Perception of the national health insurance scheme among artisans in Ibadan, Nigeria

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Abstract

Artisans in the informal economic sector are least enrolled in the National Health Insurance Scheme (NHIS) in Nigeria despite their exposure to numerous health hazards. This study investigated artisan's perception and utilization of the NHIS in Ido local government area, Ibadan, Oyo State. The study utilized a sequential mixed method approach. Data collection involved 15 in-depth interviews (IDI), and administration of survey questionnaires to 123 artisans. Data were evaluated using thematic analysis and the Statistical Package for the Social Sciences. The data revealed that 70.7% had knowledge about NHIS among artisans, albeit accompanied with low utilization (11.4%) of the scheme in the study area. Thus, revealing that artisans' awareness of the NHIS did not translate into its utilization due to reasons such as affordability, implicit cultural and religious restraints among others. However, given the right intervention, artisans may be willing to be enroll and utilize the scheme effectively.

Keywords: Artisans, NHIS, Awareness, Perception, Ibadan

Introduction

National Health Insurance Scheme (NHIS) is one of the methods of healthcare financing in Nigeria aimed at improving the health outcomes of Nigerian citizens. Health is an important resource for individuals, as no one can enjoy the world without it. Beyond the individual, a nation's health index is reflected in the cumulative health status of its citizens (Kaltenthaler et al, 2004) which is closely tied to its socio-economic productivity. Therefore, every nation strives to ensure that there is a viable healthcare system to attend to the healthcare need of her citizens (WHO, 2025). However, establishing a healthcare system is only part of the solution, as issues of affordability and accessibility remain significant challenges (Nnadi& Hugh, 1984; Thiede, M. et al, 2007).

In Africa and particularly in Nigeria, accessibility and affordability of the finance for health seeking are of course, daunting tasks because of the level of poverty in the nation. According to Eze et al. (2025), approximately 11 million Nigerians have unmet healthcare needs, primarily due to their poverty status. To help alleviate this financial burden associated with seeking healthcare, health insurance is regarded as one of the most effective methods of paying for healthcare across the world, including in Nigeria (Adekunle and Vincent, 2025, Jutting, 2013)

Health insurance is defined as a healthcare financing system where individuals pool their resources to share medical expenses, ensuring access to healthcare services and reducing financial risk (Kutzin,1997, Anthony et al, 2022). To attain the increasing call for universal health coverage (UHC) and equity in healthcare, the use of health insurance has proliferated across different countries since the early 2000s (WHO, 2025).It has been embraced by countries such as Germany in 1871(Carrin and James, 2005), the United Kingdom in 1948 (Jesse, 2015) and Ghana - the pioneer Sub-Saharan African country to start up the health insurance scheme - in 2003 (Alhassan et al, 2016). Other African

nations, including Kenya(Mugo, 2023), South Africa (Mkhwanazi, 2024), Uganda(Otieno and Namyalo, 2023) and Tanzania(Mori, 2023) have also implemented national health insurance schemes each employing different strategies to raise, allocate, and utilize funds to cover healthcare expenses. Therefore, countries follow diverse trajectories in their adoption and implementation of health insurance schemes in their efforts to attain universal health coverage (UHC).

The NHIS was passed into law in May, 1999, but it was not implemented until June 2005. The idea of health insurance in Nigeria began in 1962 under Dr. M. A. Majekodunmi, the then minister of health, but faced several setbacks until multiple committees between the 1980s and 1990s refined its framework and feasibility. It was officially implemented in 2005 under President Olusegun Obasanjo to provide a sustainable system for financing healthcare, reduce out-of-pocket spending, and ensure wider access to quality medical services for Nigerians (NHIS Annual Report, 2006). The program seeks to increase healthcare accessibility and alleviate the financial strain of paying out-of-pocket payments (OOP) for medical treatment. According to Osunde et al (2023), care delivery is intended to be offered at a reasonable price to independent contractors, rural areas, and impoverished and vulnerable populations so as to allow all Nigerians, regardless of sex, age, race, or religion, have access to high-quality healthcare. The NHIS therefore aims at ensuring that each member of a group does not have varied chances (or risks) of needing medical attention, and that the cost of a single individual's accident or illness is borne by the entire group or country. Thus, all people are equally exposed to the danger of expensive illnesses, giving everyone reason for optimism. A significant percentage of the Nigerian population's affordability issues are addressed by the policy's comprehensive plan. The category covered by NHIS include the formal sector (public organizations and employees), military and paramilitary organizations, the organized private sector, and tertiary institution students; the vulnerable populations including the elderly, children

under five, prisoners, legal residents and immigrants in Nigeria, pregnant women, orphans, and retirees; and members of the informal sector such as rural dwellers and self-employed urban individuals (Alawode and Adewole,2021). It is therefore a comprehensive plan aimed at solving affordability for a sizable portion of the Nigerian population, and if it is successfully implemented, it might benefit national productivity and development.

Out of the aforementioned categories covered by the NHIS, employees in the formal sector receive the bulk of the scheme's benefits (Akinyemi et al, 2021). The formal sector accounts for 10% among the overall population, encompassing all the federal government workers (Osunde et al, 2023; Abubakar, 2022; Akinyemi et al, 2021), leaving behind about 90% of the population who may still have to rely on OOP if they aren't affiliated to employees working in the formal sector through marriage or birth. This reliance on OOP greatly impedes access to medical care. This is particularly worrisome because OOP for healthcare is rife with issues such as delayed hospital presentation, use of inferior medical amenities, and perhaps forgoing medical attention while ill owing to financial constraints (Okiche et al, 2021, Adegboye et al, 2022). OOP for medical services greatly restrict Nigerians' willingness to seek healthcare, especially among artisans. Studies (Osunde et al, 2023, Alawode and Adewole, 2021, Akinyemi et al, 2021, Anthony et al, 2022, Abiola et al, 2019) from various locations in Nigeria have demonstrated that the understanding of insurance schemes, is particularly low in the informal economic sector, particularly among artisans.

Artisans are known in Yoruba parlance as "onísé owó", literally meaning 'those who work with their hands'. They are people who are involved in different crafts especially employing the dexterity of their hands to bring ideas to life or solve a problem. There are diverse professions which comes under the artisanal group such as hairdressers, wood

carvers, carpenters, painters etc. They represent an indispensable part of society because of the role they play in reducing the unemployment rate and their vast contribution to the economic landscape (Bamidele and Adebimpe, 2017). The artisans are mostly exposed to diseases such as respiratory problems, muscle pain etc caused by dust, noise, air pollution, and exposure to carcinogenic chemicals which can cause a number of health challenges (Omole et al, 2025). This is because they often lack proper protective gear, ventilation, or safety protocols thereby increasing their exposure to these hazards (Agwah et al, 2025). These hazards can lead to a breakdown in health and result in economic loss, requiring medical attention. This is further heightened by the low consciousness and knowledge of health insurance in developing countries, especially among the low-income people, and considerably lower among artisans and rural inhabitants (Akinwale et al, 2014, Osunde, et al, 2023). Accessing and affording the cost of medical care amidst extreme poverty in Nigeria is unavoidably difficult (Balogun, 2021). They are also least enrolled in the NHIS despite their significant contribution to the economy (Okiche et al, 2021, Akinwale et al, 2014). This non-utilization of NHIS by artisans can aggravate their health outcome as they are also exposed to a number of health risks such as poor dietary habit, occupational health hazards, poor health due to fatigue and labour stress. Their utilization difficulty, as opined by Shobiye et al, 2021 is engendered by a lack of knowledge, financial concerns, and limited comprehension of the advantages of health insurance. Despite the growing coverage of the NHIS, little is known about the specific experiences and perceptions of these artisans—a significant segment of the informal sector—highlighting the need to explore their worldviews and underlying rationalities regarding health insurance.

The objective of this study is therefore to explore the perceptions and challenges faced by artisans regarding the National Health Insurance Scheme (NHIS) in Ido Local Government Area of Oyo State, Nigeria. By focusing on this segment of the informal

sector, the study seeks to contribute to a more nuanced understanding of barriers to health insurance uptake and inform strategies for more equitable healthcare access.

Methodology

This study combined qualitative and quantitative data collection methods. Data was collected between January and March, 2016. The first phase of methodological concern has to do with understanding the context of NHIS through key informant interviews with NHIS officials. The second phase involved in-depth interviews with artisans and the heads of different artisan groups. The final phase included the administration of questionnaires to artisans. This multi-method approach aided the cross-validation of the collected data. This was essential to give validity to research findings.

Study Area

The study area is Ido Local Government Area (LGA), one of the thirty- three local government areas in Oyo state. Ido LGA has its administrative headquarter in Ido town. It has ten wards spanning an area of 986 km². As shown in figure 1 below, Ido Local Government Area is bordered to the north by Iseyin and Afijio LGAs. East, west, and south are Akinyele LGA, Ogun State, and Ibarapa East LGA, respectively. The local government attracts a good number of market men and women, artisans and traders. This is because the area aside from agricultural produce has greatly benefited due to the existence of industries during the industrialization process. Example of industries that attracted increase in economic transaction in the area were Nigerian wire and Cable Limited, Nigerian Mining Corporation, and Nigerian National Petroleum Corporation. The local government has over 75 primary and 33 secondary schools. The area, therefore, has within its ambit a lot of craft men and women, here known as artisans who daily fill up the economic space of the area.

The study sites were located in three different locations within the Ido Local Government area: Apata, Omi-Adio, and Apete. These areas were chosen because of the heavy presence of artisans (onise-owo), as artisans are found in almost every street in these areas.

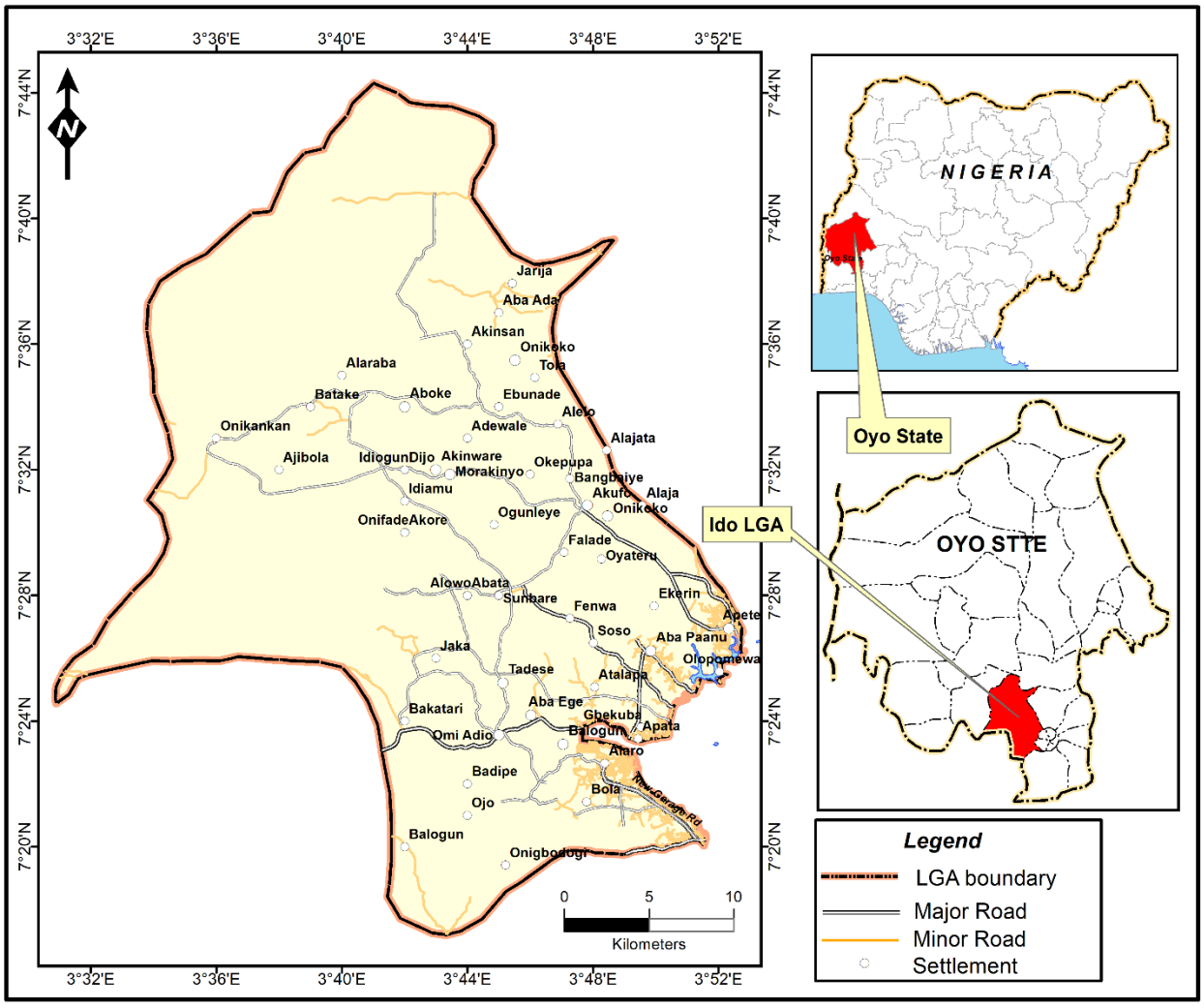

Figure 1: Map of Ido L.G.A. showing settlements.

Sampling Procedure and Sample Size

Simple random sampling was used to divide the local government into three major sites: Apete, Apata, and Omi-Adio. The total sample for this study was one hundred and twenty-three (123) artisans. This was evenly spread across the three study sites, with

fourty- one (41) artisans from each site (Apete, Apata, and Omi-Adio) approached at their workshops. Random sampling was deployed in administering one hundred and twenty-three surveys[1] to various artisanal groups in these areas. The informants cut across different vocations and trades. This included twenty-three (23) fashion designers, twenty (20) mechanics, 20 vulcanizer/panel beaters, twenty (20) hairdressers/barbers, twenty (20) traders, ten (10) drivers/conductors, and ten (10) others, including 3 bricklayers, 4 carpenters, 1 shoemaker, and 2 electricians.

Fifteen (15) in depth interviews (IDI)[2] were also conducted using simple random sampling with five IDIs from each study site. Likewise, the National Health Insurance Scheme officials were interviewed as key informants as well as the Coordinator of the Health Management Organizations (HMOs) for the southwest district, and the heads of various artisan groups. The language employed during the interviews was based on the respondents' observed preferences. English and Yoruba were the language used during the interview. Great attention was given to upholding ethical principles throughout the process of the research. The principles of informed consent, anonymity, right of withdrawal and confidentiality were observed. All respondents were sufficiently informed about the purpose of the study.

Data Analysis

The qualitative data were recorded, transcribed and analyzed. Thematic analysis was used to identify, code, and categorize themes and patterns in the data (Braun and Clarke, 2006). The Statistical Package for Social Sciences (SPSS) (Rahman and Muktadir, 2021) was used to manage the quantitative data gathered from the surveys. Descriptive

[1] Survey Question in Appendix 1
[2] Interview Guide questions in Appendix 2

statistics such as simple percentages and frequency distribution tables were used to analyze the data. These statistical tables provide an on-the-spot summary of the study findings. After the analysis process, the researcher embarked on a thorough anthropological discussion of the findings, including the relationships, interconnections, and discrepancies in the collected data.

Research Findings

Finding 1: Socio- demographic characteristics of respondents

One hundred and twenty three (123) respondents were recruited in this study. As shown in Table 1 below, majority of the respondents were males (57.7%) while 42.3% were females. Respondent age shows that larger proportion 26(21.1%) were between 25-29years and few above one-third 24(19.5%) were between 45 and above years; as regards their religious affiliation, more than half 65(52.8%) were Christians. The majority of respondents (n = 23, 18.7 %) were fashion designers, and 56(45.55%) had secondary school education; pertaining to their marital status, 80 (65.0%) were married.

Table 1: Characteristics of the respondent

Variables	Characteristics	Frequency	Percentage
Sex:	Male	71	57.7
	Female	52	42.3
Religion:	Christianity	65	52.8
	Islam	53	43.1
	Traditional Religion	5	4.1
Age (Range = 20 – 68)	20-24	18	14.6
	25-29	26	21.1
	30-34	19	15.4
	35-39	21	17.1
	40-44	15	12.2
	45 and Above	24	19.5
Vocation :	Fashion Designer	23	18.7
	Hairdresser/Barber	20	16.3
	Mechanic	20	16.3
	Volcanizer/Panel Beater	20	16.3

	Trader	20	16.3
	Driver/conductor	10	8.13
	Others(Bricklayer/Carpenter etc)	10	8.13
Educational Status:	Primary School Leaving Cert.	28	22.8
	WASC/GCE/TCII	56	45.5
	Bachelor/HND	16	13.0
	Other (e.g. PGS and OND)	23	18.7
Marital Status:	Single	43	35.0
	Married	80	65.0

Finding 2: Awareness of NHIS among the artisans

As shown in Table 2, a significant number-70.7% of the respondents have considerable knowledge of what insurance is all about, 54.5% of the respondents confirmed the availability of health insurance to them. However, 55.2% noted difficulty in accessing any insurance scheme with 82.2% currently not on health insurance. Though, 82.9% agreed that they could access health care anytime they needed it, and 76.7% agreed that health insurance is a better way to good health, 52% disagreed that they preferred to pay ahead for health care.

Table 2: Level of awareness on health insurance by artisans

S/N	Items	No.	Strongly Agree	Agree	Disagree	Strongly Disagree
1	I know what health insurance is all about	123	24 (19.5%)	63 (51.2%)	20 (16.3%)	16 (13%)
2	Health Insurance is available to me as an artisan	123	12 (9.8%)	55 (44.7%)	36 (29.3%)	20(16.3%)
3	I can easily access any insurance scheme	123	8 (6.5%)	47 (38.2%)	49 (39.8%)	19(15.4%)
4	I am on an health insurance	123	7 (5.7%)	15 (12.2%)	58 (47.2%)	43 (35%)
5	I can access health care anytime I need it	123	33 (26.8%)	69 (56.1%)	15 (12.2%)	6 (4.9%)
6	I prefer to pay ahead for health care	123	13 (10.6%)	46 (37.4%)	30 (24.4%)	34(27.6%)

7	Health insurance is a better way to good health	123	35 (28.5%)	58 (47.2%)	23 (18.7%)	7 (5.7%)
8	I know about the National Health Insurance Scheme(NHIS)	123	21 (17.1%)	37 (30.1%)	19 (15.4%)	46(37.4%)

The IDI results also revealed that most of respondents were familiar with insurance schemes and have knowledge of its functions. Majority referred to it as "Money kept somewhere for unknown circumstances". Following interviews further express this perception of NHIS as keeping money where one does not know where it is kept and not knowing when the saved amount will be spent.

'Insurance means tying down money for an unknown happening. It's like keeping my money somewhere where it may be useful someday which I don't currently know' (P2, GoTv Marketer, Apata)

'Health insurance is to keep money aside to prevent one from shame that may arise from inability to pay for healthcare when one gets ill' (P4, Hairdresser, Omi-Adio)

NHIS is a good scheme. It is the best way and easiest way to use for proper care. It is however not well publicized, no awareness of NHIS in Ibadan. (P1, Trader, Apete)

As shown in Table 2 above and from the interviews conducted, one can conclude that artisans have considerable knowledge of health insurance. Among the Yoruba's, health insurance is referred to as 'Àjọ adójútófò nípa ìlera' which literally means " a scheme that puts an end to shame with regard to health". Shame is seen as synonymous to inability to care for one's health when ill. Health insurance is therefore perceived as a provision made to avert shame in the context of accessing healthcare when ill. Artisans are thus familiar with health insurance. Their awareness of NHIS is largely drawn from their experience with other insurance schemes and enlightenment jingles on insurance across

the media. Artisans, however, would prefer better enlightenment on the importance of the NHIS.

Finding 3: Utilization of NHIS among artisans

As shown in Table 3, a high proportion (88.6%) of the respondents alongside their spouses and children were not enrolled in the NHIS. 65.8% of the respondents were of the opinion that NHIS was unavailable to them as artisans.

Table 3: Utilization Patterns of the NHIS

S/N	Items	No.	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I am an NHIS enrollee	123	4 (3.3%)	10(8.1%)	68(55.3%)	41(33.3%)
2.	My spouse and children are registered with the NHIS	123	4(3.3%)	10(8.1%)	72(58.5%)	37(30.1%)
3.	NHIS is available to me as an artisan	123	6(4.9%)	36(29.3%)	48 (39%)	33(26.8%)
4.	Following my enrolling for the Health Insurance I and my family/dependants always go to the hospital when sick.	123	14(11.4%)	28(22.8%)	51(41.5%)	30(24.4%)
5.	I am attended to whenever I go to the hospital.	123	15 (12.2%)	70 (56.9%)	27 (22%)	11 (8.9%)
6.	I can afford the cost of NHIS without the government assistance	123	10 (8.1%)	29(23.6%)	44(35.8%)	40 (32.5%)
7.	NHIS is acceptable to me than any form of insurance	123	19(15.4%)	51(41.5%)	42(34.1%)	11 (8.9%)
8.	NHIS is affordable to me	123	12 (9.8%)	48 (39%)	47(38.2%)	16 (13%)
9.	NHIS is affordable to me more than any other insurance	123	21 (17.1%)	33 (26.8%)	54 (43.9%)	15(12.2%)
10.	I am willing to pay a token for the NHIS	123	41 (33.3%)	50 (40.7%)	17 (13.8%)	15(12.2%)
11.	God can take care of all my health needs without NHIS	123	60 (48.8%)	46 (37.4%)	12 (9.8%)	5 (4.1%)

12.	I don't need NHIS because prayer can solve all my health problems	123	19 (15.4%)	35 (28.5%)	56 (45.5%)	13(10.6%)
13.	I will be able to meet my health needs if registered under NHIS	123	32 (26%)	65 (52.8%)	20 (16.3%)	6 (4.9%)
14.	NHIS cannot meet my health care needs	123	10 (8.1%)	20 (16.3%)	63 (51.2%)	30(24.4%)
15.	I don't need the insurance, traditional methods are available	123	10 (8.1%)	12 (9.8%)	64 (52%)	37(30.1%)

The reasons for the low utilization of the NHIS by the artisans were further revealed during interviews with the artisans. These reasons are discussed below

Finding 3.1: NHIS is not affordable

The issue of affordability of the insurance scheme is a major concern for the artisanal group. A significant number (68.3%) of the respondents believed that they could not afford NHIS expenses without government assistance.

We have heard about the NHIS and I think is the best programme for me and my family. The scheme is good but does not extend to the artisan. People distance themselves from it because of money & time (P7, Hairdresser, Apete)

'How do I pay the premium from my meager income, if the government does not come to our aid to subsidize it, we may never be able to participate' (P12, Fashion Designer,Omi-Adio)

'I cannot afford to pay for the NHIS service even though I will like to enroll' (P10, Mechanic, Apata)

If Government wants us to register with NHIS, they must make it highly subsidized and must not treat us like second-class citizen because we are not working in formal sector. If this is assured, then we will willingly accept the scheme. (P9, Mechanic, Apete).

Nonetheless, 74% of the respondents indicated willingness to pay a nominal amount for NHIS coverage if subsidized.

Finding 3.2: NHIS is meant for the educated and not for non-educated

Most respondents opined that the NHIS is inaccessible to artisans, believing it is primarily designed for literate individuals. They perceive that the scheme's design favors formal sector workers, who are generally more educated, over informal sector workers like artisans. To support this, some respondent said:

'It is not available to artisan, it is meant only for the literates and that is cheating on us because we are Nigerian too' (P3, Fashion Designer, Apata)

An automobile mechanic, expressed his displeasure by stating that 'the government only recognizes those that are learned; those of us who did not go to school are seen as non-citizens of Nigeria. (P13, Mechanic, Omi-Adio)

'Even when we want to participate, the conditions are not favorable to non-government workers. It is only for the literate'(P12, Omi-Adio)

Finding 3.3: Paying ahead for health care not utilized immediately is not a good thing

Most respondent held a strong cultural belief that they shouldn't pay to partake in the scheme, as they saw this as praying for bad omen or inviting bad luck. This belief stems from the people's understanding that health outcomes are divinely orchestrated. Therefore, making financial decisions ahead of time to set aside money for illness episodes may be perceived as inviting or paving the way for sickness. This was supported by the following statements

'paying ahead for health care is not good; when I'm sick I know how I go about taking care of myself therefore I don't need the NHIS for anything (P5, Vulcanizer, Apete)'.

Why should I keep money somewhere for treatment when I'm not sick. Am I wishing myself sickness? (P7, Hairdresser, Apete)

Hmmm, NHIS may be good but it is only a way of wishing oneself bad luck in terms of one's health. So, I keep subscribing with the hope that I will one day get ill and use the money. This is like wishing myself bad health because I'm investing my money to finally get sick and go and use it. No way! when I'm sick, God will provide the money I will need then. (P12, Fashion Designer, Omi-Adio)

Finding 3.4: God has the power over sickness and human survival

A notable percentage (86.2%) of the respondents agreed that divine intervention suffices for their health needs and that God has the power over sickness. They added that NHIS is good but their God is the greatest physician. This is in tandem with result from the IDI where respondents were of the opinion that

'Survival is ultimately in the hands of God. If God wills it, many people will not fall sick. NHIS has its benefits, but I can get by without relying on it'. (P10, Mechanic, Apata).

'God is the ultimate healer, whether you go to the hospital or not. It is God that determines your health outcome. So, it is better to rely on God' (*P1, Trader, Apete*)

All that will happen to humans has been preordained by God. When we get sick, it is God who determines if we will get well or not. Anything we do or don't do may not change the outcome, if we don't receive God's mercy' (P12, Omi-Adio)

The artisans also believe that there has been no significant loss for not undertaking the scheme as no severe illness beyond divine control has befallen a large proportion of respondents.

Summary of findings

The study highlights the importance of ensuring that artisans are involved in the National Health Insurance Scheme (NHIS) to advance universal health coverage. It found that although the artisans are aware that the scheme, they do not fully understand how it

operates. As a result, their utilization of the National Health Insurance Scheme (NHIS) remains sub-optimal. Four key barriers were identified as reasons for this low uptake: affordability concerns, the belief that the NHIS is only for the literate, religious beliefs and the cultural perception of health insurance as a bad omen. This study revealed that the artisans' cultural and religious beliefs often conflict with the idea of prepaying for healthcare to reduce out-of-pocket (OOP) expenses. These cultural and religious barriers appear to pose a greater obstacle to NHIS utilization than the more commonly cited issue of affordability.

Discussion

The study revealed that there is a high level of awareness (70.7%) of the NHIS among artisans' in the study area. This high awareness level is a deviation from earlier studies (Elegbede et al, 2022; Akinyemi et al, 2021) that reported low awareness of the NHIS among artisans. However, Osunde et al (2023) also reported a high level of awareness (89%) among the informal sector workers in Edo state, Nigeria.

Despite the high awareness level, the study found a low utilization (11.4%) of the NHIS among the artisans. This low utilization of the NHIS has been reported by Akinwale et al, 2014; Okiche et al,2021, Elegbede et al, 2022) implying the continued heavy reliance on OOP for healthcare services by the artisans.

It was further discovered that that the use of services provided by the NHIS is significantly low due to financial constraints among the people. This is consistent with the findings of Osunde et al, 2023 where informal sector employees opined that the monthly contribution required as premium is beyond their financial means and they would rather prefer to use OOP when health issues arise.

Furthermore, the perception of the NHIS as belonging to the literate citizens was also discovered in the study. This is consistent with the study of Okiche et al (2021) who found

that market women strongly believe that the NHIS is directed towards the literate in the society thus creating a class differentiation in accessing basic amenities.

Beyond the affordability challenge which is often first stated is the often-implicit cultural and religious belief which this study posits to be the main barrier to utilizing the scheme. This is demonstrated by the artisanal group's perception that paying for healthcare in advance is tantamount to hoping to get sick, which is contrary to the right motivation. This is closely linked to their belief in supernatural healing and the role of the metaphysical in determining their health outcomes. This is consistent with findings by Mohammed et al, 2011, whose study reported traditional and religious beliefs as one of the barriers to enrollment in the NHIS. This resonates strongly across the group and if the benefits of the NHIS are not more than the drawbacks, the artisanal group may continue to face obstacles in enrolling in the program.

Conclusion

The data from this study reveals a substantial level of awareness about the NHIS among the artisans. Despite their awareness of the scheme, the level of utilization remains low. Factors contributing to this low utilization of NHIS services amongst the artisans include financial constraints, suspicion of government projects, cultural and religious beliefs. There is therefore the need to look beyond creating more awareness to ensuring that appropriate culturally sensitive and targeted intervention which would improve the perception and utilization of the scheme is provided to the artisans.

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