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EMPLOYEES' SATISFACTION WITH NATIONAL HEALTH INSURANCE SCHEME AT THE UNIVERSITY OF IBADAN

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Abstract

The study investigated the factors that lead to employees' satisfaction with the services of the University health services as vendors of the National Health Insurance Scheme (NHIS) in the University of Ibadan, Nigeria. A descriptive survey research design was used for the study. The study population was made up of both academic and non-academic staff of the University. A sample size of 225 was selected through simple random sampling technique. Data was collected by the use of questionnaire and in-depth interviews. The questionnaire which comprised of open and closed ended questions were administered to the respondents. A total of 8 in-depth interviews were conducted across eight randomly selected areas for the study. The quantitative data generated through the questionnaire were analyzed at the univariate and bivariate levels employing frequency distribution and percentages. The resulting qualitative data was analyzed using manual content analysis to enhance the explanatory clarity of the findings. Findings show that there was heightened awareness of the scheme among the employees. Majority of the employees claimed that they were satisfied with the Health Care Services provided under NHIS. The study revealed that the employees encountered some challenges with the scheme such as long waiting time before obtaining their registration cards and also before consultation with the doctors. The study also showed that there was need for improvement in the services provided to the enrollees in the benefit package of the scheme. In order to maintain satisfactory health care service for the employees, it was recommended that government should organize stakeholder's forum where joint needs assessment could be done. This will go a long way in ensuring that the employees continue to enjoy satisfactory health care services.

Keywords: Employees' satisfaction; health care services; NHIS; utilisation.

Introduction

Over the years, employees' satisfaction with the National Health Insurance Scheme (NHIS) has generated considerable interest (Agba 2010; Mensah 2010 and Zuh 200). According to Fitz Patrick (2002) there is ample evidence from scientific research to indicate how important the issue of patient satisfaction is. One of the many reasons for interest in patients' satisfaction with health care is the widely held view that patients' satisfaction with health care services influences such factors as follow up visits, patronage and compliance with medical regimen. From the management perspective, patient satisfaction with health care is important for several reasons. Firstly, patients who

are satisfied are more likely to maintain a consistent relationship with such health care providers. Secondly, it is an outcome of health care delivery which leads to continued use of services. It is equally necessary for economic viability of the practice. A review on literature of health care reveal wide spread interest that has been shown on the subject matter of use and satisfaction of customers with health care services and observations have revealed that few studies have been carried out that are related to enrollees' satisfaction with NHIS in the university of Ibadan. Patients who are satisfied are most likely to follow specified medical regimen and treatment plans (Ware and Hays, 1988). The utilization of NHIS has been attributed to a number of factors which include peoples' economic health and level of coverage of the scheme (Oyelele and Eluwa, 2009). Agba (2010) identified other factors to include ability to pay, the frequency of illness and coverage of the scheme that determine the utilization of the scheme.

The Federal Government of Nigeria launched the national health Insurance scheme (NHIS) on the 6th June, 2005 with the major objective to ensure provision of health insurance, "which shall entitle insured persons and their dependants the benefits of prescribed good quality and cost-effective health services" for all. (NHIS Decree No 35 of 1999 part 1:1) Based on this, the workforce in the country at large is assured comprehensive health care at reduced (affordable) cost and covering employees of the formal sector (Ononokpono, 2008). This health insurance programme is a social health security system in which the health care of the employees is paid for with funds created by pooling the contributions of employees and employers. The Government under the scheme spells out the standards and operational guidelines for participation. It is optional except for workers in the private and public sector who are expected to contribute 5 percent of their basic salary to the scheme while the employers pay 10 percent of employees' basic salary (NHIS, 2009). This entitles a contributor, a spouse and four biological children below the age of 18 years access to medical care from any approved service provider.

The registration of employees of the University of Ibadan with the NHIS started in the month of May 2006. However on the 1st of March 2007, health care service provision under the NHIS took off at the University Health Centre (Jaja Clinic) with the first capitation of N325,000 from the Federal Government. The employees whose registration cards were available to them for use were able to access the scheme without delays. Since then different batches of registration cards have continued to arrive from Abuja office of the NHIS till date. The earlier delays in the release of registration cards have been attributed to administrative protocol. More than five years of NHIS in Nigeria, research has shown that services provided at public health facilities are generally perceived by members of the public as being very poor (Agba 2010). Despite the introduction of the Scheme which assures every Nigeria access to good health and efficiency in health care service delivery, improper attention of health care providers, unsatisfactory services to health care seekers, long waiting time of patients tend to bore prospective users as well as claim that the scheme has not been able to meet the health care needs of the people. (Agba, 2010). It is argued that a healthy people and especially the workforce who are the employees in the formal sectors are important tools for sustainable development in the nation. Therefore this study is to determine the factors that lead to employees' satisfaction with the NHIS at the University of Ibadan.

Literature Review

The concept of employees' satisfaction is complex and also value laden. In the health industry, the definition of satisfaction largely rests on the perception of the provider, the client, the manager, the receiver and payer and so forth (Wold, 2005). It has been widely assumed that patients are insufficiently well informed to comment on their own health care (Fitzpatrick and Hopkins, 2002) undoubtedly this is the case in many health care settings within the country. Whereas the primary objective of and goal of the health care system is to provide services that are acceptable to the patients who are recipients of the services (Fitzpatrick, 2002, Ajala; 2002; Owumi, 1998). For example patients who are dissatisfied with their health care services are more likely not to follow the medical regimen of the service. In a study conducted by Fitzpatrick and Hopkins (2002) results show that in a sample of patients attending a neurological clinic for chronic headache, those who were dissatisfied with consultation, were significantly less likely to take the medicine that have been prescribed. Similarly, another study by Rose and Duff (1982) revealed that the same results have been obtained between satisfaction and complainer in hypertension and pediatric clinic and general practices. Dissatisfied patients are less likely to remain for further care. Iliaysu Abubaka, Iwan, Abubaka and Gajida (2010) did a cross-sectional study aimed at assessing waiting time, cost of treatment and course of treatment and other factors affecting satisfaction with health care services provided to in-patients in the Aminu Kano Teaching Hospital Kano, Northern, findings showed that majority of the patients were dissatisfied with services they received. Patients were least satisfied when waiting time is longer than expected. When waiting time is no longer than expected they are relatively satisfied, when waiting time are perceived as equal to expected waiting time or shorter than expected then they are very satisfied.

According to Ononokpono (2008) the NHIS was designed to provide comprehensive health care services at affordable costs. Covering employees of the formal sector self-employed, rural communities, the poor and the vulnerable groups. The commencement of the scheme in the University of Ibadan Health centre has provided access to professional health services. Agba (2010) argues that the services provided at the health centre, no matter how accessible and affordable the price is if the services are poor and unsatisfactory to the users, it would impart negatively on the users of the scheme. The NHIS has nine benefits packages for the enrollees to enjoy (NHIS, 2009). Firstly, the contributors are expected to benefit from the following: Outpatient care including necessary consumables; prescribed drug, pharmaceutical care and diagnostic test as contained in the National list; Maternity care for up to four live birth preventive care including immunization, family planning, ante natal care, post natal care consultation with physician pediatrician, obstetricians gynecologist surgeon, orthopedic surgeons, ENT surgeons, radiologist, ophthalmologist, physiotherapist, etc. Hospital care in a standard ward or length of stay is limited to fifteen cumulative days per years for the beneficiary and or the employee pays, eye examination and care excluding the provision of spectacles and contact lenses, different types of prosthesis limited to artificial limbs produced in Nigeria, preventive dental care and pain relief. In a study conducted by Shafui, Nasir, and Henggin (2010) in the Ahmadu Bello University, Zaria, on the perception of formal sector employees on the NHIS, findings revealed that only 48%

new the basic benefit package of the scheme 74% of these respondents agreed that NHIS helped to solve the health expenditure problem. Their findings revealed that majority of the people have heard about the scheme in the formal sector but there was no report on formal sector employees' satisfaction with NHIS. Eboh (2008) examined the perception of health care workers in Delta state regarding the NHIS. The findings show that 90% have heard of NHIS but less than 15% could make any comprehensive description of how it benefits the public while 70% don't have faith in the program. The people's view gathered from the study above portends a great level of dissatisfaction in Government project in Nigeria which they attributed to previous projects that have failed. Similarly, in the study by Olugbega-Bello and Adebimpe (2010) on knowledge and attitude of civil servants the results showed that only 3% so far have benefited from the scheme. The study also showed that enrollees have not benefited adequately from the scheme. In related work done by Sanusi and Awe (2009) to assess the perception of NHIS among health care consumers in Nigeria, the results show that although 65% of the respondents received treatment from registered healthcare providers under the NHIS program. However, some of the respondents who have been treated under the scheme wanted the program discontinued.

In Nigeria the utilization of the National Health Insurance Scheme has been attributed to a number of factors. According to Oyekele and Eluwa (2009), Level of coverage of the scheme is a major factor that mostly affects the utilization of the scheme. Agba (2010) identified many other factors which include, ability to pay, the frequency of illness and coverage of the scheme. Majority of the insured household cited expensive premium as the reason for ending their membership. Among the households that have not enrolled, majority cited the same reason for not enrolling indicating inability to afford premium that were lower than those proposed under the NHIS. In a research study by Mensah (2010) on evaluation of the Ghana National Health Insurance Scheme the research found that finances were the most cited obstacle by majority of the respondents. Also in the study conducted by Zhu (2008) in China on the Health insurance of rural township school children in Pinggu, Beijing, coverage rate, determinants, disparity and sustainability findings revealed that as the numbers of children of enrollees entitled to the insurance care increased, enrollees' opinion changes from negative to positive about the scheme. Lack of knowledge of the scheme was equally a strong reason for not enrolling on the scheme. It is never possible for anyone to be a part of what he/she is not aware of. The findings also show that the cost of the premium is another reason why some of the farmers in the study did not participate in the scheme. It also uncovered over half of the uninsured group who were willing to enroll if the cost was low enough. Therefore, the main issues that this study addressed are the assessment of the factors that lead to employees' satisfaction with NHIS among the employees in the University of Ibadan. Ibadan.

Methodology

Design and Setting

A descriptive survey design was used in the study. The setting of the study was the University of Ibadan. Ibadan is the head-quarter of Oyo State located in the South-

West region of the country. There is a healthcare facility under the NHIS used by the employees of the university. The University of Ibadan is the oldest Federal Tertiary Institution in the country.

Study Population

The study population comprised of both academic and non-academic staff that are registered users of the NHIS scheme. The university was selected because it is a federal university and currently, workers in this formal sector where the University of Ibadan employees belong are covered by the scheme. They are the people that are most likely to give relevant information about the objectives of the study.

Sampling Technique

A multi-stage sampling technique was used in selecting the respondents for the study. Firstly the University of Ibadan was selected purposively because of the fact that the employees are federal government workers who are also enrollees of the NHIS. Next, stratified sampling method was used and the University was stratified into twelve units from which eight units were randomly selected which include; faculty of Sciences, Agricultural Sciences, Veterinary medicine, Arts, University College Hospital (UCH), Central Administration, Works and Maintenance. Finally all the enrollees in these areas participated in the study. Purposive sampling was used to identify the employees because of the danger of including those who are not enrollees and do not also use the scheme.

Data Analysis

Analyses were carried out at different levels. The data generated through the questionnaire were analyzed at the univariate and bivariate levels. At the univariate level demographic characteristics of the respondents were described. Various tables were generated using largely descriptive statistics frequencies and percentages. Bivariate analysis examined the relationships among variables. A cross tabulation of variables was used. The resulting qualitative data were analyzed using largely content analysis.

Ethical Consideration

Throughout the field work, ethical consideration was emphasized. The questionnaire that was administered to the enrollees was prefaced with a consent form requesting consent of the respondents before participation in the study. Participation was based on informed and voluntary consent. Respondents for the study were assured that they have the right to withdraw at any time. They were fully assured of their confidentiality and anonymity and safety in the course of their participation in the community where the study was carried out. They were also assured of the benefit which is attracting the attention of the Government and this will not be denied as the findings of the study will be published for the government and other relevant-policy makers to be aware of the need to put in place measures that will lead to improved employees' satisfaction with health care services. Those who consented completed the questionnaire and returned same to the researcher

Results

Socio-demographic Characteristics of the Respondents**Table 1:** Frequency distribution of respondents by selected socio and demographic characterizes

Variables	Responses (categories)	Frequency	Percentage
Age	20-30	36	16.0
	31-40	69	30.7
	41-50	68	30.2
	51-60	48	21.3
	61	4	1.8
	Total	225	100
Sex	Male	126	60.4
	Female	89	39.6
	Total	225	100
Marital Status	Single	44	19.6
	Married	173	76.9
	Widow	7	3.1
	Separated	1	0.4
	Total	225	100
Level of Education	Primary	39	17.3
	Secondary	13	5.8
	Tertiary	173	76.9
	Total	225	100
Nature of Employment	Academic	168	74.7
	Non-academic	57	25.3
	Total	225	100

Socio-demographic characteristic of respondents

Table 1 above shows the frequency distribution of the respondents by selected Socio-demographic characteristic including age, sex, and marital status, level of education and nature of employment. The Table indicates that 16 percent are between the ages 20-30 while 30.7 percent are between the ages 31-40 and they represent the majority. Over a quarter 21 percent represent the ages between 41-50 and 51-60 respectively. Only 1 percent represents ages 61 and above.

The Table indicates that 60 percent of the respondents are males while 39 percent are females. There is the male dominance though not very significance. On level of education of the respondents, 76 percent have tertiary education while 5.8 percent have secondary education and only 17 percent have primary education. On marital status, majority 76 percent of the respondents are married. Only 19 percent of the respondents are single and this represents both young men and women who are not married while 3.1 and 0.4 percent represent the widows and separated respectively. The marital status of the respondents is indicative of the predominance of married respondents. The nature of employment distribution reveals that majority of the respondents 74 percent are academic staff of the University while 24 percent are non-academic staff of the University.

Respondents' knowledge about NHIS operational guidelines

When the respondents' knowledge of NHIS operational guidelines were solicited, the responses were overwhelmingly in the affirmative. More than 80 percent of the respondent agreed that they were aware while 12 percent were not aware.

Table 2: Respondents knowledge about NHIS operational guidelines

Responses	Frequency	Percentage
Scope of Coverage	9	4
Benefit package	78	34
Membership	48	21
Contribution	90	41
Total	225	100
Total	225	100

Table 2 shows that there is relatively high level of awareness of the scheme with respect to specific knowledge regarding NHIS operational guidelines with 41 percent of the respondents indicating that they have knowledge of their contribution towards the scheme. This may be so because most of the respondents seem to check the monthly contribution of the 5% and the 10% contributions of the employer as reflected on their monthly pay slips. More than 30 percent of the respondents identified benefits package as the specific knowledge of operational guideline of the scheme. It shows that many who are contributors also have knowledge of benefits attached. Slightly over 20 percent have specific knowledge of membership of the operational guidelines while only 4 percent of the respondents identified scope of coverage as the area of specific knowledge of the operational guideline of the scheme.

Table 3 Respondents' opinion on specific Health Care Services from which satisfaction was derived.

Responses	Frequency	Percentage
Free maternity supply	93	40
Prescribed drugs supply	45	20
Consultation	46	17
Medical Treatment	16	7
Proper medical attention	20	6
Nursing care services	11	2
Total	225	100

Table 3 shows the opinion on specific Health care services from which satisfaction was derived. Majority, 40 percent indicated free maternity care as the specific Health care services from which satisfaction was obtained. Only 20 percent indicated efficacy of prescribed drugs as specific Health care services from which satisfaction was obtained while 17 percent indicated consultation time and 2 percent indicated nursing care as the specific Health care services from which satisfaction was obtained.

Table 4: Respondents' opinion on assessing services and facility.

Responses	Frequency	Percentage
Delays in the release of registration cards	50	22
Delays in the release of authorization code	60	26
Non consultation with the stakeholders	42	18
The age limit (below 18 years)	28	12
Improper attention by the health care provider	45	20
Total	225	100

Table 4 shows respondents' opinion on assessing services and facility under the scheme. Only 26 percent of the respondents identified delays in the release of the registration cards before an enrollee can assess the scheme. A 20 percent of the respondents identified improper attention by the Health Care provider while 18 percent identified non-consultation with all the stake holders and 12 percent identified age limit (below 18 years). These findings underscore the need for education of the enrollees on the process of how to access the scheme.

Table 5: Respondents level of satisfaction with the scheme with respect to their health needs

Responses	Frequency	Percentage
Satisfied	198	88
Not Satisfied	27	12
Total	225	100

Table 5 shows respondents' level of satisfaction with the scheme with respect to their health needs. Majority, 88 percent claimed that they are satisfied with the services in addressing their current needs while 12 percent claimed that they are not satisfied with

the health scheme under the NHIS in addressing their health needs. These findings show the effectiveness of the scheme. It also shows that there are a few enrollees who have not been influenced by the scheme. It is a reflection of the socially desirable answer that shows satisfaction experiences.

To buttress this result, one of the respondents interviewed has this to say;

“ The scheme has helped me in solving my health needs even when you look at the majority of those of us that feel sick you will discover that the sickness are similar in nature because of the environment where people are in and their attitude as well”

Still on this result answer respondent during the interview exercise stated respectively *I don't have any major health need except that I have fever malaria and whenever visit Jaja clinic for treatment I am always fine”*

Table 6: A Cross Tabulation Of Respondents' Satisfaction With specific Health care Service Under NHIS.

Category	Response	Specific health care service delivery under NHIS						Total
		Consultation	Prescribed supply	Medical treatment	Nursing	Preventive care	Free maternity care	
Is satisfaction achieved from healthcare service delivery under NHIS	Satisfaction obtained	2	2	58	20	12	6	131
	No satisfaction obtained	3	3	76	26	15		
	Total count	7	1	4	75	5	7	94
		7	1	4	76	5	7	
		10	4	80	96	20	15	226

Table 6 shows that fifty eight percent of the respondents indicated that the medical treatment under the NHIS has addressed their health needs and they are also satisfied while nineteen indicated that they are satisfied with nursing care Service. Two percent of the respondents indicated they are satisfied with the consultation and prescribed drugs supply respectively. Eleven percent of the respondents say they are satisfied with preventing care.

Conclusion and Recommendation

Findings have shown that the employees have heightened awareness regarding the scheme. Majority of the employees are aware of the existence of Health care service delivering under the NHIS. Eighty eight percent have knowledge of all the operational guidelines of the scheme though twenty two percent claim they do not have knowledge of the operational guideline of the scheme. The efforts of the Government in the dissemination of information through the media and also public lecture have contributed to the increased level of awareness and usage among the employees. Findings also revealed that majority of the employees are satisfied with the using of the scheme. This is evident with eighty eight percent of the employees who claim that the healthcare

services provision under the scheme is able to address their health needs and that they are generally satisfied with the health care services under the NHIS.

The following recommendations were made on the basis of the findings from the study. The government should carry the employees along in policy making by conducting needs assessments of the people in order not only to sustain the improvement but to be able to ensure that the health worker delivers health care services in an acceptable manner so that the employee will continue to obtain satisfaction from the services available.

A practical way to do this is to organize a stakeholders forum where the employees' needs assessment can be analyzed.

It is strongly recommended that the government's efforts should be directed towards ensuring that the subjective experiences of the enrollees in relation to health care service delivery be sustained for them in a manner that health care service under NHIS becomes not only attractive to access but also obtain the desired satisfaction. Waiting time is very crucial to satisfaction with the use of health care services generally. Therefore the waiting area could be used effectively by the enrollees seeking health care services in psychotherapy activities; such as reading newspapers, magazines, writing if need be, relaxing or listening to music in addition to watching television. Such activities may help the enrollees to feel that they are in the process of receiving care rather than simply waiting for care and experiencing difficulties in accessing care. Health care managers should ensure that appropriate measures are put in places to address these areas of difficulties associated with waiting before the use of the scheme. It is recommended that updating the employees on how long they will have to wait will also improve their opinion of health care service delivery services under NHIS

References

- Adeniyi, A.A. & Onajole, A.T. (2010). The National Health Insurance scheme (NHIS). A Survey of Knowledge and Opinions of Nigeria Dentist in Lagos. *African Journal of Medicine And Medical Science* 39 (1) 29-35. Retrieved Jan 7, 2011 From <http://www.ncbi.nlm.gov/pubmed>.
- Adesinat, D. (2005). The National Health Insurances Scheme: The Nigerian Doctor. Retrieved Dec. 15, 2010 From: <http://www.thenigeriandoctor.com>
- Agba, A.M.O, Ushie E.M, & Bassey, A.O. (2009) Human Development Trend in Nigeria. The Need for Concrete Implementation of the Seven Points Agenda. *Nigerian Journal of Social and development* 4. (2) 12-24.
- Agba, M.S. (2010) Perceived Impact of the National Health Insurances Scheme (NHIS) Among Registered Staff In Federal Polytechnique, Idah, Koz/gi State. *Nigerian Studies In Sociology of Sciences* 1.(1) 44-49.
- Agbolahor F. 1996. The Goals of Healthcare Delivery In Medical in Medical Sociology. Oke, E.A and Owumi, B.E eds, Ibadan. Adjacent Presspp 31-51.
- Ajala. S. (200) Socio-cultural factors influencing the utilization of Maternal and Child health care in rural community in Osun State. PhD Thesis of psychology, University of Ibadan, XIV+ 153pp.

- Barker, J., Gboyega, A., & Stephen, M. (2005). State and local governance in Nigeria. Public Sector and Capacity Building Programme: African Region. *The World Bank*, March 6.
- Buchanan, I. (2010). *Oxford dictionary of critical theory*. Oxford: Oxford University Press.
- Thorner, D., Kerblay, B., & Smith, R. (eds.) (1996). *The theory of peasant economy by Chayanov*. Homewood, IL: Kichard D Irwin Inc.
- Falola, T. (1989). 'The Cities'. In: Y. Usman (ed), *Nigeria since independence: The first 25 years*. Ibadan: Heinemann Educational Books (Nigeria) Limited.
- Fasasi, L. (2002). *Lineage factors in the 1990 electoral process in Lagelu Local Government area of Oyo State Nigeria*. Ph.D Thesis, University of Ibadan, Ibadan.
- Forsyth, D. (1999). *Group dynamics (3rd ed)*. Belmont: Wardworth Publishing Company.
- Ikpa, N. (2011). *Environmental security and waste management in Oyo State*. M.A. Dissertation, University of Ibadan, Ibadan.
- Klare M. (2001). *Resource wars: The new landscape of global conflict*. New York: Henry Holt and Company.
- Lewin, K. (1951). *Resolving social conflicts: Selected papers on group dynamics*. New York Harper.
- Litcher, D., Gail, M. & Diane, K. (1994). Changing linkages between work and poverty in rural America. *Rural Sociology*, 59, 395 – 415.
- Lloyd, P. (1972). *Africa in social change*. Middlesex: Penguin Books Ltd.
- Mabogunje, A. (1962). *Yoruba towns*. Ibadan: Oxford University Press.
- Mabogunje, A. (1968). *Urbanisation in Nigeria*. London: University Press.
- McNeish, J. (2010). "Rethinking natural resource conflict". *World Development Report Background Papers*. New York: World Bank.
- Odogwu, N. (2011). *Illegal felling of trees as a source of conflict in Edo*. M.A. Dissertation, University of Ibadan, Ibadan.
- Osaghae, E. (2005). Violence in Africa: State, ethnic and regional dimensions. In: I. O. Albert (ed), *Perspective on peace and conflict in Africa*. Ibadan: Peace and Conflict Programme, Institute of African Studies in collaboration with John Archers Publishers.
- Oyawale, S. (2011). *Environmental and socio-economic impacts of oil spillage in diamond estate*. M.A. Dissertation, University of Ibadan, Ibadan.
- Oyebode, M. (2012). *The Mogaji institution in conflict management in Ibadan*. PhD Thesis, Institute of African Studies, University of Ibadan. Ibadan.
- Reif, L. (1987). Farm structure, industry structure and socio-economic condition in the United States. *Rural Sociology*, 52: 462 – 82.
- The Federal Government of Nigeria. (1999). *The constitution of the federal government of Nigeria, 1999*. Lagos: Federal Government Printer.
- The Nation (2013). *Oil Thieves cause multiple spills in Bayelsa*. Monday, 24th June, , p. 9.
- The Nation (2013). *Reducing IDPS in Africa: Poor leadership and elite conflict account for this Tragedy*. June 6, p. 19.
- UNEP (2010). *Six Priority Areas Fact Sheets: Ecosystem Management*. Nairobi: UNEP.

- Oremeyi, G.A. (2011) Utilization Of NHIS by The University Of Ibadan. An Unpublished sc. Research Project Submitted To The department Of sociology University Ibadan, Nigeria.
- Owumi, B.E (1989) Physician-Patient relationship in an alternative Health care system among the okpe people in Delta State. Ph.d thesis, department of sociology University of Ibadan 290pp.
- Oyelele, A.S & Eluwa, C.G. (2009) Utilization of Health Care Insurance among Households Irewole Local government, Osun State, Nigeria. *International Journal of Tropical Medicine*, 4(2), 7-75.
- Rapheal, S.U.(2011). National Health Insurance Scheme and Healthcare of Employee of University Of Ibadan. Masters Theses Unpublished pp.15-22.
- Ross. C.F. & Duff, R.S. (1982) returning to the doctor. The effect of client's characteristics types of practice and experience with career health and social behavior 22:115-225
- Sanusi, R.A. & Awe A.T. (2009) An Assessment of Awareness of Level of National Health Insurance Scheme (NHIS). Among Health care consumers in Oyo State, Nigeria. 4.2143-148.
- Sanusi, R.A. & Awe, A.T. (2009). Perception of National Health Insurance Scheme. (NHIS) By Health care consumers In Oyo State, Nigeria: *Pakistan Journal Of social services* 6 (1), 48-53.
- Shafiu, M. Nasir, S. & Hengjin, N. (2010) The Perceptions Of Formal Sector Employees On The Health Insurance Scheme In Nigeria: Can It be An eye-Opener to Redesign Policy? A Seminar Presentation at the University Of Helderbeig. Retrieved December 28, 2010 from <http://ihea2009.abstractbook.org/presentation600.html>
- Shaw, R.P & Graffi, C. (1995) financing Healthcare in Sub-Saharan Africa through User Fees and Insurance. Washington, D.C: world Bank. Page 14-21.
- Ubong Ukpon (2009). Poor Coverage by NHIS worries Senate. Daily Sun Newspaper, March 7.
- United States Agency for International development December (2006) Evaluating The Effect Of The National Health Insurance Act In Ghana: Baseline Report Publication 936-5974. Retrieved December 11, 2010 from <http://www.PHKplus.org>.
- Ware, J.E. & Hay R.D. (1988). Methods for measuring satisfaction with specific medical encounters. *Case* 26; 393-402.
- Wold; J.L. (2005) Quality management In Stanhope M and Lancaster J. Eds. Community Public Health Nursing. Mosby. St. Louis.
- World Health Organization (WHO) (1984) World Health Report: Make Every Mother and Child Count, Geneva 3; 1-50.
- Zhu, H. (2008) Health Insurance of rural/township school children in Pinggu, Beijing. C Retrieved Dec. 11, 2010, from <http://www.PHRplus.org>.