



**UTILIZATION AND SATISFACTION OF TERTIARY INSTITUTIONS
SOCIAL HEALTH INSURANCE PROGRAMME (TISHIP)
INFORMATION SOURCES BY UNDERGRADUATES FOR
ACCESSING HEALTHCARE SERVICES IN AHMADU BELLO
UNIVERSITY, ZARIA**

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Abstract

The study assesses the Utilization and Satisfaction of Tertiary Institutions Social Health Insurance Programme (TISHIP) Information Sources by Undergraduates for Accessing Healthcare Services in Ahmadu Bello University, Zaria. The objectives of the study is to determine the level of Undergraduates' Utilisation of TISHIP Information Sources for accessing Healthcare Services in Ahmadu Bello University, Zaria; determine how the Utilisation of TISHIP Information Sources enhance access to Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria; and to ascertain the extent to which Undergraduates are satisfied with TISHIP Information Sources for access to Healthcare Services in Ahmadu Bello University, Zaria. Three (3) research questions were formulated for this study. The study adopted descriptive survey design. 381 students were sampled using cluster, proportionate and random sampling techniques out of the entire 42,779 population of the study using Krejcie and Morgan sample size determining table. Questionnaire was the instrument used for data collection which were collected, analysed and presented in tables using frequencies, percentages, mean and standard deviation. Findings of the study revealed that undergraduates utilised TISHIP Information Sources like Orientation and

Matriculation, Friends, Students Handbook, Notice Boards, Social Media, Religious and Association Leaders, Campus Bulletin, Internet, Lecturers and Staff and Parents and TISHIP Information Sources enhanced access to Essential Drugs, Health Education, Routine Immunisations Accident and Emergency Care, Ear, Nose and Throats (ENT) and Internal Medicine. The study recommends that the management of NHIS should ensure their services are accessible through effective service delivery and provision of information to beneficiaries are issued through magazines and leaflets for the students to find available, access and use. The campus radio and television programs aimed at providing information to the students should also commence and that university medical centre should provide more information sources and services that will enhance access to other healthcare services available for the students.

Keyword: *Information Sources, Utilization, Satisfaction, Undergraduates, TISHIP*

Introduction

Health information sources have received a wider acceptance in the recent years, which has greatly influenced utilization of health care services and programs in Nigeria. There are many sources through which the information about policy, objectives, coverage, programmes of the Tertiary Institutions Social Health Insurance Programme TISHIP is intended to reach out to the students in Tertiary Institutions. Such information sources are: television, radio, orientation, the library, seminars, lecturers, peers, billboards, handbills, students' handbook, student's handbook. Current literature suggests that certain information sources are used in varying degrees among different socioeconomic and demographic groups (Redmond, Baer, Clark, Lipsitz, & Hicks, 2010). Students are being confronted with a flood of health information through a wide availability of sources (Epstein, 2003). Therefore, it is important to determine the specific and classes of health information sources, the rapid and widespread development of mass media sources including the Internet is occurring worldwide. (Thuy, Nguyen, Nakamura, Seino, & Vo, 2017) The use of widely available mass media sources like television and the Internet to obtain health information was associated with higher health care utilization (Epstein, 2003).

Such information sources are of great benefits to various groups especially the younger generation of which students of tertiary institution forms a greater percentage. The need for information sources cannot be over emphasized; as the rapid and widespread of information and development various types of information sources including the Internet is on a geometrical progression (Redmond Bear, Clark and Hicks, 2010). As Information source availability is fast growing, people find it difficult to identify which of these information sources are genuine, reliable and beneficial to their utilization of the Tertiary Institutions Social Health Insurance Programme. The National Health Insurance Scheme (NHIS) is an agency of the Federal Government established under Act 35, 1999 to promote regulate and manage the effective implementation of Social Health Insurance Programs. To enable access to qualitative and affordable healthcare services provided to all Nigerians.

According to Ogaboh, Ushie & Osuchuckwu (2010), The challenges in the healthcare sector inspired the decision of Gen. AbdulsalamiAbubakar on May 10th 1999, to sign into law the National Health Insurance Scheme (NHIS) Decree Number 35 (NHIS Decree No. 35 of 1999); with the goal of providing general access to quality healthcare to every Nigerians. NHIS became functional after its official launched by the Federal Government in 2005. The National Health Insurance Scheme is the body responsible for the provision of effective and qualitative healthcare services to all Nigerians. Its objectives are among others to: Ensure that every Nigerian has access to good healthcare services and to ensure equitable patronage of all levels of healthcare.

The TISHIP is a social security system whereby the health care of students in tertiary institutions in Nigeria is paid for from funds pooled through compulsory contributions involving the students and the government. The programme is therefore established to ensure access to qualitative health care services and thus ensuring healthy students and creating conducive teaching, learning and research environment (Nduka, 2017).

The success of this scheme depends on the students' knowledge and awareness of its existence as well as the level of its implementation by healthcare providers. The knowledge of TISHIP, the information sources used, its acceptance, and utilization by the students as well as, its proper implementation in the health care facilities is crucial for the actualization of its goals and general benefits. Health Information sources has a great role to play in the dissemination

of such health information to the students. Understanding how availability of TISHIP information sources enhances the access to healthcare by the undergraduates is expedient to guide through policy making and hence promote universal healthcare coverage.

Statement of the Problem

Easy access to health care for all can only be possible when there is access to information sources aimed at providing information to students on the services available and its benefits to the students (Nduka, 2017). The importance of good health is captured by the slogan 'health is wealth'. It is a truism that the state of health care services in Nigeria is below the expectation of the average citizen. Previous study by Ilochonwu & Adedigba (2017) revealed that the provision of TISHIP as part of the health care services can be of great help to students and the benefits of insurance cover cannot be exaggerated. It ensures that an individual is not overburdened by the occurrence of an unexpected event. Despite the immense benefits, some people, especially in developing countries, are sceptical about the insurance business. Insurance is easily one of the most misunderstood and sometimes misrepresented institutions (Monye, 2006).

To understand if the access to healthcare services provided under TISHIP is highly dependent on available and reliable health information sources. Could it be that the health information sources are not readily available, or adequate, accessible or reliable enough to fit into the health information needs of the students. Hence, the need to assess the health information sources used to ascertain the students access to the types of healthcare services available, the availability of TISHIP information sources, access to the sources, utilisation, satisfaction and challenges in utilisation of the TISHIP information sources. Also to ascertain how results of this study on TISHIP information sources can increase utilization of healthcare services available in Ahmadu Bello University.

However, there is paucity of information on the roles and impact health information sources plays in students' utilization of social health insurance. The beneficiaries are primarily the formal sector employees (Adewole, 2016). Aregbeshola and Khan (2018) also observed that despite the implementation of the National Health Insurance Scheme (NHIS) since 2005 in Nigeria, the level of health insurance coverage remains low. The researcher seeks found out if

students' coverage as it is captured through the utilization of information sources for accessing the healthcare services available in Ahmadu Bello University. To understand if the access to healthcare services provided under TISHIP is highly dependent on available and reliable health information sources. Could it be that the health information sources are not readily available, or adequate, accessible or reliable enough to fit into the health information needs of the students?

Research Objectives

The following research objectives to:

1. Determine the level of Undergraduates' Utilisation of TISHIP Information Sources for accessing Healthcare Services in Ahmadu Bello University, Zaria?
2. Determine how the Utilisation of TISHIP Information Sources enhances access to Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria?
3. Ascertain the extent to which Undergraduates are satisfied with TISHIP Information Sources for access to Healthcare Services in Ahmadu Bello University, Zaria

Research Questions

The following Research Questions were formulated to guide the study

1. What is the level of Undergraduates' Utilisation of TISHIP Information Sources for accessing Healthcare Services in Ahmadu Bello University, Zaria?
2. How has the utilisation of TISHIP Information Sources enhance access to Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria?
3. To what extent are Undergraduates satisfied with TISHIP Information Sources for accessing Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria?

Significance of the Study

The findings and recommendations of this study will be beneficial to the management of NHIS as an agency of the Federal Government of Nigeria, the

Students, Ahmadu Bello University Zaria and to The Library and Information professionals.

Research Methodology

Descriptive survey research design was used for this study. The population of the study comprised of full-time undergraduate students of Ahmadu Bello University Zaria. They were about 42,779 undergraduate students registered under TISHIP in the University Medical Centre Ahmadu Bello University, Zaria. Three hundred and eighty one students (381) were sampled from the population using Cluster, Proportionate, and Random Sampling techniques.

Questionnaire was used to collect the data from the study. The questionnaire was designed based on the research questions guiding the study.

Descriptive statistics of mean and standard deviation was used to analyse data collected, graphs and tables were used to show data representations. A benchmark of 2.50 mean score was used for decision making to accept or reject the standard deviation of mean obtained using the four points Likert scale questions because it is a 4 point scale. Items below 2.50 were not accepted and were regarded a negative response whereas 50% was the benchmark for the nominal responses for percentages.

Level of Undergraduates' Utilisation of TISHIP Information Sources for Accessing Healthcare Services in Ahmadu Bello University, Zaria

The researcher seeks to ascertain the level of undergraduates' utilization of TISHIP Information Sources for access to healthcare Services in Ahmadu Bello University Zaria. Response were collected, analysed and presented in table 1.

Table 1 Level of Undergraduates' Utilisation of TISHIP Information Sources for Accessing Healthcare Services in Ahmadu Bello University, Zaria

S/N	INFORMATION SOURCES	RESPONSES f (%)				MEAN	SD	N (%)
		HU	U	SU	NU			
1	Internet	124 (34.3)	80 (22.2)	63 (17.5)	94 (26.0)	2.65	1.200	361 (100)
2	Parents	84 (23.3)	113 (31.3)	74 (20.5)	90 (24.9)	2.53	1.103	361 (100)
3	Friends	110 (30.5)	146 (40.4)	69 (19.1)	36 (10.0)	2.91	.943	361 (100)
4	Magazines	33 (9.1)	102 (28.3)	94 (26.0)	132 (36.6)	2.10	1.003	361 (100)

5	Television	59 (16.3)	85 (23.5)	91 (25.2)	126 (34.9)	2.21	1.094	361 (100)
6	Radio	61 (16.9)	92 (25.5)	89 (24.7)	119(33.0)	2.26	1.093	361 (100)
7	Social Media	119 (33.0)	94 (26.0)	72 (19.9)	76 (21.1)	2.71	1.136	361 (100)
8	NHIS Operational Guidelines	54 (15.0)	105 (29.1)	103 (28.5)	99 (27.4)	2.32	1.033	361 (100)
9	Leaflets, Pamphlets	49 (13.6)	93 (25.8)	96 (26.6)	123 (34.0)	2.19	1.053	361 (100)
10	Lecturers/ Staff	84 (23.3)	128 (35.5)	77 (21.3)	72 (19.9)	2.62	1.050	361 (100)
11	Campus Bulletin	106 (29.4)	102 (28.3)	86 (23.8)	67 (18.6)	2.68	1.085	361 (100)
12	Notice Boards	99 (27.4)	119 (33.0)	84 (23.3)	59 (16.3)	2.71	1.040	361 (100)
13	Students Handbook	114 (31.6)	106 (29.4)	74 (20.5)	67 (18.6)	2.74	1.095	361 (100)
14	Orientations and Matriculation	156 (43.2)	113 (31.3)	57 (15.8)	35 (9.7)	3.08	.987	361 (100)
15	Religious Association Leaders	105 (29.1)	114 (31.6)	68 (18.8)	74 (20.5)	2.69	1.099	361 (100)

Source: Researcher’s Field Survey, 2019

Table 1 showed the level of Utilisation of TISHIP information Sources for Accessing Healthcare Services in Ahmadu Bello University, Zaria. The results shows that the respondents utilized Orientations and Matriculation (M=3.08, SD=.987), Friends (M=2.91, SD=.943), Students Handbook (M=2.74, SD=1.095), Notice Boards (M=2.71, SD=1.040), Social Media (M=2.74, SD=1.136), Religious and Association Leaders (M=2.69, SD=1.099), Campus Bulletin (M=2.68, SD= 1.085), Internet (M=2.65, SD=1.200), Lecturers and Staff (M=2.62, SD=1.050) and Parents (M=2.53, SD=1.103) with mean above the Benchmark of 2.50 respectively while the results shows that the respondents whereas they do not utilize: NHIS Operational Guidelines (M=2.32, SD=1.033), Magazines (M=2.10, SD=1.003), Television (M=2.21, SD=1.094), Radio (M=2.26, SD=1.093), and Leaflets/Pamphlets (M=2.18, SD=1.053) with mean below the 2.50 Benchmark.

The findings revealed the undergraduates highly utilised.; Orientations and Matriculation, Friends, Students Handbook, Notice Boards, Social Media, Religious and Association Leaders, Campus Bulletin, Internet, Lecturers and

Staff and Parents as TISHIP information Sources for Accessing Healthcare Services in Ahmadu Bello University, Zaria.

The finding from this is in line with that of Manzoor, Hashmi, and Mukhtar (2009) who stated that beneficiaries of healthcare programme utilized the information sources available within their reach for effective healthcare access. The findings also corroborates with Xie et al. (2017) who indicated family and friends as information sources highly utilised by their respondents.

This implies that health information providers, information professional and Librarians alike have key roles to play in ensuring utilization of health information sources and content for users to ensure utilization which is one of the core values of the profession. It established that utilization of any information source is dependent on the awareness of that information sources hence the need for collaborative efforts and partnership with stakeholders.

How has the utilisation of TISHIP Information Sources enhance access to Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria?

The researcher asked questions regarding extent to which utilization of TISHIP information Source enhance access to healthcare services in Ahmadu Bello University Zaria. Responses were collected, analysed and presented in table 2.

Table 2 Extent to which Utilisation of TISHIP Information Sources Enhance Access to Healthcare Services by Undergraduates in Ahmadu Bello University, Zaria

S/N	HEALTHCARE SERVICES	RESPONSES f (%)				MEAN	SD	N (%)
		VH	H	L	VL			
1	Routine Immunizations	106 (29.4)	112 (31.0)	66 (18.3)	77 (21.3)	2.68	1.111	361 (100)
2	Surgical Procedures	36 (10.0)	99 (27.4)	106 (29.4)	120 (33.2)	2.16	1.089	361 (100)
3	Internal Medicine	71 (19.7)	125 (34.6)	87 (24.1)	78 (21.6)	2.52	1.038	361 (100)
4	HIV/AIDS	68 (18.8)	99 (27.4)	91 (25.2)	103 (28.5)	2.37	1.087	361 (100)
5	Health Education	104(28.8)	121 (33.5)	73 (20.2)	63 (17.5)	2.74	1.059	361 (100)
6	Essential Drugs	135(37.4)	114 (31.6)	58 (16.1)	53 (14.7)	2.94	1.140	361 (100)

7	STIs/STDs	60 (16.6)	101 (28.0)	106 (29.4)	94 (26.0)	2.35	1.041	361 (100)
8	Mental Health	28 (7.8)	91 (25.2)	111 (30.7)	131 (36.3)	2.04	.962	361 (100)
9	Paediatrics	51 (14.1)	80 (22.2)	109 (30.2)	121 (33.5)	2.17	1.047	361 (100)
10	Obstetrics and Gynecology	43 (11.9)	90 (24.9)	113 (31.3)	115 (31.9)	2.17	1.009	361 (100)
11	Ophthalmology	48 (13.3)	101 (28.0)	106 (29.4)	106 (29.4)	2.25	1.022	361 (100)
12	Accident and Emergency Care	98 (27.1)	116 (32.1)	74 (20.5)	73 (20.2)	2.66	1.084	361 (100)
13	Family Planning Education	65 (18.0)	85 (23.5)	102 (28.3)	109 (30.2)	2.29	1.084	361 (100)
14	Child Welfare Services	61 (16.9)	87 (24.1)	95 (26.3)	118 (32.7)	2.25	1.088	361 (100)
15	Referral Services	68 (18.8)	104 (28.2)	80 (22.2)	109 (30.2)	2.36	1.102	361 (100)
16	Complex Surgeries	46 (12.7)	83 (23.0)	96 (26.6)	136 (37.7)	2.11	1.052	361 (100)
17	Dental Health Services	88 (24.4)	118 (32.7)	81 (22.4)	74 (20.5)	2.61	1.067	361 (100)
18	Ear, Nose and Throats (ENT)	82 (22.7)	111 (30.7)	89 (24.7)	79 (21.9)	2.54	1.069	361 (100)
19	Periodic Medical Check-ups	97 (26.9)	109 (30.2)	81 (22.4)	74 (20.5)	2.63	1.087	361 (100)
20	Family Planning Commodities	60 (16.6)	85 (23.5)	96 (26.6)	120 (33.2)	2.24	1.087	361 (100)

Source: Researcher's Field Survey, 2019 Key: f: frequency, %: Percentage, SD: Standard Deviation

Table 2 shows the extent to which utilization of TISHIP information sources enhance access to healthcare services by undergraduates in Ahmadu Bello University, Zaria. The results shows that the respondents access to the Healthcare services provided under TISHIP based on their level of utilisation of the information sources has been enhance for the following Healthcare Services: Essential Drugs (M= 2.94, SD= 1.140), Health Education (M=2.74, SD=1.059), Routine Immunizations (M=2.68, SD=1.11), Accident and Emergency Care (M=2.66, SD= 1.084), Periodic Medical Check-ups (M=2.63, SD=1.087), Dental Health (M=2.61, SD=1.067), Ear, Nose and Throats (ENT) (M=2.54, SD=1.069), Internal Medicine and (M= 2.52, SD=1.038) respectively having mean above the 2.50 Benchmark while the other services like Mental Health (M=2.04, SD=.962), Complex Surgeries (M=2.11, SD=1.052), Surgical

Procedures (M=2.16, SD= 1.091), Paediatrics (M=2.17, SD=1.047), Obstetrics and Gynecology (M=2.17, SD=1.009), HIV/AIDS (M=2.37, SD=1.087), STIs/STDs (M=2.35, SD=1.041), Child Welfare Services (M=2.25, SD=1.088), Ophthalmology (M=2.25, SD=1.022), Family Planning Education (M=2.29, SD=1.084) and Referral Services (M=2.36, SD=1.102) has low extent with Benchmark below 2.50.

The finding indicated that utilisation of TISHIP information sources has enhanced access to the following healthcare services available in Ahmadu Bello University, Zaria; Essential Drugs, Health Education, Routine Immunizations, Accident and Emergency Care, Periodic Medical Check-ups, Dental Health, Ear, Nose and Throats (ENT), and Internal Medicine.

The finding implies that most of the healthcare services are those which information about the services have provided in line with Thuy, Nguyen, Nakamura, Seino, and Vo, (2017) who stated that the use of widely available information sources is highly associated with healthcare services utilisation. That is to say service in as much as they are available will be access if information sources about them are provided and utilized by the undergraduates. Access to the Healthcare services goes beyond just availability and awareness but utilisation, these can be enhanced through provision of adequate information about the services in the various information sources for the undergraduates.

Extent to which Undergraduate are satisfied with TISHIP Information Sources for accessing Healthcare Services in Ahmadu Bello University, Zaria

The researcher seeks to find out the extent to which undergraduates are satisfied with TISHIP information sources under this sub-heading. The question asked was responded by the respondents and the data collected were analysed and presented in table 3.

Table 3 Extent to which Undergraduate are satisfied with TISHIP Information Sources for accessing Healthcare Services in Ahmadu Bello University, Zaria

S/N	INFORMATION SOURCES	RESPONSES f (%)				MEAN	SD	N (%)
		HS	S	RS	NS			
1	Internet	109 (30.2)	101 (28.0)	76 (21.1)	75 (20.8)	2.68	1.114	361 (100)
2	Parents	91 (25.2)	115 (31.9)	79 (21.9)	76 (21.1)	2.61	1.080	361 (100)

3	Friends	103 (28.5)	149 (41.3)	71 (19.7)	38 (10.5)	2.88	.944	361 (100)
4	Magazines	44 (12.2)	101 (28.0)	118(32.7)	98 (27.1)	2.25	.989	361 (100)
5	Television	52 (14.4)	105 (29.1)	98 (27.1)	106(29.4)	2.29	1.040	361 (100)
6	Radio	58 (16.1)	105 (29.1)	109 (30.2)	89 (24.7)	2.37	1.024	361 (100)
7	Social Media	101 (28.0)	114 (31.6)	86 (23.8)	60 (16.6)	2.71	1.049	361 (100)
8	NHIS Operational Guidelines	68 (18.8)	100 (27.7)	106 (29.4)	87 (24.1)	2.41	1.051	361 (100)
9	Leaflets, Pamphlets	61 (16.9)	102 (28.3)	104 (28.8)	94 (26.0)	2.36	1.045	361 (100)
10	Lecturers/ Staff	92 (25.5)	121 (33.5)	93 (25.8)	55 (15.2)	2.69	1.015	361 (100)
11	Campus Bulletin	113 (31.3)	121 (33.5)	69 (19.1)	58 (16.1)	2.80	1.054	361 (100)
12	Notice Boards	111 (30.7)	123 (34.1)	83 (23.0)	44 (12.2)	2.83	1.000	361 (100)
13	Students Handbook	97 (26.9)	135(37.4)	73 (20.2)	56 (15.5)	2.76	1.017	361 (100)
14	Orientations and Matriculation	142 (39.3)	108 (29.9)	75 (20.8)	36 (10.0)	2.99	1.001	361 (100)
15	Religious Association Leaders	116 (32.1)	112 (31.0)	77 (21.3)	56 (15.5)	2.80	1.057	361 (100)

Source: Researcher's Field Survey, 2019

Table 3 showed the extent of satisfaction with TISHIP information sources for accessing Healthcare Services in Ahmadu Bello University, Zaria. The Results shows that the respondents are satisfied with Orientations and Matriculation (M=2.99, SD=1.001), Friends (M=2.88, SD=.944), Notice Boards (M=2.83, SD=1.040), Religious and Association Leaders (M=2.80, SD=1.057), Campus Bulletin (M=2.80, SD= 1.054), Students Handbook (M=2.76, SD=1.017),

Social Media (M=2.71, SD=1.049), Lecturers and Staff (M=2.69, SD=1.015), Internet (M=2.68, SD=1.114), and Parents (M=2.61, SD=1.080) with mean above the Benchmark of 2.50 respectively while the results shows that the respondents are not satisfied with: Leaflets/Pamphlets (M=2.23, SD=1.045), Radio (M=2.37, SD=1.024), NHIS Operational Guidelines (M=2.41, SD=1.051), Magazines (M=2.25, SD=.989), and Television (M=2.29, SD=1.040) with mean below the 2.50 Benchmark.

The findings revealed that the respondents are satisfied with Orientations and Matriculation, Friends, Notice Boards, Religious and Association Leaders, Campus Bulletin, Students Handbook, Social Media, Lecturers and Staff, Internet, and Parents as TISHIP information sources available for accessing healthcare in Ahmadu Bello University Zaria.

The findings is related to Bleich, Sara and Ozaltin (2009) who stated that patients' satisfaction to healthcare information sources is related to their experiences; Ahenkan and Aduo-Adjei (2017) who stated that communication through information sources is a significant predictor to individuals' satisfaction, Miranda (2017) who stated that satisfied patients are willing to come back to access healthcare services when need arises and (Id, Li, Id, Yu, & Luo, 2018) who stated in his work that respondents are highly satisfied with information sources available within their reach.

The implication therefore is that as individuals differ satisfactions differ and the need to be at the cutting edge to satisfy their information needs in terms of sources is expedient to all health and information professionals. Clientele-oriented models and approaches of information resources and services provision are needful to satisfy various needs of the students.

Summary of Major Findings

1. The undergraduates utilised TISHIP Information Sources like Orientation and Matriculation, Friends, Students Handbook, Notice Boards, Social Media, Religious and Association Leaders, Campus Bulletin, Internet, Lecturers and Staff and Parents.
2. Utilisation of TISHIP Information Sources enhanced access to Essential Drugs, Health Education, Routine Immunisations Accident and Emergency Care, Ear, Nose and Throats (ENT) and Internal Medicine.

3. The undergraduates were satisfied with Orientation and Matriculation, Friends, Notice Boards, Religious and Association Leaders, Campus Bulletin, Students Handbook, Social Media, Lecturers and Staff, Internet and Parents.

Conclusion

Access to healthcare services especially Social Health Insurance Programmes provided by any Nation is highly dependent on knowledge of the services and their benefits. The information about such if provided through information sources and made accessible to the beneficiaries will go a long way to ensure access to free healthcare to all. As revealed from the study there are many healthcare services available and covered under TISHIP of which the respondents are not aware of some of the services. However, The extent of awareness of the highlighted information sources is high as such they form the highly utilized information sources for accessing healthcare services thus enhancing access to Essential Drugs, Routine Immunizations, Accident and Emergency Care, Dental Health Care, Ear, Nose, and Throats (ENT) and Health Education as Healthcare Services. The extent of satisfaction with the TISHIP information sources is high for Orientation and Matriculation, Friends, Notice Boards, Religious and Association Leaders, Campus Bulletin, Students Handbook, Social Media, Lecturers and Staff, Internet and Parents. However, the respondents are not satisfied with Pamphlets/Leaflets, Radio, NHIS Operational Guidelines, Magazines and Television.

Recommendations

From the findings of this study, the following recommendations were provided:

1. The management of NHIS should ensure their services and information to beneficiaries are issued through magazines and leaflets for the students to find available, access and use. The campus radio and television programs aimed at providing information to the students should also commence.
2. The university medical centre should provide more information sources and services that will enhance access to other healthcare services available for the students.

3. Information professionals, health care workers, health information providers and librarians should collaborate with university management and the university medical centre to ensure information resources and services provided to undergraduates meets their health information needs hence increase their satisfaction. This will go a long way to enable access to the healthcare services available.

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