
Impact of Communication in the Success of Health Insurance Schemes in Nigeria: The Plateau State Contributory Healthcare Management Agency Perspective

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Abstract: *The importance of communication in the success of health insurance has become glaring over the years. Communication principles are used today as Health communication control strategies, educating patients about medical care options on various disease prevention, advocacy on marketing health plans and products etc. This study evaluated the communication strategies of the Plateau State Contributory Health Insurance Agency (PLASCHEMA) on the Plateau citizens. The method of study was mixed; quantitative and qualitative approach. Both primary and secondary sources were employed in obtaining data. The population of the study consists of 6 Local Government Areas in Plateau State. Findings established that PLASCHEMA as an organization utilizes the corporate communication strategies and that there is good level of awareness of PLASCHEMA activities. The study concluded that the communication processes in place by PLASCHEMA have been yielding average level of outcomes. For better impact, the study recommended that the agency needs to diversify its communication approaches, adopt strategies to step down their campaigns in local languages, hire the services of information professional and public relation consultants as parts of the envisaged capacity building.*

Keywords: communication, health insurance, plateau state contributory health insurance agency (PLASCHEMA), health communication strategy.

INTRODUCTION

Communication plays an integral role in the delivery of healthcare, the promotion of health communication builds knowledge, understanding and fosters trust in healthcare systems because it involves the interactions between various stakeholders such as insurers, healthcare providers, policyholders, and government bodies. Since the emergence of health communication as a field of practice, researchers and practitioners have been preoccupied with improving this practice to ensure that the aims and objectives of communicating are achieved since effective communication in health care is not a game; much is at stake in achieving it. Health communication links the domains of communication and health, and encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. The field represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion. The most obvious application of health communication has been in the areas of health education, promotion and disease prevention (Hassan and Mohammed, 2021). For instance, patients need to feel safe enough to communicate honestly and openly with their care providers to receive effective treatments, providers need to convey treatment plans and health education clearly, accessibly, and empathetically so that patients can receive optimal care, administrators and providers need to share information ethically and responsibly to protect patient confidentiality and healthcare organizations need to apply culturally responsive measures to bridge communication gaps between stakeholders (Tulane University, 2021). To this extent, effective communication in health care can make a life-or-death difference. Health administrators and other healthcare professionals can benefit from learning more about types of communication in health care, barriers to communication in healthcare, and evidence-based strategies for effective communication in health care today. In ensuring that health communications are effective, the WHO (2017) developed six principles to guide health communicators. The principles demand that health communications are accessible, actionable, credible (trusted), relevant, timely, and understandable (Maude and Usman, 2017). To be relevant, contacts must help audiences see the health information, advice, or guidance as applicable to them, their families, or others they care about. Relevant communications are essential towards the personalization of benefits derivable from participating in Social Health Insurance [SHI] (WHO, 2017). According to Maude and Usman (2017), when the audience can identify with the problem that SHI is trying to solve and see the benefits as applicable to them, they would more likely embrace the scheme. WHO recommends that knowing the background of the audience and their concerns, attitudes, and behavior are essential in making relevant communication. Apart from the need for communication to be accessible, actionable, credible, and relevant, it also needs to be timely. It is essential to make information, advice,

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and guidance available conveniently, so audiences have the information they need when they need it to make appropriate health decisions (WHO, 2017). Therefore, communications have to be delivered timely so that the audience can have enough time to evaluate and or assimilate inherent information and decide to act on it because wrong timing can cause communication to become irrelevant to the audience's needs and once the relevance quality is lost, the communication becomes useless, leading to resource wastage. In addition, health communication also needs to be understandable. Making communications understandable is particularly important given that target audiences are people who may not individually afford to finance their healthcare needs. Most of these people belong to the vulnerable group who are educationally disadvantaged. More importantly, the need to provide health services to vulnerable groups such as pregnant women and children under five and those in hard-to-reach communities remains a herculean task for health stakeholders to address (Hassan and Mohammed, 2021). Like any other communication endeavour, strategies are very critical factors to consider in disseminating health insurance information to these target citizens. The communication strategies assure such citizens of the responsiveness of health care services to people's expectations which are targets of health insurance schemes that impact health system goals. A responsive health insurance scheme uses strategic communication to ensure that users are able to obtain healthcare in a client-oriented manner with no discrimination of different population groups.

In Nigeria, these principles have mostly found relevance in the formal sector. At the rural and, in some cases, peri-urban centres, none of these principles can be said to apply. This may be because messages are arguably communicated in English language even though most rural or peri-urban centres are speech communities of diverse indigenous languages (Hassan and Mohammed, 2021). The Nigerian National Health Insurance Scheme (NHIS) now reformed and known as National Health Insurance Authority (NHIA) is a Social Health Insurance Programme (SHIP) that emerged under the principle of socialism (being one's brother's keeper) with that of insurance (pooling of risks and resources). As a result of the limited National coverage of the Scheme then, the state Agencies were created to cover the gaps in the 36 states of Nigeria. Failures in the health systems of the states over the years led to devise innovative approaches and alternative mechanisms to improve health service provision. In the last decade, most states of the federation have implemented socially-oriented health insurance schemes. These health insurance schemes are now widely recognized as alternative means to ensuring an effective and efficient health system for people in states of the federation. Thus, the importance of communication in the success of health insurance schemes such as the Plateau State Contributory Healthcare Management Agency (PLASHEMA) is underscored by Ikhioya (2019) who observed that health communication has become an accepted tool for promoting public health, adding that health communication principles are often used today for various disease prevention and control strategies including advocacy for health issues,

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marketing health plans and products, educating patients about medical care or treatment choices, and educating consumers about healthcare quality. In this regard, there is no gainsaying the imperativeness of effective communication in transmitting these laudable goals to the target public, especially in facilitating the ultimate aim of achieving Universal Health Coverage (UHC) as one of the essential Sustainable Development Goals (SDGs) and ensuring no one is left behind. This also underscores the emphasis upheld by Strategic Communication for Universal Health Coverage Practical Guide (2018) that effective strategic communication is essential to realizing UHC. In order to ensure universal healthcare coverage, many countries such as Nigeria that subscribe to the Sustainable Development Goals (SDGs) are committed to ensure access to basic health services for their citizens by instituting health insurance schemes. This places communication at the heart of health insurance with each of the scheme's diverse audience requiring tailored communication approaches to change their knowledge, attitudes, and behaviours. Health insurance is expected to be an important mechanism to prevent financial hardship in the process of accessing health care. Health insurance is a formal arrangement in which insured persons (beneficiaries) are protected from the costs of medical services that are covered by the health insurance scheme. It has been considered and promoted as the major financing mechanism to improve access to health services, as well as to provide financial risk protection (Christensen, 2014). In Africa, several countries including Ethiopia, Ghana, Kenya, Nigeria, Rwanda, and Tanzania have already spent scarce time, money, and effort on health insurance initiatives. However, many of these public and private schemes, cover only a small proportion of the population, with the poor less likely to be covered (Daniels, 2016). Alawode and Adewole (2021) note that since the launch of Nigeria's National Health Insurance Scheme (NHIS) in 2005, only 5% of Nigerians have health insurance and 70% still finance their healthcare through Out-Of-Pocket (OOP) expenditure. Today, the laws that guide the operations of NHIS has been amended and it is now called National Health Insurance Authority (NHIA) with the intention to make health insurance compulsory for every Nigerian. Despite this huge step in adopting health insurance as one of the global vehicles of attaining universal health coverage for all citizens in Nigeria, experts further forecast that progress toward UHC requires local ownership and customized strategies for specific contexts in which diverse stakeholders must be engaged including political leaders, health care purchasers, providers, patients, suppliers, and civil society groups (Ahmed, 2009; Adeyemi, 2012; Akpabio, 2016; Daniels, 2016).

Several studies have shown that when countries or states embark on large-scale reforms of their health care systems, communication strategies are fundamental instruments that ensure the achievement of the initial objectives of reform (Maude and Usman, 2017; Daniels, 2016; David, 2014; Derek, 2013). To this end, the Plateau State Contributory Health Insurance Agency (PLASCHEMA) was created in 2019 by the Plateau State Government, to help protect its citizens from financial hardships; cut out-of-pocket expenditure and complement NHIS. The

Publication of the European Centre for Research Training and Development -UK Agency since inception has been deliberate about meeting its communication mandate as revealed by the efforts and systems put in place for information dissemination. The Agency has a dedicated Unit under the office of the Director general called Communication for Development (C4D) that handles internal and external communications of PLASCHEMA. Extracts from the C4D Strategic Plan (2020) reveals that PLASCHEMA intends:

- i. Making project PLASCHEMA the leading enterprise in the implementation of Government policies.
- ii. Securing media partnerships with relevant stakeholders.
- iii. Simplifying the concept of State Social Health Insurance Scheme and the BHCPF through info graphics and other easy to learn materials.
- iv. Effective communication management of the Protocol Unit of the Agency.
- v. To magnify to the public the efficiency and effectiveness of the Agency towards achieving its mandate to the public.
- vi. To serve as gatekeepers for the agency
- vii. Enhancing effective communication within the agency
- viii. Produce world class media content across traditional and New media platforms
- ix. Proper branding of the Agency

From the aforementioned plan it is evident that the agency through its communication strategies sets out to maintain harmony with the general public and its targeted stakeholders, through press media relations and other forms of advocacy that opens communication with feedback to and from the citizens of the State, while also recognizing the need for internal communication to address industrial harmony. This is in concordance with the contention of Tam, Kim, Grunig, Hall and Swerling (2022) that communication strategies in organisations have evolved from a focus on top-down strategic planning and control or external communication to a view of communication strategy as a process in which different organizational actors and stakeholders participate in making 'relatively consequential decisions'. Their position is in tandem with the two – way asymmetrical model proposed by Grunig and Hunt (1984) as cited by Andersson (2020) in which both the organization and its publics are constantly exchanging information with mutually reinforced feedback mechanisms that allow for pertinent information to be disseminated and clarifications provided in areas of ambiguity or perceived information deficit to be addressed. Strategically, health campaigns are intended to achieve maximum outcomes with and attendant behavioural and attitudinal change, and in this case towards improved health seeking behaviour. Therefore, since the inception PLASCHEMA in 2019, there has been communicating with its stakeholders to raise awareness on its operations through campaigns, with the aim of mass enrolment to offer health Insurance Services to Plateau State citizens in-line with global best practices. This study is therefore poised to investigate the impact of communication in the success of health insurance schemes in Nigeria, specifically dwelling on

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the activities, plans and programmes of Plateau State Contributory Healthcare Management
Agency Perspective (PLASCHEMA).

Statement of the Problem

Several studies in Nigeria (Hamajoda, 2015, Hassan 2010) have identified gaps in awareness creation and eventual performance of the health Insurance programmes in Nigeria, these have provided evidence on the dwindling prospects of achieving UHC. Even more worrisome is the limited coverage of the health insurance over the years despite its attempts to create awareness for citizen enrolment and participation in a bid to mitigate catastrophic out of Pocket expenditure on health as a key driver for achieving UHC. Thus, the evaluation of communication strategies deployed by PLASCHEMA in its outreaches and community engagement practices, as well as the challenges affecting the health communications strategies of PLASCHEM is apt because the extent to which the strategic health communication strategies adopted by PLASCHEMA have contributed in maintaining harmony with the general public and its targeted stakeholders; the efficient advocacy strategies that influence stakeholder coordination for Health Insurance in Plateau State it is not certain. This gap raised the questions of the successes or otherwise of the PLASCHEMA communication strategies as a driver towards achieving universal health coverage for Plateau citizens in which this study investigated.

CURRENT STUDY DESIGN

Purpose and Significance

The general objective of this study is to evaluate the communication strategies of the Plateau State Contributory Health Insurance Agency (PLASCHEMA). Specifically, the objective is designed to determine the health communication strategies adopted by PLASCHEMA and how effective they are to the direct communities expected to benefit from them in Plateau State. This will aid in the provision of feedback on the effectiveness of the communication strategies employed, and the drawbacks associated with them. Thereby providing a framework to measure the effectiveness of their communication endeavours with respect to implications on overall implementation of the health insurance schemes, not only PLASCHEMA but other health insurance agencies in Nigeria. It will also open a window into health communication discourse in Nigeria with respect to how the healthcare delivery industry in Nigeria is embracing communication strategies as necessary tools for health education and promotion; thereby showcasing how health communication goes beyond its scope of health education and promotion into breaking of socio-cultural controversies that hinder people from patronising health insurance.

Theoretical Framework

Goal-Oriented Communication Theory

The Goal-Oriented Communication Theory conceptualized by Goldreich, Juba and Sudan (2012) is reviewed to provide the theoretical framework for this study. Goldreich, Juba and Sudan put forward a general theory of goal-oriented communication, where communication is not an end in itself, but rather a means to achieving some goals of the communicating parties. Focusing on goals provides a framework for addressing the problem of potential “misunderstanding” during communication, where the misunderstanding arises from lack of initial agreement on what protocol and/or language is being used in communication. In this context, “reliable communication” means overcoming any initial misunderstanding between parties towards achieving a given goal. This theory anchors the results-driven communication strategy which focuses on achieving measurable results. It emphasizes on the use of communication as a means of achieving some goals of the communicating parties and also a framework that ensures that any misunderstanding likely to derail the achievement of this goal are dealt with. The theory therefore, clarified the need for use of communications in enabling PLASCHEMA to attain its performance goals in the successful implementation of its programmes and operations.

Research design

This research is predicated on the mixed methods of quantitative and qualitative approach of generating data, which was subjected to rigorous analysis. The study deployed survey to reach the target population to generate quantitative data establishing the relationships between variables in the study while the quantitative approach provides the platform for covering a large population and manipulation of numeric figures to analyse data generated. The qualitative method of Key Informant Interviews (KII) was adopted in complementing the survey design to gain insights into the phenomenon, thereby making the study which is evaluative in nature and structured to appraise the strategic communication process of the PLASCHEMA, a mixed method study.

Population of the Study

The population of the study consists of the entire residents of Plateau State across the 17 Local Government Areas which is the scope of operations of PLASCHEMA. However, given the fact that it is often difficult to conduct an exhaustive study, the study’s population is delimited to the 6 Local Government Areas where PLASCHEMA's awareness campaigns for achieving Universal Health Coverage were more concentrated, given the population size of the Local Government Areas. The selection of the 6 Local Government Areas considered the differences in their size, urbanization, number of health facilities, likelihood of insurance participation, and

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 media campaign coverage. According to the 2023 population projection by the National Bureau of Statistics, the population size of the 6 Local Government Areas (LGAs) is 2,095,900 (Two Million, Ninety Five Thousand, Nine Hundred) people. The breakdown of the 6 LGAs is as follows:

Table 1: Population Table

S/N	Local Government Area	Location	Total
1	Jos North	Northern Zone	643,200
2	Barkin Ladi	Northern Zone	264,500
3	Kanam	Central Zone	246,600
4	Mangu	Central Zone	442,100
5	Quan Pan	Southern Zone	290,200
6	Langtang North	Southern Zone	209,400
		Total	2,095,900

Sample Size Techniques

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

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

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

$$n = 2, 095, 900 / (1 + 1)$$

$$n = 2, 095, 900 / 2$$

$$n = 485$$

The multi-stage sampling technique was adopted for this study. This sampling method involves the splitting of the population into manageable groupings applying different sampling techniques at various stages to achieve a reliable procedure. Consequently, the purposive sampling technique was first used in selecting the six Local Government Areas based on where PLASHEMA's awareness campaigns for achieving Universal Health Coverage were more concentrated (Jos North, Barkin Ladi, Kanam, Mangu, Quan Pan, and Langtang North). Then, the stratified sampling technique was applied in the second stage group districts in the selected Local Governments Areas into strata based on urbanization, number of health facilities, and likelihood of insurance participation. In the third stage, the quota sampling technique was utilized to assign quota to the population in each of the strata of the districts in the Local Government Areas selected.

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Methods of Data Collection and Analysis

Both primary and secondary sources were employed in obtaining data; two research instruments – questionnaire and Key Informant Interview (KII) guide were used for data in this study. The instrument for data collection for the survey is the questionnaire designed to gather responses from the sample population, the instrument is designed to reflect the basic purpose of the study. Books, Library materials, Internet and other documented sources constituted the principal material for secondary sources of data collection. Focus Group Discussion (FGD) was also employed as it has the advantage of allowing the freedom to provide in-depth responses, unforeseen answers related to variables in the study and also help in conducting pilot studies that provide insights into the categories of responses to expect and help in adding validity to the instrument.

Based on the fact that the study collected both quantitative and qualitative data, the quantitative and qualitative method of data analysis was applied. The data collected from this study was analysed to answer the research questions that informed this study. This operation was carried out through coding, tabulation and drawing statistical inferences and data analysis will employ the SPSS software, the results presented in tables and expressed in simple percentages and graphs where necessary. Meanwhile, the qualitative data was analysed using indexing for the interviews and FGD sessions, results of which will be subjected to further discursive analysis of the issues elicited from the respondents. Therefore, the combination of these methods provided the study the necessary with breadth and depth required for critical analysis for the problem of this study, to this end a triangulation of the findings was carried out to compare and contrast the findings and appropriate conclusion drawn at the end of the analysis.

LITERATURE REVIEW

Communication is crucial in building common understanding, creating shared meaning and experiences. By implementing excellent communication strategies, organizations are able to build, maintain and protect positive reputation. According to Masuku, Chitsika and Moyo (2014), organizational communication is viewed as all the forms of communication applied by an organization and its efficiency can be attained when an organization adopts proper strategies. Masuku et'al (2014) point out that organizational communication centers on the role of communication within an organization set up, and alludes to the process where messages are sent, received, encoded and decoded by an organization amongst its stakeholders. Communication strategies are the roadmaps designed with an aim of organizing internal and external communication so that an organization's overall strategy can be executed (Pimiä, 2015). Communication strategies are fundamental in articulating, explaining and promoting a vision and a set of well-defined goals. They build a reliable, cohesive "voice" that links varied activities and goals in a manner that appeals to an organization's stakeholders (Kube, 2014).

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The main communication strategies as pointed out by Gacheri (2012) consist of interactive strategy, integrative strategy, two-way communication strategies, inclusive strategy and participative strategy. However, some of the strategies seem to be highly interconnected or interdependent, for instance, open and two-way communication strategies where open communication is considered a two-way process (Miksen, 2017). Furthermore, inclusive communication relies on some of the instruments used in participatory communication such as dialogue, transparency and joint problem solving leading to their high correlation (Olsson, 2018). Open and two-way communications are also forms of communication in inclusive and participatory communication. There is also the place of interactive and integrative communication. Interactive communication is recognized as a dynamic, two-way flow of information which involves the exchange of ideas where both participants are active and can have an effect on one another (Soler-Adillon, Sora, Freixa, and Ribas, 2016). Integrative communication on the other hand is the holistic approach to communication where all forms of communications and messages are carefully linked together to ensure harmony in communication (Barker, 2013).

For Allen (2016), Strategic communication entails to the purposeful use of communication by an organization to fulfill its mission. Downs and Adrian (2012) posit that strategic organizational communications also requires that messages are delivered multiple times in multiple ways to have the most impact. In addition, Sanina, Balashov, Rubtcova and Satinsky (2017) avers that the communication needs and preferences of different parties attached to an organization vary, hence, diverse messages need varied methods to deliver. Therefore, the use of multiple channels when communicating with different audiences will result to increased chances that communications are received and comprehended (Coldevin, 2007). Multi-channeled communication strategy calls for efficiency in integrating multiple channels as well as cohesiveness and consistency of multi-voiced message. Thus, results-driven communication entails strategic communication that is focused on achieving measurable results (Kube, 2014).

In this study, communication strategies are viewed as the functional strategies that provide focus and direction to the communication function in an organization in line with Syaifuddin and Rizal (2018). The study focused on participatory communication, results driven communication and multi-channeled communication strategies. Participatory communication strategy was assessed in terms of communication openness and transparency, dialogue and consultation, knowledge and information sharing, shared decision making and freedom to opinion expression across an organisation's operations. These are informed by the tenets of participatory communication theory which are participation, dialogue, empowerment and mutual understanding of exchanging views in all communications.

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Strategic Communication for Health Insurance

According to Ambler (2013), strategic communication in Health insurance includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices. Health insurance communication often integrates components of multiple theories and models to promote positive changes in attitudes and behaviours towards health insurance. Health insurance communication is related to social marketing, which involves the development of activities and interventions designed to positively change behaviours towards health insurance (Jesse, 2020). Howard (2019) opined that strategic communication in health insurance communication include the following components: use of research-based strategies to shape materials and products and to select the channels that deliver them to the intended audience, understanding of conventional wisdom, concepts, language, and priorities for different cultures and settings, consideration of health literacy, internet access, media exposure, and cultural competency of target populations and development of materials such as brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, pamphlets, videos, digital tools, case studies, group discussions, health fairs, field trips, and workbooks among others media outlets.

Peter (2017) observed that using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health insurance communication strategies aim to change people's knowledge, attitudes, and/or behaviors about health insurance include; reinforcing positive behaviors, influencing social norms and empowering individuals to change or improve their health conditions Examples of media strategies to convey health messages include the following components: radio, television, newspaper, flyers, brochures, Internet and social media tools (i.e., Twitter, Facebook, and YouTube). In the case of Nigeria, health insurance communication are mainly carried out through Television, Radio, Pamphlets for mass distribution and Social media Platforms (Adegoke, 2020).

The Nature of Health Insurance

Health insurance arose from the uncertainty and potential for financial ruin of ill health (Folland, Goodman, and Stano, 2016). People tend to be risk-averse, and are therefore willing to forego part of their income to purchase the assurance that they will be protected from catastrophic health expenditure. Health insurance operates on the basis of the willingness of individuals with similar aspirations (protection from the risk of impoverishment by illness) but varying probabilities of ill health to contribute funds (premiums) to a pool. The insurance pool thus spreads the financial risk of ill health among the insured population. The larger the pool, the more sustainable it will be as transaction costs tend to decline and risk is more evenly spread. The benefits of health insurance can be lost if sufficient and effective communication

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steps are not taken to make the people understand and see reasons for being part of it. Failure in this aspect will not mitigate causes of insurance market failures such as information asymmetry, moral hazard, cream skimming, and adverse selection by market actors. Health insurance can take the form of private, social, community-based, or tax-based systems. Most countries that have made appreciable progress toward universal health coverage (UHC) implemented some form of government-led health financing reforms. Many of these countries, across all income levels, did so by adopting social health insurance based on the Bismarck model (Okpani and Abimbola 2015). Hassan (2010) also reported that the NHIS now NHIA communication approaches had been mainly either proactive or reactive since inception. The then NHIS communications was less interactive. Reactive public relations or communication is usually impromptu and can be less thoughtful and compelling. Similarly, WHO (2017) observed that, to be relevant, contacts must help audiences see the health information, advice, or guidance as applicable to them, their families, or others they care about. Relevant communications are essential towards the personalization of benefits derivable from participating in Social Health Insurance (SHI). When the audience can identify with the problem that SHI is trying to solve and see the benefits as applicable to them, they would more likely embrace the scheme. To make relevant communication, WHO recommends knowing the background of the audience and their concerns, attitudes, and behavior and possibly practices. Apart from the need for communication to be accessible, actionable, credible, and relevant, it also needs to be timely. It becomes increasingly essential to make information, advice, and guidance available conveniently, so audiences have the information they need when they need it to make appropriate health decisions, especially as it concerns out of pocket expenditure and their welfare at reasonable costs

Data Presentation and Analyses

The survey was designed to evaluate the communication strategies of PLASHEMA with precise objectives of determining the health communication strategies adopted by PLASHEMA and the effectiveness of the strategies on the direct communities of Plateau State. The study cut across the 3 geo-political zones in Plateau state with two local governments sampled in each of the geopolitical zone. Consequently, 85 responses (17.5%) were gotten from Jos North Local Government Area; 80 responses (16.5%) were gotten from Barkin Ladi Local Government Area; and 75 responses (15.5%) were go from Kanam Local Government Area. In Mangu Local Government Area, 82 responses (17%) were gotten for the study; while 76 responses (16%) were gotten from Quan Pan Local Government Area; and 85 responses (17.5%) were gotten from Langtang North Local Government Area, respectively. The demographic data is first presented before data bothering on the study variables.

Table 1: Demographic Information of Respondents

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

Source: Field Work

Table 1 shows the demographic information of the population for the study in which majority of the population are under 39 years and have completed at least secondary education, followed by Diploma qualification, while a majority also self-employed, others civil servants and business owners. Significance of the data in the table to the study is that while people between the ages of 18 and 49 were more represented, every other age group between teenage and adulthood was represented in the study. Therefore, given the fact that between the ages of 21–40, considered the most active segment of the Nigerian population who are targeted by health insurance schemes, it implies that the most important segment of the society who are more prone to health challenges and therefore targeted by PLASCHEMA predominantly participated in the study. The table also signifies that most of the respondents sampled for the study had acquired significant education implying that the study sample comprised of quality respondents.

Table 2: Have you heard of the Agency PLASCHEMA?

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

Source: Field Work

The data shows that all the 485 respondents sampled unanimously agreed that they have heard about PLASCHEMA. This shows that apart from the sampled respondents, majority of residents of Plateau State, particularly those who live in the 6 Local Government Areas selected for the study are exposed to communication activities and programmes of PLASCHEMA.

Table 3: Have you been enrolled into PLASCHEMA service?

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

Source: Field Work

Evidence of enrolment into PLASCHEMA scheme and services is provided by table 3. The data shows that an overwhelming majority of the sampled respondents (308 respondents, (53.5%)) indicated that they are enrolled into the various health insurance schemes of PLASCHEMA. However, 177 respondents (36.5%) indicated that they are not enrolled into the various health insurance schemes of PLASCHEMA. Therefore, the residents of Plateau State can be said to be adequately exposed to health communication messages regarding the health insurance scheme of the agency.

Table 4: Source of information about PLASCHEMA?

RESPONSE	N	PERCENTAGE
Health Facility/Health Worker	189	24%
Media (Television, Radio, Newspaper)	276	35%
Social Media	129	16.3%
Friends/Family	96	12.2%
Worship Center	52	6.6%
Other	47	6%
Total	789	100%

Source: Field Work

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The data in Table 4 provides information on respondents' sources of information about PLASCHEMA and its health insurance schemes. This data signifies therefore, that PLASCHEMA uses a myriad of communication strategies ranging from advocacy at health facilities and community engagement by health workers, use of conventional mass media - television, radio and newspapers; use of social media platforms; use of informal contacts (friends and family members) of PLASCHEMA staff, and worship centres as well as any other source as the opportunity avails. This implies that PLASCHEMA has taken to communication as a deliberate effort for success, thus making the data significant to the study objectives

Table 5: How do you rate the services provided by PLASCHEMA

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

Source: Field Work

Table 5 contains data on the extent to which Plateau State residents who have enrolled for the health insurance scheme of PLASCHEMA and the prospective enrollees are satisfied with the services of the agency as well as how they rate the agency's services. The overwhelming position of the 181 respondents (37.3%) and 290 respondents (59.8%) who are in the majority opinion that the services of PLASCHEMA are both fair and good and they also rate the agency's services as being fair and good, contrary 14 respondents (2.9%) who are in an insignificant minority opinion note that the services of PLASCHEMA are poor. The dissenting opinion of 2.9 is insignificant compared to the 97.1% of the respondents who rated services of the agency as both fair and good. It is glaring from the majority opinion expressed that residents of Plateau State who are both enrollees and potentials, are generally satisfied with the services of PLASCHEMA. This denotes that the health communication strategies of the agency are significantly effective.

Summary Table showing results of Interviews and FGD conducted

QUESTIONS	FGDs	RESPONSE	Interviews	RESPONSE
On the effectiveness of public Communication	Majority concluded that it was functional except very few respondents follow social Media	XXX	Most respondents indicated Followership on radio	XXXX
Source of Information on the Agency	Through : Health workers <u>Community</u>	XXXXX	Through : Health Workers <u>Media</u>	XXX
Recommendations	1. More outreaches through rural radio 2. The use of community and religious leader	XXXXX	1. More outreaches through rural radio 2. The use of community and religious leader	XXXXX

Source: Field Work

Key:**XXXXX:** Majority**XXXX:** Many**XXX:** Minority**XX:** Very Few**Summary of Key Findings from interviews and Focus Group Discussions**

Majority of the respondents are males however the margin between both genders are not too wide apart and most of the respondents are between the ages of 18-39 and can be said to be young. Most of the respondents have attained basic educational requirements of some sort. Eight out of ten people interviewed know something about PLASCHEMA and more than half of the respondents' rate PLASCHEMA services high. An overwhelming majority of responses shows that most respondents get their source of information about PLASCHEMA from family/friends and health workers/health facilities. Enrollment and service utilization of PLASCHEMA services is still low at 36%. Majority of the respondents think that PLASCHEMA has created enough awareness about her services. However, 40% of respondents think PLASCHEMA can do more towards awareness and made some suggestions in that regards. The suggestions include making use of radio, billboard, and fliers, creating

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more awareness campaigns at various worship centres, through more awareness campaigns especially at the grassroots level and media publicity at Agro FM Shendam and NBS Lafia, Nasarawa State for those in the southern part of Plateau state. Four out of ten respondents follow PLASCHEMA social media handles and radio programs.

DISCUSSION OF FINDINGS

Determining the Health communication strategies adopted by PLASCHEMA

From the responses of the both the survey and the interviews the study has established that PLASCHEMA as an organization utilizes the corporate communication strategies for both internal and external communication and it considers engagement with its stakeholders as critical the success of its health information dissemination, to that extent the organization has a communication work-plan which involves the use of various channels for information dissemination with its publics these include the use of broadcast media, radio and TV, print media as well as direct contacts with stakeholders through engagements and advocacy visits with community and religious leaders who as considered as gatekeepers. This is also consistent with related studies (Adegoke 2020; Pratt and Foreman 2020) , that recommend public media for health insurance campaigns The corroborated results of the both the survey and the interview reveal that PLASCHEMA is deliberate about meeting its communication mandate as revealed by the efforts and systems put in place for information dissemination, the agency has a dedicated Unit under the office of the Director general called Communication for Development (C4D). Extracts from the C4D Strategic Plan of PLASCHEMA include:

- i. Making project PLASCHAEMA the leading enterprise in the implementation of Government policies.
- ii. Securing media partnerships with relevant stakeholders
- iii. Simplifying the concept of State Social Health Insurance Scheme and the BHCPF through info-graphics and other easy to learn materials
- iv. Effective communication management of the Protocol Unit of the Agency
- v. To magnify to the public the efficiency and effectiveness of the Agency towards achieving its mandate to the public
- vi. To serve as gatekeepers for the agency
- vii. Enhancing effective communication within the agency
- viii. Produce world class media content across traditional and New media platforms
- ix. Proper branding of eh Agency

From the aforementioned it is evident that the agency through its communication strategies sets out to maintain harmony with the general public and its targeted stakeholders, through press media relations and other forms of advocacy that opens communication with feedback to and from the publics., while also recognizing the need for internal communication to address

Publication of the European Centre for Research Training and Development -UK industrial harmony (Pratt and Foreman 2020). Furthermore, the interviews conducted also confirmed that indeed the agency is reaching out to the targeted population through the media and direct community advocacy engagements.

The effectiveness of the strategies on the direct communities of Plateau State

The data from table 5 reveals that there is good level of awareness of PLASHEMA activities as alluded to by the population sampled. This implies a good positive score and feedback for the agency and evidence that their communication have reached the people and sufficient publicity has been established, in line with the strategic communication mandate of the agency. However, the enrollment figures in table 3 do not necessarily reflect the level of awareness generated; the study has revealed that only 63% of the population had enrolled into the Scheme.

The Agency is also very conscious of all the platforms as it reels out various radio, TV and Social media health campaigns towards sensitizing the Public and also receiving feedback from the public. Similarly, this phenomenon resonates with the theoretical model underpinning this study which expects that there should be a two – way symmetrical system of exchanging information with the Public which guarantees a platform for exchange of ideas and clarification of expectations between the organization and its publics. Grunig and Huang (2000), allude that in any situation the model provides a win-win situation as the parties involved negotiate and try to convince each other and arrive at a compromise.

In addition, majority of the respondents further recommendations on awareness campaigns and multiple platforms of improving communications have been made to include community radio, SBCC materials like fliers and market outreaches among other options. This amplifies the receptiveness of the respondents to the ongoing efforts on the campaigns and advocacy strategies of the agency which is line with the assertion of Rimal and Lapinski (2014) that the essence of Public communication is to create awareness and bridge gaps of understanding.

CONCLUSION

In line with the objectives which the study set out to achieve, conclusions can be drawn from the analysis of the data to answer the research questions and theoretical framework underpinning this study. It is very evident the communication processes in place by PLASHEMA have been yielding average level of outcomes as the citizens responded positively in the enquiries administered through the mixed methods. Also, that the PR department and management of PLASHEMA are deploying the best practices strategies of Public communication to promote awareness and increased enrollment. In analyzing the advocacy and Public communication programs of the Agency, the study identified broadcast media, Print and Social Media as the major channels of communication available to the Agency for reaching its target Audience.

Recommendations

The following steps and actions are recommended for greater impact:

1. The agency needs to diversify its communication approaches to be more inclusive to include participation of community members, individuals, groups and health workers. The study result reveal these as credible sources of information for the citizens
2. The Agency also needs to adopt strategies to step down their campaigns in local languages to reach the people that are not literate in their local languages especially through pamphlets, jingles, radio programs and other community inclusive approaches
3. Management should as matter of importance, hire the services of information professional and public relation consultants to help her manage her strategic health communication. This is a standard practice that other big industry players use and it has guaranteed their Return on Investments. This can also help to strengthen the PR department as they adopt best practices.
4. Management needs upgrade the Communication Unit to the Status of full- fledged department so that their operations will assume its full management functions and not just be reduced to information Unit. As a department it can assume the functions of the go between management and its internal and external publics to manage a mutually beneficial relationship.
5. Management should also prioritise funding of the communication unit to enable it meet its operational demands and especially funding programs that will help to sensitize the citizens and build trust.

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