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Knowledge And Attitude Towards National Health Insurance Scheme Among Federal Civil Servants In Ibadan, Oyo State

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ABSTRACT
The continued stagnating healthcare system in Nigeria is of great social and economic consequence, as the deregulation of healthcare financing and supply in Nigeria has further shifted the healthcare system towards competitive market. It was found that despite the increase in most components of health care spending in Nigeria, the health status of the average Nigerian and the condition of health infrastructure has not improved appreciably. Thus an urgent need for a sustainable and equitable strategy to eliminate physical and financial barriers to health care is highly desired. Several works has been done on opinion and awareness about National Health Insurance Scheme but little has been done on knowledge and attitude towards National Health Insurance Scheme especially as far as federal civil servants is concerned, therefore, this study investigated the knowledge and attitude of Federal civil servants in Ibadan, Oyo state towards National Health Insurance Scheme. The study was carried out using descriptive research design of survey and correlation types and data was analysed using descriptive statistics, Chi-square and Pearson Product Moment Correlation. Five hundred and forty six (546) respondents were used. Knowledge of Benefits of NHIS Questionnaire (KBNHISQ) r= 0.74, Knowledge of Objectives of NHIS Questionnaire (KONHISQ) r=0.78, Attitudes Towards the Benefits of NHIS Questionnaire (ATBNHISQ) r= 0.71 and Utilization of NHIS Questionnaire (UNHISQ) r= 0.79 were the instruments used for data collection. The study tested six hypotheses. Three of the six hypotheses were rejected while the remaining three were accepted. There was no significant knowledge of the benefits (X^2cal = 30.124, X^2crit =30.144, df =19, p> 0.05), knowledge of the objectives (X^2cal = 12.205, X^2crit =18.307, df =10 p> 0.05) and positive attitude (X^2cal = 24.806, X^2crit =28.869, df =18 p> 0.05) towards the National Health Insurance Scheme among Federal civil servants in Ibadan, Oyo state, Nigeria. There was a significant utilization (X^2cal = 29.667, X^2crit =21.026, df =12 p< 0.05). a significant positive correlation was found between knowledge of benefit and utilization (r= 0.483, p>0.05) as well as between knowledge of benefit and utilization (r= 0.667, p<0.05) of National Health Insurance Scheme among Federal civil servants in Ibadan, Oyo state, Nigeria. The study concluded that NHIS scheme has finally taken off in Nigeria, but with a low awareness of the operations, components, objectives, benefits and mode of operation of the scheme among the formal sector or civil service and many workers are however willing to participate in the scheme, it was therefore recommended that government and other stakeholders in the scheme need to continue to organize awareness programmes that will sustain this interest among workers in the formal sectors.
Keywords: Health Insurance, Health status, Healthcare, Knowledge, Attitude
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Introduction

The sustainability and viability of a country's economic and social growth depend largely on vibrant healthcare sector of that nation. While health care needs is increasing, government expenditure on health in sub-Saharan Africa has severally been described as being inadequate, insufficient, inequitable and unsustainable (Werner, 2005; Hoare, 2007). The burden of paying for health care has been a performance indicator for assessment of national health systems according to the World Health Report (WHO, 2000)

Health care financing continues to stir debates around the world. Many low and middle income countries especially, keep on exploring different ways of financing their health systems. This is due to the fact that their health systems are chronically under-funded (James, Hanson, McPake, Balabanova, Gwatkin, Hopwood, 2006). User fees were initially introduced at the point of service delivery in some of these countries in order to generate revenue for the running of their health systems. In some contexts, the introduction of user fees led to improvement in the quality of health care services (Lagarde and Palmer, 2006). However, the overwhelming evidence suggests that user fees constitute a strong barrier to the utilization of health care services, as well as preventing adherence to long term treatment among poor and vulnerable groups (Palmer, Mueller, Gilson, Mills and Haines, 2004). These problems led to yet another debate to look for other alternatives of health care financing.

Prepayments inform of social health insurance (SHI) was found to provide protection against some of the undesirable effects of user fees (Carrin, 2002). The international community is therefore paying more attention to SHI as one of the promising financing mechanisms for providing coverage to populations against high health care service costs (Hsiao and Shaw, 2007). SHI is seen as helping to pool health risks, prevent health related impoverishment and improvement in efficiency and quality of health care services (WHO, 2005). It also provides access to health care services for the poor and helps mobilize revenue for providers (Carrin, 2002). Nonetheless, the implementation of SHI programmes are challenged in terms of awareness by the people, knowledge of people about it and ensuring national coverage. (Lagarde andPalmer, 2006).

Most Americans, approximately 86%, have health insurance provided by their employer (64.1 %), and the government (24.2%), while some have self-insurance through the private market (Werner, 2005). In Nigeria, health care delivery system is characterized by weak response toward access to health care services for vulnerable members of the society, especially women and children, and the total expenditure on health care as percentage of GDP is 4.6, while the percentage of federal government expenditure on health care is only about 1.5% (John, 2003).

Majority of Nigerians cannot afford and access health care services because it is beyond their reach, statistics puts 70.2% of Nigerians as living below the poverty line of USD 1.00 per day which encourages the vicious cycle of poverty, ignorance and disease (John, 2003). There is high dependence and pressure on government for funding of health services, a situation which the government has objectively not lived up to in recent years. Government expenditure on health is USD 3.40 per capita as opposed to the World Developmental Report (WDR) recommendation of USD 34 per capita (Ronald, 2003). The continued stagnating healthcare system in Nigeria is of great social and economic consequence, as the deregulation of healthcare financing and supply in Nigeria has further shifted the healthcare system towards competitive market ideals (World development report. 2005).

It was found that despite the increase in most components of health care spending in Nigeria, the health status of the average Nigerian and the condition of health infrastructure has not improved appreciably (Lloyd, 2009) Thus an urgent need for a sustainable and equitable strategy to eliminate physical and financial barriers to health care is highly desired. The idea of a National Health Insurance Scheme was first considered by the Nigerian government in 1962 but successive governments lacked the political will to actualize this dream, not until 43 years after that the scheme took off (Adeniyi and Onajole, 2010). To sustain the various health policies and strategies of government towards a reformed health system of a country, an adequate financing mechanism becomes imperative.

A study by Olugbenga-Bello and Adebimpe (2011) on opinion of teachers about NHIS concluded that Poor knowledge of the objectives and mechanism of operation of the NHIS scheme characterised the civil servants under study. The poor knowledge of the components and fair attitude towards joining the scheme observed in this study could be improved upon, if stakeholders in the scheme could carry out adequate awareness seminars targeted at the civil servants. In another study by Adeniyi and Onajole (2010) on National Health Insurance Scheme (NHIS): a survey of knowledge and opinions of Nigerian dentists' in Lagos, it was discovered that most 132 (61.1%) of the respondents had a fair knowledge of the NHIS, while 22 (10.2%) and 62 (28.7%) had poor and good knowledge respectively. Majority (70.4%) viewed the NHIS as a good idea that will succeed if properly implemented. Most (76.6%) respondents also believed that the scheme will improve access to oral health services, affordability of services (71.4%), availability of the services (68.3%) and recognition of dentistry as a profession (62.4%). Most of the respondents (66.2%) considered oral health care as not properly positioned in the NHIS and 154 respondents (74.4%) found the current position of oral health on the NHIS unacceptable. A good number of the respondents (77.3%) would like dentistry to operate at the primary care level on the NHIS. Majority of the dentists involved in this study had some knowledge of the NHIS and were generally positively disposed towards the scheme and viewed it as a good idea.

NHIS in Nigeria has been characterized by a lot of misconceptions, fears about workability of the scheme, concerns as regards workers financial contribution to the scheme overtime and the sincerity of government in financing workers in the formal sector among others. This study therefore aims to assess the knowledge and attitude of Federal civil servants in Ibadan, Oyo state towards the National Health Insurance Scheme.

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funding of health services, a situation which the government has objectively not lived up to in recent years. Government expenditure on health is USD 3.40 per capita as opposed to the World Developmental Report (WDR) recommendation of USD 34 per capita (Ronald, 2003). The continued stagnating healthcare system in Nigeria is of great social and economic consequence, as the deregulation of healthcare financing and supply in Nigeria has further shifted the healthcare system towards competitive market ideals (World development report. 2005).

It was found that despite the increase in most components of health care spending in Nigeria, the health status of the average Nigerian and the condition of health infrastructure has not improved appreciably (Lloyd, 2009) Thus an urgent need for a sustainable and equitable strategy to eliminate physical and financial barriers to health care is highly desired. Several works has been done on opinion and awareness about National Health Insurance Scheme but little has been done on knowledge and attitude towards National Health Insurance Scheme especially as far as federal civil servants is concerned. Adeniyi and Onajole, (2010) worked on knowledge and opinions of Nigerian dentists' in Lagos toward National Health Insurance Scheme while Olugbenga-Bello and Adebimpe, (2011) worked on Knowledge and attitude of civil servants in Osun state, Southwestern Nigeria towards the national health insurance. More so, NHIS in Nigeria has been characterized by a lot of misconceptions, fears about workability of the scheme, concerns as regards workers financial contribution to the scheme overtime and the sincerity of government in financing workers in the formal sector among others. It is based on the aforementioned that the researcher want to investigate the knowledge and attitude of Federal civil servants in Ibadan, Oyo state towards National Health Insurance Scheme.

Methodology

The descriptive survey research design was used for this study. The use of this research design is considered appropriate because of its merit, which suit a study of this nature. Descriptive survey method helps to obtain a first hand or first class information regarding the prevalence, distribution, determinants and interrelationship of variables within a population. It could be used to collect information on people's action, knowledge, awareness, opinions, intention, attitude and values. This was supported by Thomas and Nelson (2001) who stated that descriptive research design helps a researcher in the collection of information, identifying problems, making comparison and carrying out systematic evaluation.

The sample for this study was all the five hundred and eighty seven staff (587) of the federal ministries at the federal secretariat, Ibadan, Oyo State. This is to say total enumeration or census was used. The cluster sampling technique was used to select all the ministries at the federal secretariat, and total enumeration was used i.e all the staff of the ministries at the Federal secretariat were used.

The instrument for this study was a self-developed structured questionnaire designed according to the variables to be tested in the hypotheses. The questionnaire was in five sections A, B, C, D and E. Section A focused on the demographic data of the respondents. Section B which is Knowledge of Benefits of NHIS Questionnaire (KBNHISQ) sought information on knowledge of the respondent about the benefits of NHIS. Section C which is Knowledge of Objectives of NHIS Questionnaire (KONHISQ) sought information on knowledge of the respondent about the objectives of NHIS. Section D which is Attitudes Towards the Benefits and objectives of NHIS Questionnaire (ATBONHISQ) sought information on the attitudes of the respondents towards the benefits and objectives of the scheme while section E which is Utilization of NHIS Questionnaire (UHISQ) sought information on the level of utilization of the scheme. All the items in the instrument were close ended and were in line with the modified likert type scale, and will be rated as follows: SA -Strongly Agree (4), A -Agree (3), D -Disagree (2) and SD -Strongly Disagree (1).

Crombach Alpha reliability method was used to confirm the reliability of the research instrument using a sample of 30 state civil servants from Oyo State ministry of Education who were not part of the sample for the study. Knowledge of Benefits of NHIS Questionnaire (KBNHISQ) yielded a reliability coefficient of 0.74 Knowledge of Objectives of NHIS Questionnaire (KONHISQ) yielded a reliability coefficient of 0.78, Attitudes Towards the Benefits of NHIS Questionnaire (ATBNHISQ) yielded a reliability coefficient of 0.71 and Utilization of NHIS Questionnaire (UNHISQ) yielded a reliability coefficient of 0.79.

Descriptive statistics of frequency count, percentage and pie chart were used to analyse the research questions while inferential statistics Chi-square was used to test hypotheses 1 to 4 while Pearson Product Moment Correlation was used to test hypotheses 5 and 6 at 0.05 alpha level.

Results

Though the study proposed total enumeration of the population (587) but only 546 were accessible while the rest were not accessible due to different reasons, so only 546 that were accessible were used for data analysis.

Hypotheses

This section provided analysis of the tested hypotheses.

Hypothesis 1: Federal civil servants in Ibadan will not have significant knowledge of the benefit of National Health Insurance Scheme

Table 1: Chi Square table showing the knowledge of the benefit of National Health Insurance Scheme among Federal civil servants in Ibadan

	SA	A	D	SD	X^2cal	X^2crit	df	p
Do you know that NHIS covers up to 80% of disease	254 46.5	243 44.5	37 6.8	12 2.2				
Do you know that with NHIS, you do not need to pay at the point of treatment	41 7.5	294 53.8	121 22.2	90 16.5	30.124	30.144	19	.059
Do you know that NHIS covers emergency care	101 18.5	118 21.6	303 55.5	24 4.4				
Do you know that NHIS covers essential drugs	12 2.2	189 34.6	94 17.2	251 46.0				
Do you know that NHIS covers eye and dental care	58 10.6	204 37.4	267 48.9	17 3.1				
Do you know that NHIS is a means of paying for your treatment in advance	66 12.1	178 32.6	302 55.3	-				
Do you know that NHIS is a means of paying little for much as far as treatment is concerned	12 2.2	221 40.5	255 46.7	58 10.6				
Do you know that your employer pay some percentage on you	183 33.5	202 37.0	161 29.5	-				
Do you know that NHIS has indemnity mechanism	14 2.6	262 48.0	270 49.5	-				
Do you know that Health Maintenance Organization is the body that runs NHIS is a limited Liability Company	61 11.2	167 30.6	313 57.3	5 0.9				

The table above shows that Federal civil servants in Ibadan do not have significant knowledge of the benefit of National Health Insurance Scheme X^2cal = 30.124, X^2crit =30.144, df =19 p> 0.05). The table also revealed that X^2cal is less than X^2crit, therefore, the hypothesis is accepted. This is in line with the finding of Olugenga-bello and Adebimpe (2011) who concluded that one third of respondents were aware of beneficiaries of the National Health Insurance scheme. They stated further that there result is better compared to a study in which only 12.2% of the respondents knew who the scheme will cover (Akpala and Onuekwusi, 2008). Adeniyi and Onajole, (2010) also concluded that about half of respondents in their study believed that the scheme will improve efficiency of the health system and well-being of participants. This is however lower compared to a study in which 88.1% believed that the scheme will improve health care in Nigeria (Akpala, C and Onuekwusi, N.2008). The series of knowledge exhibited by respondents in this study agreed with the low awareness of NHIS among studied respondents. This result is also supported by Carrin (2002) who found out that most 132 (61.1%) of the respondents had a fair knowledge of the NHIS, while 22 (10.2%) and 62 (28.7%) had poor and good knowledge respectively.

Hypothesis 2: Federal civil servants in Ibadan will not have significant knowledge of the objectives of National Health Insurance Scheme

Table 2: Chi Square table showing the knowledge of the objectives of National Health Insurance Scheme among Federal civil servants in Ibadan

	SA	A	D	SD	X^2cal	X^2crit	df	p
Do you know that NHIS is a means of health for all	94 17.2	122 22.3	318 58.2	12 2.2	12.205	18.307	10	.108
Do you know that NHIS is a means of reducing number of death due to diseases	94 17.2	116 21.2	336 61.5	-				
Do you know that NHIS is a means of improving standard of living	82 15.0	145 26.6	319 58.4	-				
Do you know that NHIS is a means of improving health	12 2.2	118 21.6	90 16.5	326 59.7				
Do you know that NHIS is a means of increasing life expectancy	29 5.3	278 50.9	228 41.8	11 2.0				
Do you know that NHIS is a means of reducing the burden of direct payment	80 14.7	236 43.2	228 41.8	2 0.4				

The table above shows that Federal civil servants in Ibadan do not have significant knowledge of the objectives of National Health Insurance Scheme X^2cal = 12.205, X^2crit =18.307, df =10 p> 0.05). The table also revealed that X^2cal is less than X^2crit, therefore, the hypothesis is accepted. This corroborate the view of Olugenga-bello and Adebimpe (2011) which stated that less than one third of respondents in their study knows the objectives of National Health Insurance scheme. The study also agreed with another study in which only (38.8%) had good information on its objectives (Ibiwoye and Adeleke, 2008). Thus, in the formal sector participation may be improved if employers comply with the directive making the scheme compulsory for all employees, in which case they will be keenly interested in facts and fallacies surrounding the operations of the scheme (Ibiwoye and Adeleke 2008)

Hypothesis 3: Federal civil servants in Ibadan will not have significant positive attitude towards the National Health Insurance Scheme

Table 3: Chi Square table showing the attitude of Federal civil servants in Ibadan towards National Health Insurance Scheme

	SA	A	D	SD	X^2cal	X^2crit	df	p
I care less about what NHIS covers or does not cover	254 46.5	226 41.4	54 9.9	12 2.2	24.806	28.869	18	.061
Fraud is a big problem with NHIS	52 9.5	264 48.4	96 17.6	134 24.5				
NHIS is actually a means of frauding people	17 3.1	291 53.3	225 41.2	13 2.4				
I don't care if NHIS reduces cost of treatment or not	80 14.7	176 32.2	277 50.7	13 2.4				
I love to pay my medical bills directly	51 9.3	247 45.2	226 41.4	22 4.0				
There is actually like health for all	187 34.2	225 41.2	89 16.3	45 8.2				
NHIS does not have what it takes to have better health status	120 22.0	208 38.1	218 39.9	-				
Health for all is another means of fruading people	183 33.5	185 33.9	165 30.2	13 2.4				
NHIS cannot improve utilization of health facilities	14 2.6	331 60.6	190 34.8	11 2.0				
NHIS does not have what it takes to improve standard of living of the people	313 57.3	134 24.5	94 17.2	5 0.9				

The table above shows that Federal civil servants in Ibadan do not have significant positive attitude towards the National Health Insurance Scheme X^2cal = 24.806, X^2crit =28.869, df =18 p> 0.05). The table also revealed that X^2cal is less than X^2crit, therefore, the hypothesis is rejected.

Hypothesis 4: Federal civil servants in Ibadan will not significantly utilize the National Health Insurance Scheme

Table 4: Chi Square table showing utilisation of National Health Insurance Scheme among Federal civil servants in Ibadan

	SA	A	D	SD	X^2cal	X^2crit	df	p
I make use of NHIS very well	318 58.2	178 32.6	38 7.0	12 2.2	29.667	21.026	12	.000
I know so many Federal civil servants that make use of NHIS	338 61.9	164 30.0	39 7.1	5 0.9				
I sorely depend on NHIS for treatment of my family members whenever anyone of them is sick	196 35.9	73 13.4	139 25.5	138 25.3				
Using NHIS has been very benefiting to me	95 17.4	171 31.3	241 44.1	39 7.1				
I enjoy the service of NHIS	29 5.3	140 25.6	355 65.0	22 4.0				

The table above shows that Federal civil servants in Ibadan significantly utilize the National Health Insurance Scheme X^2cal = 29.667, X^2crit =21.026, df =12 p< 0.05). The table also revealed that X^2cal is greater than X^2crit, therefore, the hypothesis is rejected. This agreed with the view of The purchasing power of a client is an important determinant of accessibility to health care services which to a large extent depends on income. As the WHO suggest that not more than 5% of individuals' income is supposed to be spent on health, (Ajilowo and Olujinmi 2007) any attempt to spend more than 5% of ones income on health signifies a sort of deprivation to health care services (Ajilowo and Olujinmi, 2007). For instance, both baseline and endline studies on the NHIS saw an increase in utilization of health care services from 37% in 2004 to 70% in 2008 in Ghana. Similarly, the Ministry of Health (Ghana) reported that the use of outpatient and inpatient services under the NHIS almost doubled between 2005 and September 2007 (Health Systems 20/20 Project and Research and Development Division of the Ghana Health Service 2009). A recent study in the Volta Region of Ghana, also found the NHIS to have positively affected health seeking behavior and the consumption of health care services (Gobah-Freeman and Liang, 2011). Elsewhere in Burkina Faso, Gnawali et al. reported higher utilization rates (about 40% higher) for outpatient services under the Community-based Health Insurance Scheme (Gnawali, Pokhrel, Sié, Sanon, De Allegri, Souares, Dong and Sauerborn, 2009)

The finding of this study is not in resonance with that of World Health Organization.(2000) where they found out that about three quarters of respondents in their study fund their health care through personal or out of pocket expenses, and about one third were not satisfied with present mode of payment. This agrees with another study in which out of pocket expenses were the main source of health care financing, and when not affordable, many clients turn to patent medicine stores and traditional care." This is also comparable to Vietnam, where out-of-pocket payments were estimated to constitute as much as 80% of total health care expenditure in the years 2000, (World Health Organization.2000) and the share of households facing catastrophic health care expenditure may be as high as 10% (Xu, Evans, Kawabata, Zeramdini, Klavus and Murray 2003).

Hypothesis 5: There will be no significant correlation between knowledge of benefits and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan

Table 5: Correlation table showing the relationship between knowledge of benefit and utilization of National Health Insurance Scheme

	Mean	SD	N	R	Df	P
Knowledge of benefit of NHIS	29.3205	4.08868	546	0.483	544	.000
Utilization of NHIS	14.5092	2.79201	546			

The table above shows that there was a positive significant correlation between knowledge of benefit and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan (r= 0.483, p>0.05). The table also revealed that knowledge of benefits has a mean of 29.3205 and a standard deviation of 4.08868 while utilization has a mean of 14.5092 and a standard deviation of 2.79201, therefore the null hypothesis is rejected. This tallied with the view of Olugenga-bello and Adebimpe (2011) which stated that about 0.3% of respondents in their study have benefited from the NHIS scheme, while a little over half are willing to participate in the scheme. They stated further that this is very low compared to other studies in which 87.1% (Sabitu and James, 2005) were willing to participate in the scheme, and another in which 91.4% (Banjoko, Banjoko and Omoleke, 2009) were willing to participate in the scheme. They however concluded that this may be as a result of many factors including poor detailed knowledge of the objective and components of the scheme among the respondents. They however concluded that a significant association exists between willingness to participate in the NHIS scheme and awareness of methods of options of health care financing (P<0.05) and awareness of NHIS (P <.05).

Hypothesis 6: There will be no significant correlation between attitudes towards benefits and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan

Table 6: Correlation table showing the relationship between attitude towards benefit and utilization of National Health Insurance Scheme

	Mean	SD	N	R	Df	P
Attitude towards benefit of NHIS	28.3535	4.05530	546	0.667	544	.000
Utilization of NHIS	14.5092	2.79201	546			

The table above shows that there was a positive significant correlation between knowledge of benefit and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan (r= 0.667, p<0.05). The table also revealed that attitude towards benefits has a mean of 28.3535 and a standard deviation of 4.05530 while utilization has a mean of 14.5092 and a standard deviation of 2.79201; therefore the null hypothesis is rejected. This tallied with the view of Olugenga-bello and Adebimpe (2011) which stated that about 0.3% of respondents in their study have benefited from the NHIS scheme, while a little over half are willing to participate in the scheme. They stated further that this is very low compared to other studies in which 87.1% (Sabitu and James, 2005) were willing to participate in the scheme, and another in which 91.4% (Banjoko, Banjoko and Omoleke, 2009) were willing to participate in the scheme. They however concluded that this may be as a result of many factors including poor detailed knowledge of the objective and components of the scheme among the respondents. They however concluded that a significant association exists between willingness to participate in the NHIS scheme and awareness of methods of options of health care financing (P<0.05) and awareness of NHIS (P<.05).

Conclusion

Based on the findings of the study, the following conclusions were made

1. Federal civil servants in Ibadan do not have significant knowledge of the benefit of National Health Insurance Scheme

2. Federal civil servants in Ibadan do not have significant knowledge of the objectives of National Health Insurance Scheme

3. Federal civil servants in Ibadan do not have significant positive attitude towards the National Health Insurance Scheme

4. Federal civil servants in Ibadan significantly utilize the National Health Insurance Scheme

5. There is a significant correlation between knowledge of benefits and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan

6. There will be no significant correlation between attitudes towards benefits and utilization of National Health Insurance Scheme among Federal civil servants in Ibadan

Recommendations

Based on the findings of the study, the following recommendations were made

1. The NHIS has finally taken off in Nigeria, but with a low awareness of the operations, components, objectives and mode of operation of the scheme among the formal sector or civil service. Many workers are however willing to participate in the scheme, thus, government and other stakeholders in the scheme need to continue to organize awareness programmes that will sustain this interest among workers in the formal sectors.
2. Information should include telling people about the scheme; dispel their fears about the scheme as well as ensuring that no loop holes exist in organizing and managing the scheme.
3. Campaign should be intensified and emphasizes on the objectives, benefits, components and workings of the scheme, employing the mass media as a way of reaching a vast majority of the workforce.

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