



# Health Insurance Use Among Young Pharmacists in Nigeria



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## BACKGROUND

- As of 2018, only 3% of Nigerians aged 18-49 had health insurance coverage.<sup>1</sup>
- The 2022 National Health Insurance Authority Bill was introduced to close this gap.
- While insurance uptake remains suboptimal, evidence of its use and satisfaction among pharmacists is limited.
- A recent study reported high dissatisfaction with workplace adoption of health insurance among early career pharmacists, highlighting the need for more research.<sup>2</sup>

## OBJECTIVE

- This study evaluated the demographic and socioeconomic factors affecting health insurance use among young pharmacists in Nigeria.

## METHOD

### Study Design and Participants

- This was a cross-sectional online survey of young pharmacists practicing across the six geopolitical zones in Nigeria.
- A Young Pharmacist was defined according to the Pharmaceutical Society of Nigeria-Young Pharmacists Group (PSN-YPG) 2021 Bye-Laws: individual aged 21-35 and/or within 5 years of graduation.

### Data Collection

- Invitation to participate in the survey was sent through the PSN-YPG Zonal Coordinators for all zones via Whatsapp on a weekly basis.
- Those who consented to participate signed the consent form online before beginning the survey.

- Data was collected between November to December 2022

### Statistical Analysis

- Descriptive statistics were used to summarize participants' characteristics.
- Bivariate logistic regression was used to determine the association between insurance status and participant characteristics at a significance level of  $p < 0.05$ .

## RESULTS

Table 1: Participant Characteristics

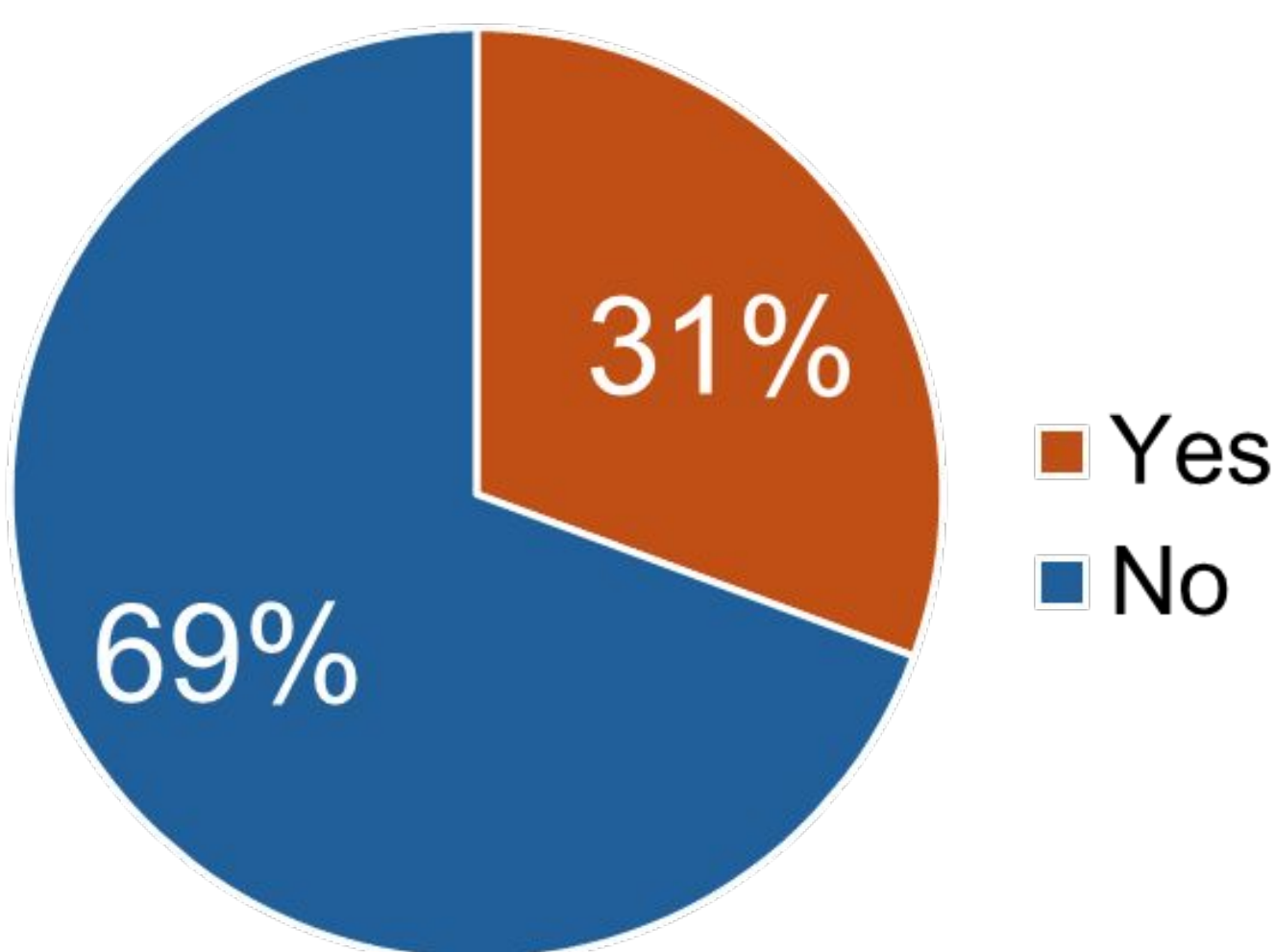
Demographics	Category	Frequency (%)
Sex	Female	208 (40.86)
	Male	301 (59.14)
Age	21-25	87 (17.09)
	26-30	315 (61.89)
	31-35	107 (21.02)
Years of Practice	< 5 years	90 (17.68)
	5-10 years	414 (81.34)
	> 10 years	5 (0.98)
Employment Type	Public	195 (38.31)
	Private	314 (61.69)
Practice Setting	Community	202 (39.69)
	Hospital	199 (39.10)
	Academia/Research	15 (2.95)
	Industry	41 (8.06)
Geopolitical Zones	Others	52 (10.22)
	North East	54 (10.61)
	North Central	102 (20.04)
	North West	75 (14.73)
	South East	61 (11.98)
	South South	75 (14.73)
	South West	142 (27.90)

Table 2: Association between participant characteristics and insurance status

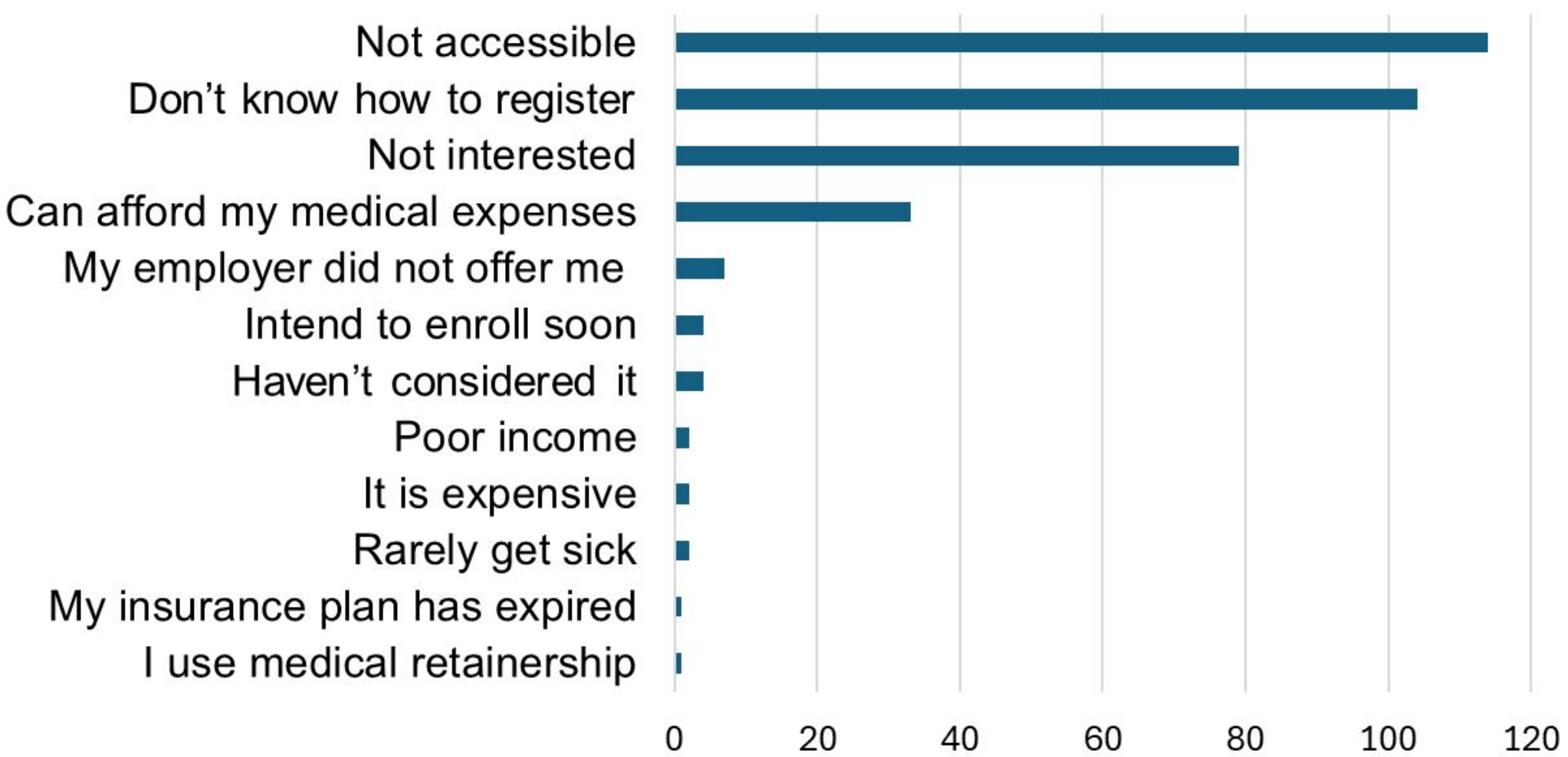
Demographics	Category	Odds Ratio (95% CI)	Reference Group
Sex	Male	1.045 (0.604 - 1.808)	Female
	Age	26 - 30	0.968 (0.506 - 1.851)
	31 - 35	1.269 (0.535 - 3.011)	21-25
	Years of Practice	5 - 10 years	2.477 (1.313 - 4.671)
	Employment Type	Public	0.423 (0.188 - 0.953)
	Practice Setting	Community	0.641 (0.168 - 2.443)
	Hospital	2.862 (0.726 - 11.291)	Academia/Research
	Industry	3.324 (0.772 - 14.316)	
Geopolitical Zones	North East	2.698 (1.141 - 6.384)	North Central
	North West	1.244 (0.504 - 3.073)	
	South East	0.494 (0.205 - 1.191)	
	South South	1.000 (0.446 - 2.242)	
	South West	1.497 (0.763 - 2.936)	

Total Participants (N) = 509

### Health Insurance Enrollment



### Which closely explains why you are not enrolled in a plan?



## CONCLUSION

### Findings

- More than two-thirds of pharmacists had no health insurance, citing limited accessibility and lack of knowledge on enrollment procedures as main barriers.
- Among those with insurance, about one-half had private insurance (52.6%), and 32.1% were enrolled in by the National Health Insurance Scheme.
- The odds of being enrolled in a health insurance plan were 2.5 times higher for pharmacists with 5-10 years of practice compared to those with < 5 years.
- Variations in enrollment status were observed across practice settings, but these differences were not statistically significant.

### Limitations

- This study was conducted shortly after the 2022 National Health Insurance Authority Bill was enacted, which may not have allowed sufficient time to observe its impact on enrollment.
- Online survey distribution may have led to geographic response bias, with higher participation from urbanized regions like the South West and North Central.
- Short-term residency due to internship or the mandatory National Youth Service Scheme may have influenced responses to health insurance enrollment, especially among those with less than 5 years of practice.

### Conclusion

- Low health insurance enrollment among young pharmacists highlights persistent barriers to adoption, particularly related to accessibility and awareness.
- Follow-up research is needed to assess whether enrollment patterns have shifted since the 2022 Bill was signed into law.

## REFERENCES

- Awosusi, Abiodun. (2022). Nigeria's mandatory health insurance and the march towards universal health coverage. The Lancet Global Health, Volume 10, Issue 11, e1555 - e1556. DOI:10.1016/S2214-109X(22)00369-2.
- Isah, A., et al. (2023). Quality of work life and job satisfaction among early-career pharmacists in Africa's most populous country: A nationwide survey in Nigeria. Journal of Workplace Behavioral Health, 40(1), 1-14. DOI: 10.1080/15555240.2023.2284698.