narrow bracket of formal sector workers to the entire population via any of the various health insurance models, such as private, community-based, or state and federal social insurance plans. Although the enforcement of the new law remains weak, even if enforced, it may still face significant challenges if the factors influencing enrolment are not adequately identified and addressed.

The National Youth Service Corps (NYSC) members constitute a distinct group of young Nigerians who are graduates of tertiary institutions, mobilised to serve the nation in various locations across the country for one year [2]. During the service year, corps members are covered by a national health insurance programme, known as the Group, Individual and Family Social Health Insurance Programme-NYSC (GIFSHIP-n) [3].

The inclusion of corps members in the national health insurance programme places GIFSHIP-n at a key intersection within Nigeria's health insurance landscape. GIFSHIP-n represents more than a just a temporary (one year) healthcare initiative providing care for serving corps members; it is a strategic entry point and viable platform for cultivating a lifelong culture of health insurance among these young adults who represent the next generation of leaders, decision-makers, and policymakers [3].

Considering their age profile, most corps members are in the transitional phase of life and

their experiences with the health system during this period can influence their understanding, attitudes, and behaviours towards health insurance for the rest of their lives [4-6]. Hence, GIFSHIP-n has the potential not only to stimulate long-term behavioural change among this young population and promote broader acceptance of health insurance across the nation, but also to influence their future advocacy, policy decisions, and support for sustainable health insurance initiatives, all of which contribute to advancing the nation's UHC agenda.

Understanding the factors that influence corps members willingness to enrol in health insurance after their service year can be a critical predictor to actual uptake, and is pivotal for guiding and strengthening the sustainability of Nigeria's health financing reforms.

This study assessed post-service health insurance enrolment intentions and the factors influencing such intentions among corps members in Rivers State, South-South Nigeria. The findings provide empirical evidence to strengthen the implementation of GIFSHIP-n, improve the efficiency of insurance programmes, and promote effective enrollee retention strategies, all towards the nation's Universal Health Coverage agenda.

Methods

Study Design and Setting

This study adopted a descriptive cross-sectional survey design and was conducted among National Youth Service Corps (NYSC) members serving in Rivers State, South-South, Nigeria.

Study Population, Sample Size and Eligibility Criteria

The study population comprised serving corps members in Rivers State. A total of 697 corps members participated in the survey. Eligible participants were those who had utilised healthcare services under GIFSHIP-n at NHIA-accredited healthcare facilities (HCFs)

and had provided valid contact telephone numbers during registration at the facilities. Corps members who had not accessed services under the programme or who declined to provide informed consent were excluded.

Sampling Technique

Respondents were selected using a systematic sampling technique, with proportionate allocation applied across all HCFs providing services to corps members in the State. Utilisation records from each HCF were used to allocate proportionate facility-specific sample quotas, using a facility-specific sampling interval, calculated by dividing the total number of eligible corps members in the utilisation register by the allocated sample size for that facility, to ensure that the distribution of respondents reflected service utilisation patterns across the facilities. Selected corps members were contacted and invited to participate in the survey via WhatsApp messages using the phone numbers obtained from the utilisation records. According to previous studies, smartphone usage among tertiary institution students who later become corps members, is remarkably high, exceeding 90%, thereby justifying the use of this method [7, 8].

Data Collection Instrument and Procedure

Data were collected using a structured, anonymous, self-administered online questionnaire (Google Forms) developed by the researchers after reviewing the study objectives and relevant literature [9-13]. The questionnaire collected data on respondents' socio-demographic characteristics, knowledge of GIFSHIP-n, satisfaction with healthcare service delivery, perception of programme and willingness to enrol in health insurance after the service year. The questionnaire was pretested among a small group of outgoing corps members preparing for their Passing-Out-Parade (POP) in the state to assess clarity,

relevance, and completion time, and minor revisions were made accordingly. To prevent duplicate submissions, the survey was restricted to one response per participant using the "limit to one response" feature. The survey spanned a duration of eight months, September 2024 to May 2025.

Data Analysis

Data were analysed using the IBM SPSS, version 23.0. Descriptive statistics were summarised using frequencies, percentages, means, and standard deviations, and presented in tables.

Knowledge scores were calculated as: $(\text{Total Correct Score} / \text{Total Possible Score} \times 100)$ and classified as poor (0 - 49.9%), fair (50 - 69.9%), or good (70 - 100%) [12]. The frequency of healthcare facility visits was used to categorise the utilisation levels into: low utilisation (single healthcare facility visit), average utilisation (two or three visits), and high utilisation (four or more visits). Satisfaction was assessed on a 5-point Likert scale (1 = very dissatisfied; 5 = very satisfied) and converted to percentage scores (20–100%) to enhance interpretability [14]. The scores were categorised as high ($\geq 75\%$), average (60–74%), and poor ($< 60\%$), in line with established approaches in patient satisfaction research [15, 16].

Perception of the programme was categorised as poor, fair, or good, while willingness to enrol in health insurance after the service year was categorised as "Yes" or "No," based on the responses.

Inferential analysis was conducted using chi-square tests to assess associations between categorical variables, while binary logistic regression analysis was employed to identify independent predictors of willingness to enrol in health insurance. Statistical significance was determined at a 95% confidence level, with p-values < 0.05 considered statistically significant.

Ethical Considerations

Ethical approval for the study was obtained from the Research Ethics Committee of the University of Port Harcourt Teaching Hospital. Administrative approval was also granted by the NYSC Rivers State Secretariat. Participants were informed about the study objectives, procedures, and their rights, including voluntary participation and the right to withdraw without any penalty. Informed consent was a prerequisite for accessing the questionnaire; all responses were anonymous and confidential. All data were anonymised and stored in a password-protected folder accessible only to the principal investigator.

Study Limitations

Data were collected through online questionnaires, which may have limited participation among corps members in locations with poor internet connectivity. Nonetheless, this effect was likely minimal, due to the mobile and digitally connected nature of corps members. The online mode of data collection also posed challenges of nonresponse and incomplete responses; however, these were mitigated through the use of a concise, user-friendly questionnaire designed to be completed

within a few minutes, and follow-ups with reminder messages.

Notwithstanding these limitations, the study enriches the limited body of knowledge on corps members' experiences with healthcare services and their willingness to enrol in health insurance after the service year. The findings provide insight into the future trajectory of health insurance uptake in Nigeria and inform strategies to strengthen its expansion and long-term sustainability.

Results

Nearly half of the respondents were aged 21-25 years (49.2%), with a comparable proportion aged 26-30 years (48.4%), and only 2.4% above 30 years. The mean age was 25.7 ± 2.3 years.

The majority were female 476 (68.3%), single 644 (92.4%), and were university graduates 617 (88.5%). Nearly three-quarters 515 (73.9%) had never been enrolled in any health insurance scheme before the GIFSHIP-n enrolment, while 87 (12.5%) had prior enrolment under Tertiary Institutions Social Health Insurance Programme (TISHIP) and 75 (10.8%) under their parents' health plans. Close to two-fifths third 272 (39.0%) had served for more than nine months prior to the study. [Table 1].

Table 1. Socio-demographic Characteristics of Respondents n=697

Socio-demographics	Frequency	Percentage (%)
Age Group (years)		
21– 25	343	49.2
26 –30	337	48.4
≥ 31	17	2.4
Mean age	25.7 ± 2.3	
Gender		
Male	221	31.7
Female	476	68.3
Marital Status		
Single	644	92.4
Married	51	7.3
Others	2	0.3
Time Spent in Service		
< 3 months	44	6.3

3 to 6 months	207	29.7
7 to 9 months	174	25.0
> 9 months	272	39.0
Type of Tertiary Institution Attended		
College	7	1.0
Mono/Polytechnic	73	10.5
University	617	88.5
Prior Health Insurance Enrolment		
Under parents	75	10.8
TISHIP	87	12.5
Private Health Insurance	20	2.9
None	515	73.9

Over half of the respondents had a fair level of knowledge of the programme 376 (53.9%), 267 (38.3%) had good knowledge, and 54 (7.7%) had poor knowledge. Service utilisation was mostly average 360 (51.6%), followed by low 217 (31.1%) and high 120 (17.2%). Most respondents reported high satisfaction with

GIFSHIP-n services 416 (59.7%), 229 (32.9%) indicated average satisfaction, and 52 (7.5%) low satisfaction. Regarding perception of the programme, 349 (50.1%) had a fair perception, 325 (46.6%) good, and 23 (3.3%) poor. [Table 2].

Table 2. Respondents' Levels of Knowledge, Service Utilisation, Satisfaction and Perception of GIFSHIP-n
n=697

Variable	Frequency	Percentage (%)
Knowledge Level		
Poor	54	7.7
Fair	376	53.9
Good	267	38.3
Utilisation of Services		
Low	217	31.1
Average	360	51.6
High	120	17.2
Satisfaction Level		
Low	52	7.5
Average	229	32.9
High	416	59.7
Perception		
Poor	23	3.3
Fair	349	50.1
Good	325	46.6

A majority of the respondents, 619 (88.8%), expressed willingness to enrol in health insurance after their service year, while 78 (11.2%) were not. Among those unwilling, the

main reasons were dissatisfaction with the programme 30 (38.5%), lack of finances to purchase health insurance 30 (38.5%), and poor service quality 26 (33.3%). Other reasons

included the perception of being healthy and not needing insurance 9 (11.5%); lack of trust

in the healthcare system 6 (7.7%); and distrust in the concept of insurance 2 (2.6%). [Table 3].

Table 3. Respondents Willingness to Enrol in Health Insurance after Service Year n=697

Variable	Frequency	Percentage (%)
Willingness to enrol in health insurance		
Yes	619	88.8
No	78	11.2
Reasons for Unwillingness (Multiple Choice) (n= 78)		
Lack of satisfaction	30	38.5
Lack of finances	30	38.5
Poor quality of services	26	33.3
Good health status / No need for insurance	9	11.5
Lack of trust in the healthcare system	6	7.7
Lack of trust in insurance	2	2.6

Table 4 presents the association between respondents' sociodemographic characteristics and willingness to enrol in health insurance after the service year. Overall, willingness to enrol was high across all categories. No statistically significant associations were

observed between sociodemographic variables and enrolment intention: age group ($p = 0.693$), gender ($p = 0.061$), marital status ($p = 0.574$), duration of service $p = 0.423$), type of tertiary institution attended ($p = 0.506$), and prior health insurance enrolment ($p = 0.286$).

Table 4. Association Between Respondents' Sociodemographic Variables and Willingness to Enrol in Health Insurance after Service Year n=697

Socio-demographics	Willingness to enrol		X ²	P-value
	Yes n (%)	No n (%)		
Age Group (years)				
21–25	305(88.9)	38(11.1)	0.733	0.693
26–30	300(89.0)	37(11.0)		
> 30	14(82.4)	3(17.6)		
Gender				
Male	189(85.5)	32(14.5)	3.522	0.061
Female	430(90.3)	46(9.7)		
Marital Status				
Single	570(88.5)	74(11.5)	F	0.109
Married	48(94.1)	3(5.9)		
Others	1(50.0)	1(50.0)		
Time Spent in Service				
< 3 months	42(95.5)	2(4.5)	2.803	0.423
3 to 6 months	185(89.4)	22(10.6)		
7 to 9 months	155(89.1)	19(10.9)		
> 9 months	237(87.1)	35(12.9)		
Type of Tertiary Institution Attended				
College	7(100.0)	0(0.0)	1.362	0.506

Monotechnic/Polytechnic	63(86.3)	10(13.7)		
University	549(89.0)	68(11.0)		
Prior Health Insurance Enrolment				
Under parents	67(89.3)	8(10.7)	3.781	0.286
TISHIP	74(85.1)	13(14.9)		
Private Health Insurance	20(100.0)	0(0.0)		
None	458(88.9)	57(11.1)		

*Statistically significant p-value

X²: Pearson Chi Square, F: Fisher's Exact Test

Table 5 presents the binary logistic regression analysis conducted to identify predictors of willingness to enrol in health insurance after the service year, using good knowledge, high utilisation, high satisfaction, and good perception as reference categories. Perception and satisfaction emerged as the significant predictors. Compared with respondents having high satisfaction levels, those with low satisfaction had significantly lower odds of willingness (OR = 0.24; 95% CI: 0.11–0.53; $p < 0.001$). Similarly, poor perception was associated with significantly lower willingness compared to those with good

perception (OR = 0.16; 95% CI: 0.07–0.51; $p < 0.001$). Utilisation demonstrated a non-linear association. Respondents with average utilisation had significantly higher odds of willingness compared with high utilisation (OR = 2.11; 95% CI: 1.20–3.71; $p = 0.010$), whereas low utilisation had no significant association. Knowledge was not a significant predictor of willingness to enrol, as there was no significant difference between respondents with fair ((OR = 1.77; 95% CI: 0.59–5.35; $p = 0.311$) and poor knowledge (OR = 1.86; 95% CI: 0.61–5.68; $p = 0.276$).

Table 5. Binary Logistic Regression Predicting Willingness to Enrol in Health Insurance by Respondent's Knowledge, Utilisation, Satisfaction and Perception of GIFSHIP-n

Predictor	B	S.E.	p-value	Odds Ratio (95% CI)
Knowledge (Good)	0 (ref.)			
Fair	0.571	0.564	0.311	1.77 (0.59-5.35)
Poor	0.620	0.569	0.276	1.86 (0.61-5.68)
Utilization (High)	0 (ref.)			
Average	0.745	0.289	0.010*	2.11 (1.20-3.72)
Low	0.028	0.342	0.935	1.03 (0.53-2.01)
Satisfaction (High)	0 (ref.)			
Average	-0.589	0.394	0.135	0.55 (0.26-1.20)
Low	-1.443	0.413	<0.001*	0.24 (0.11-0.53)
Perception (Good)	0 (ref.)			
Fair	-0.148	0.523	0.777	0.86 (0.31-2.40)
Poor	-1.850	0.487	<0.001*	0.16 (0.07-0.51)

* Statistically significant at $p < 0.05$

Discussion

The respondents' ages ranged from 21 to 33 years, with only a few (2.4%) above 30 years. It is important to note that the age limit of 30 years for NYSC eligibility applies to the date of approval of the final results for graduation; hence students who were below 30 at the time of graduation, but had their NYSC mobilisation delayed due to whatever reasons, remain eligible to participate in the scheme, even if they are older than 30 at the time of service; this explains the presence of a few respondents above 30 years in this study.

Nearly three-quarters of respondents (73.9%) were experiencing their first ever health insurance coverage, having never been enrolled under any form of health insurance prior to the service year. This reflects the national picture of low health insurance penetration, which is still below 10%, and limited mainly to federal and some state governments, a number of organisations in the organised private sector and a few other pools including community health insurance schemes [2, 17-19].

Prior coverage under the TISHIP was reported by 12.5% of the respondents, reflecting earlier findings of weak implementation and generally low participation in health insurance across tertiary institutions by some studies [20-22]. This emphasises the existing gaps in health insurance coverage, and also points to GIFSHIP-n as a strategic point of first contact with health insurance and a valuable platform for engaging young adults, expanding insurance participation, and advancing Nigeria's goal of UHC.

Willingness to enrol in health insurance after the service year was generally high (88.8%) among the respondents. This may suggest that exposure to GIFSHIP-n may have enhanced the awareness, acceptance, enrolment intentions, and demand for health insurance as a means of financial risk protection by corps members. However, the reasons for unwillingness among some respondents cannot be overlooked,

especially regarding dissatisfaction with service quality and financial barriers, which has also been reported by some other studies in health insurance settings [23, 24]. This is very essential as many of the respondents' transition into the labour market under conditions of uncertain employment and unstable income, which may hinder actual enrolment, despite the intentions. Consequently, there is a need to improve affordability through government subsidies, flexible premium payment options, and automatic enrolment mechanisms.

This study revealed that corps members' perception of healthcare quality and satisfaction were significant in shaping their health insurance enrolment decisions. These findings are consistent with studies in Nigeria and other countries, which highlight that positive healthcare experiences build trust and help in retaining enrollees in social health insurance programmes [25-27]. These highlight the importance of the need to improve service quality and user experience as part of strategies to promote health insurance uptake.

Furthermore, corps members' awareness and acceptance of health insurance may serve as a catalyst for accelerating Nigeria's progress towards universal health coverage (UHC); as future leaders and policymakers, their current experiences and perceptions may shape their long-term attitudes and engagement with health insurance schemes.

Respondents with average utilisation demonstrated higher willingness to enrol than high utilisers, which is an unexpected finding. One possible explanation is that high utilisers are more likely to encounter service delivery challenges, such as prolonged waiting times and unavailability of essential medicines. Repeated interactions with the scheme may also have exposed them to systemic gaps, resulting in a more critical appraisal of service quality.

Knowledge was not a significant predictor of willingness to enrol, which is a departure from conventional health insurance promotion approaches. However, this finding is consistent

with behavioural economics research showing that decisions about financial products, such as insurance, are often influenced more by perceptions, cognitive biases, and social influence than by awareness and knowledge alone [28-30]. The implication of this is that simply raising awareness by providing information on insurance benefits, coverage details and enrolment procedures may be insufficient to drive uptake. Rather, strategies that improve service quality, enhance patient satisfaction, foster positive user experiences, leverage member testimonials, and strengthen public confidence in the scheme may be very effective.

Conclusion

This study reveals that corps members largely have positive views about GIFSHIP-n and are willing to enrol in health insurance after their service year. This shows that the NYSC can be a strategic platform to speed up progress toward UHC in Nigeria. Corps members, by virtue of their national representation, education, and future leadership roles are an ideal group for building early trust in health insurance and promoting long-term enrolment behaviours.

However, there are some gaps in service quality and perceived programme effectiveness, highlighting the need for

improvements. Therefore, enhancing corps members' experiences through improved services and quality healthcare delivery, can create more positive perception, encouraging health insurance participation beyond the service year, and moving Nigeria closer to Universal Health Coverage.

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Data Availability

All relevant data are available from the corresponding author on reasonable request.

Author contributions

DOE and DEO conceptualised the study and manuscript drafting. DOE, AOA and ANS analysed and interpreted the data. ANS, AA and ATM reviewed research design and manuscript. All authors approved the final version of the manuscript.

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Conflict of Interest

None.

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