COMPARATIVE STUDIES OF CONSUMER-BUYING BEHAVIOUR TOWARDS PRIVATE HEALTH INSURANCE POLICY: AN EMPIRICAL EVIDENCES OF NIGERIA AND IRELAND.

BY

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ABSTRACT

Private health insurance (PHI) is a type of insurance taken up voluntarily and paid for privately either by individuals or by employers on behalf of individuals. Over the years, Health insurance policies have received valuable attentions from private and public researchers because of its invaluable contributions to the economy. However, much work has not been done linking customers buying behaviors to private health insurance purchase in developed and developing economies. This concepts form the basis of this study, which aims to give theoretical explanations to customer buying behavior towards private health insurance in Nigeria and Ireland. This was formulated by 5-point alternate hypotheses (Ha), developed from the literatures thus producing the results which complement the research topic. The methodology makes use of quantitative and qualitative data collections by the use of questionnaires and focus group respectively among residents of Nigeria and Ireland. This study therefore, established that all investigated objectives of this research has been fulfilled and the alternate hypotheses have been accepted. The result of this research led to a conclusion that, irrespective of the countries, customer-buying preferences are generally similar with little variations from external factors such as pestle analysis. Aside that, price, comprehensive coverage, income, recommendations, promotions and discounts are the major determinants of customer buying behaviours towards private health insurances policy as shown in this study.

Key Words: *Private Health Insurance (PHI), Customer buying behaviors, Customer decision process, Price, Comprehensive coverage*

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DEDICATION

The researcher will like to dedicate this research to God almighty, for his love to the successful completion of this research. Also, to my late dad and my lovely mother for her constants prayers, love and guidance.

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LIST OF ABBREVIATIONS

A.G.R.E.S	Advisory Group on the Risk Equalization Scheme
D.H.C	Department of Health and Children
F.F.S	Fees for services
H.I.A	Health Insurance Authority
H.M.O	Health Maintenance Organization
N.H.I.S	National Health Insurance Scheme
O.E.O.D	Organization for Economic Co-operation and Development
P.A.Y.O	Pay–As-You- Go
P.H.I	Private Health Insurance
W.H.O	World Health Organization

1.0 INTRODUCTION

What is private health insurance?

This is a type of insurance taken up voluntarily and paid for privately, either by individuals or by employers on behalf of individuals (Thomson and Mossialos, 2019). Wide range of organizations such as public or private firm can purchase health insurance. The entities include, statutory 'sickness funds', non-profit mutual or provident associations and commercial for-profit insurance companies.

1.1 Background of the study

Ireland's health care system is a combination of both public and private entities (Harmon and Nolan, 2001). Despite the presence of universal public hospital coverage. A growing – albeit still relatively small – private hospital sector lies alongside a public hospital system whose services are available to all. PHI mainly duplicates universal hospital coverage, while it also supplements (Colombo and Tapay, 2004) and complements publicly financed health services. Over the past few decades, despite expansions in publicly funded services, an increasing portion of the Irish population has purchased PHI coverage (Thomson and Mossialos, 2019).

1.1.1 Historical context and the policy relevance of private health insurance in the world

In Ireland, Private health insurance (PHI) covers nearly 50% of the Irish population (Department of Health and Children, 2003). This is one of the highest percentages of private coverage across OECD countries. France leads with (92%) PHI covers followed by (OECD, 2004), the USA (72%), and Canada (65%). In 2001, PHI accounts for only 6.8% of total health expenditures (THE) in Ireland. Thus, PHI has a relatively significant financing role, in the OECD countries. According to OECD Health Data (2003), it suggested that the financing role for PHI accounts for the USA (35.6%), the Netherlands (15.5%), France (12.7%), Germany (12.6%), and Canada (11.4%) across these nations. The prominence of the Irish PHI market, defined in terms of its contribution to health financing and extent of population coverage, resembles the case of Australia, where 44% of the population has private hospital coverage and PHI accounts for 7.3% of total health expenditures.

1.1.2 Evolution of population coverage by PHI

According to Department for Health and Children (1999), it was suggested that the prominent role of private health insurance in the Irish health system has not diminished, despites the progressive extension of eligibility for public hospital coverage to the entire population. PHI coverage had

been growing rapidly during the eligibility of extension of public hospital coverage from 21.9% in 1979 to 48% of the Irish population in 2002 as shown in Figure 1. This laudable growth of PHI policy within the Irish population can be better link to rapid development of the Irish economy, continued policy support for private coverage, and a widening role of employers, in particular international companies, sponsoring PHI as a work-related benefit (Department for Health and Children, 1999).

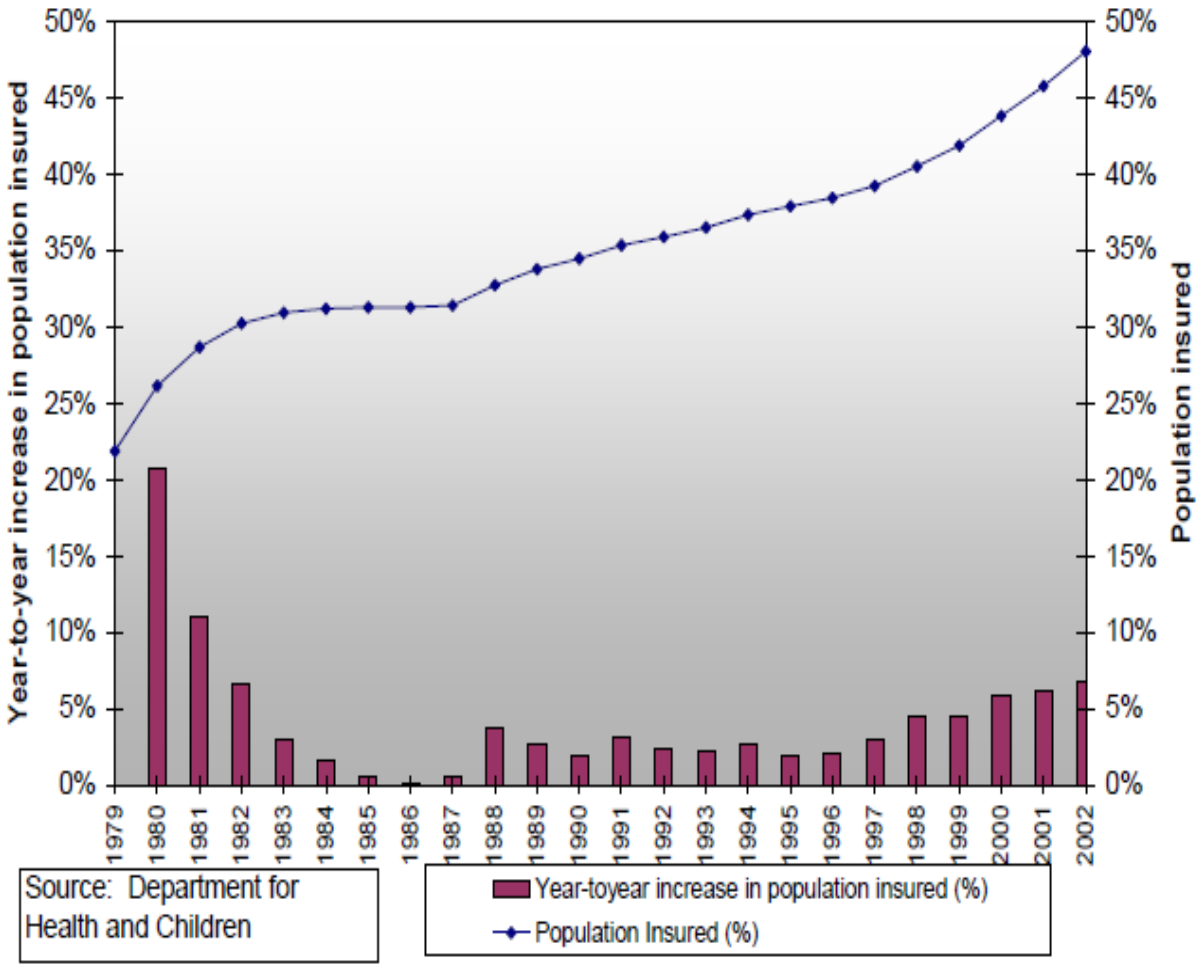


Figure 1: Evolution of population coverage by PHI in Ireland

1.2 Statement of the Research Problem

According to Ibiwoye and Adeleke (2007), "*access to health care can be a daunting problem in developing economies as the health care delivery system in Nigeria has, since the 1980s*". Therefore, healthcare system continued to deteriorate (World bank, 1996). Although there are both public and private care providers as deviled economy as Ireland. Many people in developing countries cannot afford the cost of medical care in the form of consulting fees, medication costs and the service charges of private hospitals because of widespread prevalence of poverty (Ibiwoye and Adeleke, 2007). Aigbokan (2000) found that, between 1985 and 1996, an increasing number of Nigerians, 38 per cent in 1985, 43 per cent in 1992 and 47 per cent in 1996, were living in absolute poverty. The commission on macroeconomics and world health organizations (2018) has also elucidated that poverty poses enormous problem for health care accessibility in developing countries. From the investigation, it observed that the poor are much less likely to seek medical care even when it urgently needed, either because of their greater distance from health providers, or lack of out-of-pocket resources needed to cover health outlays, or lack of knowledge of how to respond best to an episode of illness. It is therefore estimated that 150 million people suffer from financial catastrophe worldwide (WHO, 2008). A number of reviews have generated evidence on the potential of voluntary micro health insurance for the informal sector to not only increase their access to basic healthcare but by providing financial protection against these health shocks as well, both reducing poverty (Ekman, 2004; Lammers and Warmerdam, 2010). In spite of this evidence, voluntary private health insurance for the poor also has opponents. These emphasize drawbacks related to failure of claims payment and insufficient insurance industry knowledge (Ebitu *et al.,* 2012), escalating costs and increasing inequality among the uninsured (Gustafsson-Wright *et al.,* 2008), inadequate insurance culture (Badru *et al.,* 2013) and fraud (Ojikutu *et al.,* 2011). These challenges has rendered the market underdeveloped, given rise to less than 5% of insurance covers in Nigeria (Akinbola and Isaac, 2010). Despite of these drawbacks, there are more benefit of private health insurance as observed in Ireland as it has contributed to protect consumers, improve market competition, build consumer confidence in private cover and protect the stability of the industry (Advisory Group on the Risk Equalisation Scheme, 1998). It is therefore crucial to investigate consumer-buying behavior towards private health insurance in developed economy such as Ireland and developing economy such as Nigeria.

1.3 Research aims and objectives

Objective of this research is to explore consumer-buying behavior towards health insurance in Nigeria and Ireland. To achieve the aim of this research, the following are the research objectives needed to be achieved:

- To investigate the customers' needs awareness level towards private health insurance policy;
- To investigate the influence of occupation/income towards private health insurance policy;
- To suggest ways health insurance companies can influence consumer's purchasing power through their marketing mix;
- To investigate the influences of recommendations towards private health insurance policy;
- To find out factors which can influence customers buying decisions towards private health insurance policy;
- To increase productivity within the Health insurances sector through consumer brand personality; and
- To understand and extend the theoretical concepts, related to consumer buying behavior and consumer consumption of health insurance.

1.4 Alternate Hypothesis of this study

- Hypothesis (a): There is a positive relationship between customer's needs and health insurance policy.
- Hypothesis (b): There is a positive relationship between customer occupation and income and private health insurance consumption.
- Hypothesis (c): There is a positive relationship between marketing mix features and private health insurance policy.
- Hypothesis (d): There is a positive relationship between recommendations and private health insurance policy.
- Hypothesis (e): There is a positive relationship between consumer buying preferences and private health insurance policy.

1.5 Significance of this study

This study hopes to make the following contributions:

- The study will contribute to knowledge in the area of consumer behavior for Health insurance firms to investigate the nature of consumers‟ attitudes towards insurance among non-users and their financial literacy management can develop strategic marketing for the business.
- The study will contribute to the existing wealth of knowledge in area of psychological modeling for academia and thus stimulate further study in consumer behavior.
- The study will contribute knowledge in the area of consumption of insurance services for consumers by identifying predictors of consumption from a developing country and developed context such as Nigeria and Ireland respectively.
- The study will contribute to more insights for health insurance customers to understand insurance activities, benefits available for customers‟ and procedures to attain those benefits.
- The study will contribute useful knowledge for Government in formulations of health and other forms of insurance policies.

1.6 Research Questions

i. What are the customers' needs awareness level towards the health insurance policy in Nigeria and Ireland?

ii. How important is the influences of occupation/income level towards health insurance purchase?

iii. What are the ways health insurance companies can influence consumer's purchasing power through their marketing mix?

iv. How important is the influences of recommendations towards health insurance purchase?

v. What are the factors influencing customers buying decisions towards health insurance purchase in Nigeria and Ireland?

vi. What are the theoretical concepts, related to consumer buying behavior and consumer consumption of health insurance?

1.7 Overview of the Remainder of the Study

The research contain five chapters, with four chapters remaining; the second chapter is the literature review. The literature review is composed of three major parts – important definitions, models and theoretical foundations. This chapter will comprises of valuable information, models and theoretical framework relating to customer-buying behaviors. The third chapter is the research methodology, which will present information regarding on how the study was conducted in Nigeria and Ireland including justification for its research design and methods, sampling size, data collection, and data analysis. Ethical considerations and limitations was also included in this chapter. The fourth chapter is the results of this study while discussion is the fifth chapter. The results and discussion chapter was presented based on the theories, hypothesis and objective of this study. The final chapter is the conclusions. This will summarize the key findings, respond to the research questions, offer overall conclusions and provide significant recommendations for future action for this study as shown in the figure below.

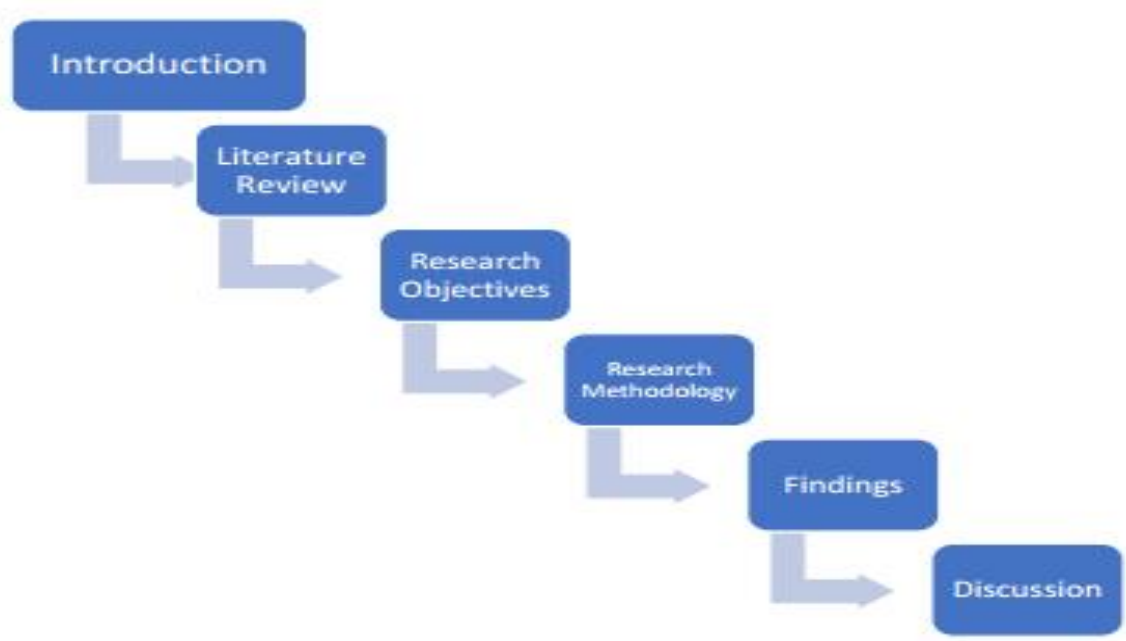


Figure 2: Structure of this study.

2.0 LITERATURE REVIEW

Oparah (2018) stated that "*a single insurance company in developed countries generates an annual insurance premium of USD 232 billion (N34.8 trillion) and employs 120,000 employees. The entire Nigerian insurance company struggles to generate only NGN 200 billion and only employs 25,000 people*." In this view, (Drechsler and Jütting, 2007) previously explained that, for there to be demand for health insurances; it is solely depends on three major conditions. First, individual must be risk averse. Second, individual must be willing to pay insurance premium. Third, there must be distribution channel for insurance services. As accounted from the review of (Health Insurance Authority, 2003) which explained that, the main reasons for buying private cover seem to be risk aversion and timely access to care. In addition (Lammers and Warmerdam, 2010) suggested that perceptions and anxieties over the quality of the public system is the reason of PHI purchased. According to Health Insurance Authority (2003), it was accounted that employers administer most group schemes for their employees while others obtain coverage through a credit union or through other arrangements. Socio-economic status, income, and educational levels (Watson and Williams, 2001), determined private cover purchased, which is consistent with evidence from other OECD countries. There is a strong positive relationship between household income and ownership of private health insurance (Watson and Williams, 2001). In order to justify the main reason of insurance purchase; important concepts, models and theories will be explained below.

2.1 Concept, Theory and Empirical Framework

2.1.1 Consumer Behavior

Several existing consumer behavior models in the literatures explain how important it is for companies to create appreciated valued services that meets consumers' expectations. Blackwell et al. (2006) stated, "*Consumer behavior is the activities and processes in which people choose to buy or distribute products or services based on their experience and ideas*". Consumers are satisfied with their perceptions, such as prices, promotion of product quality, attitude and finances if it's all check (Frederick and Salter, 1995).

2.1.2 Consumer Attitudes

An attitude is a general assessment of a product or service that has developed over time (Solomon *et al.,* 2006). An attitude affects consumers' buying and purchasing habits. Consumer attitudes are both a hindrance and a marketer's advantage. According to the multi-component attitude view, all responses to an object of stimulation mediated by the attitude of the person towards that object. These responses classified into three attitude categories, namely; emotional components, cognitive component and conative components (Ajzen and Fishbein, 2005).

2.1.3 Financial Literacy

This is the ability to process basic financial data and make valid decisions involving compounding, numeracy, illusion of money and personal finance inflation aspects (Owolabi and Agboola, 2018). Financial literacy enables people to improve their income and thus better manage life activities such as illness, education, risk management, job loss or retirement. It helps to understand and accept important political reforms, such as healthcare (Drechsler and Jütting, 2007). From a conceptual and empirical point of view, several authors have found that financial literacy can be a major predictor of insurance use. Oparah (2018) found that Nigerians consume little insurance because they have a poor culture of saving and fewer people hold savings accounts. He attributed this to low financial literacy, poor skills in financial management and low incomes.

2.1.4 Consumer buying intention

Oparah (2018) suggested that "*the intention of customers to purchase is substantially affected by the knowledge of the product*". Rizwan et al. (2016) also noted, "*The consumer's purchasing intentions are affected by the lack of trust in insurance companies"*. The intention to purchase is significantly positive with low prices, easy access and experience as the intention of the consumer depends on the personal characteristics of the individual (Oparah, 2018).

2.2 Maslow's Hierarchy of needs

In order to understand the motivating factors behind people decisions and their quest to achieve their needs, Maslow's Hierarchy is used which includes motivations at different levels of hierarchy in a pyramid. This are given as physiological, safety, love and belongingness, esteem and self-actualization needs (Maslow, 1954)

Figure 3: Maslow's Hierarchy of needs

Evaluating consumer's needs towards private health insurance, Maslow's theory is considered as consumers buy insurance plans to maintain their well-being while adding value of sound health and risk aversion. At this level, their physiological and safety needs are met. At further levels, certain insurance plans meet consumers love and belongingness needs, as they believed, it is mandatory to have and secure the health of their loves ones, hence creating a sense of belonging to a community that loves one another as most employers do for their employees. This in turn leads to self-actualization and self-esteem. It is remarkable to know employers of corporate organizations, self-employed individuals, students and other socio-economy status sees the need for private health insurance policies as reviewed in literatures of (OECD, 2004) and (Thomson and Mossialos, 2019) for their protection against risk of unforeseen circumstances.

2.3 Marketing Mix

Kotler and Armstrong (2008) clarified that "*marketing mix element is a set of controllable marketing environment management tools"*. Consequently, price, product, place and promotion are the four key marketing mix elements to be consider (Malhotra and Peterson, 2006).

- **Price (premium)**

In Insurance industry, Insurance companies use price Optimization to determine the premium for an insurance service. This process helps insurers to adjust the premium they charge for a policy. In this view, customers expect more benefits from insurance companies if charged high premium (Owolabi and Agboola, 2018). Rizwan et al. (2016) noted that price play an important role in selecting health insurance. In addition, socio-economic status such as educations and income are key insurance forecaster. Price and comprehensive coverage are always at the top of the client's agenda when looking for insurance. To conclude, Rizwan et al. (2016) stated, "*Unfair pricing is one of the most important factor in customer rejection of health insurance purchase."*

- **Product**

Some theoreticians such as Fredericks and Salter (1995) and Blackwell (2006) argued that the product's uniqueness is important to create, maintain and understand factors that influence consumer needs. However, to be satisfied, prospects must understand the products and services of the company.

- **Promotions**

Yasin et al. (2007) argued that the constant changing in customer's desires requires managements to pay keen focus on the promotional variable elements of the marketing mix. The promotional strategy of every company informs, persuades and influences the decision-making of consumers. The main goal using promotional strategy is for market expansion; provide customers with information, increase and stabilize sales. Promotions is one of the main competitive advantage strategy for private health insurance companies.

- **Place**

Pelton et al. (2007) referred place (location) to a distribution channel that includes an independent insurance sales agent providing the insurances services to the consumer.

The distribution channel is an interchange between consumers and the organization that creates consumer value through the acquisition and consumption of insurance services. The above elements of the marketing mix are important in order to meet the market needs by prospective the clients. Some other important variables that can influence consumer behavior are as follows.

2.4 Process of Consumer Decision Making

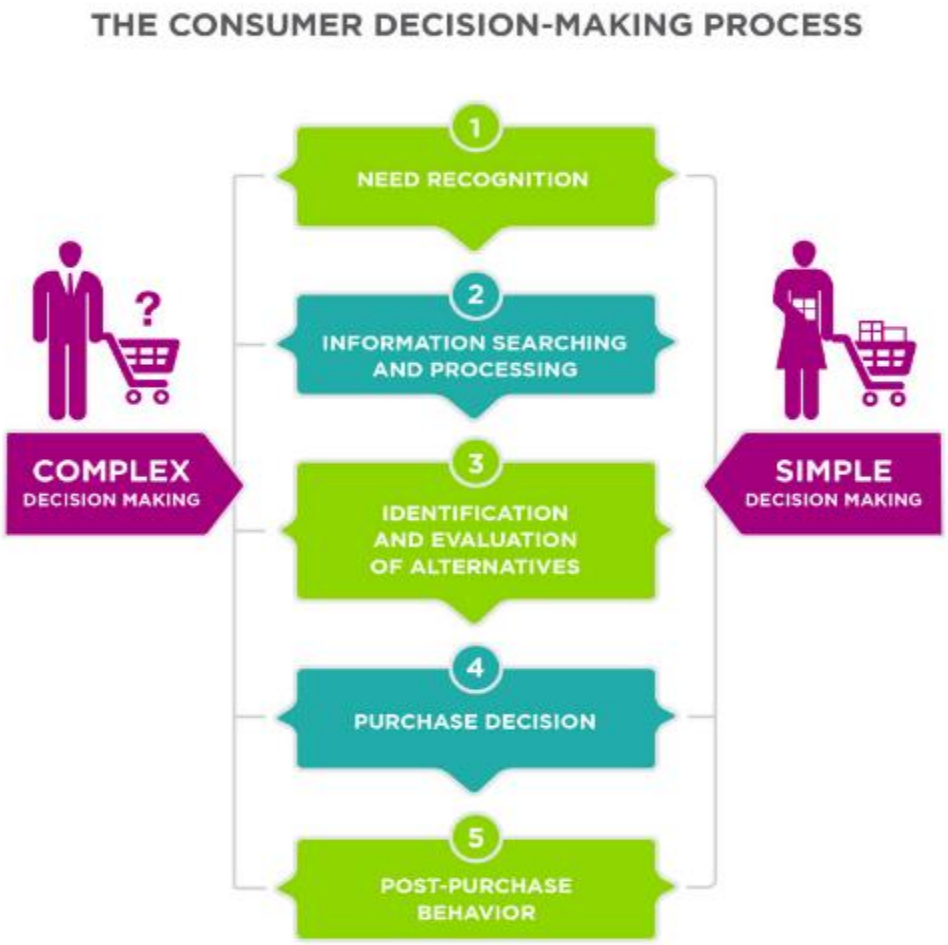


Figure 4: Consumer Decision Making Process

Figure 4 above is the five stages of consumer decision process and briefly explained below:

- **Need recognition**:

Kotler and Keller (2012), explained that the quest of an individual recognizing the absence of a desired product or services is occasioned by different stimuli which could be externa or internal. An internal perception for a particular service influenced by own thirst is referred to as internal stimuli while desires for a particular product or services influenced by external factor is referred to as external stimuli. External stimulus is one of the very critical factors, which influences a

customer's buying behavior towards the products, and services which he desires. In other words, Needs recognition is a major trigger to the buying decisions of the individuals.

- **Information Search**:

The different ways customers search or research appropriate information about a product or products in order to make the right buying decisions is referred to as information search. There are two types of information search namely pre-purchase and outgoing search. The process whereby a consumer recognizes a need for a product and then search the market for the specific information about the product is called pre-purchase. In a situation where a consumer only enjoys surfing the internet for latest update about the marketplace called outgoing search (Solomon *et al.*, 2006).

- **Evaluation of alternatives**:

Consumer's evaluation of alternatives involves three basic process according to Kotler and Keller, (2012). i. Need satisfaction ii. Sourcing specific benefits iii. Product attribute for benefits delivery (Kotler and Keller, 2012). After series of alternatives evaluation, the consumer chooses the best fit based on his taste and financial preferences.

- **Purchase decision**:

Kotler and Keller (2012) in their work explained that when consumers have a number of alternatives and brand choices to make and decides on the most pressing or preferred among others in their minds among various other brands, it is referred to as purchase decision stage. A consumer may make u to five different sub-decisions in deciding the final purchase intention; e.g. Brand 1, Dealer X, Quantity (one computer), timing (weekend and weekdays) and Payment method (Credit card or Cash on delivery).

- **Post purchase behaviour:**

The stage at which consumers experiences mix feelings about the products they purchased, because such products fall below their value expectations is termed the post purchase behavior, and it is the final stage of the customer decision-making process. This may be because features were not so good and gathering favorable feedbacks from buyers of other brands may aid or influence their decision. Product advertisement or communications should be reassuring, promising, and geared towards reinforcing the consumer's choice, which could help him or her feels satisfied about the brand and its products. Marketers must always pay proper attention to keep track and monitor the consumer's post purchase behavior, satisfaction and product use (Kotler and Keller, 2012).

2.5 Four main factors influencing consumer-buying behavior

Four main factors influencing consumers' buying perceptions according to Lamb et al. (2004) are:

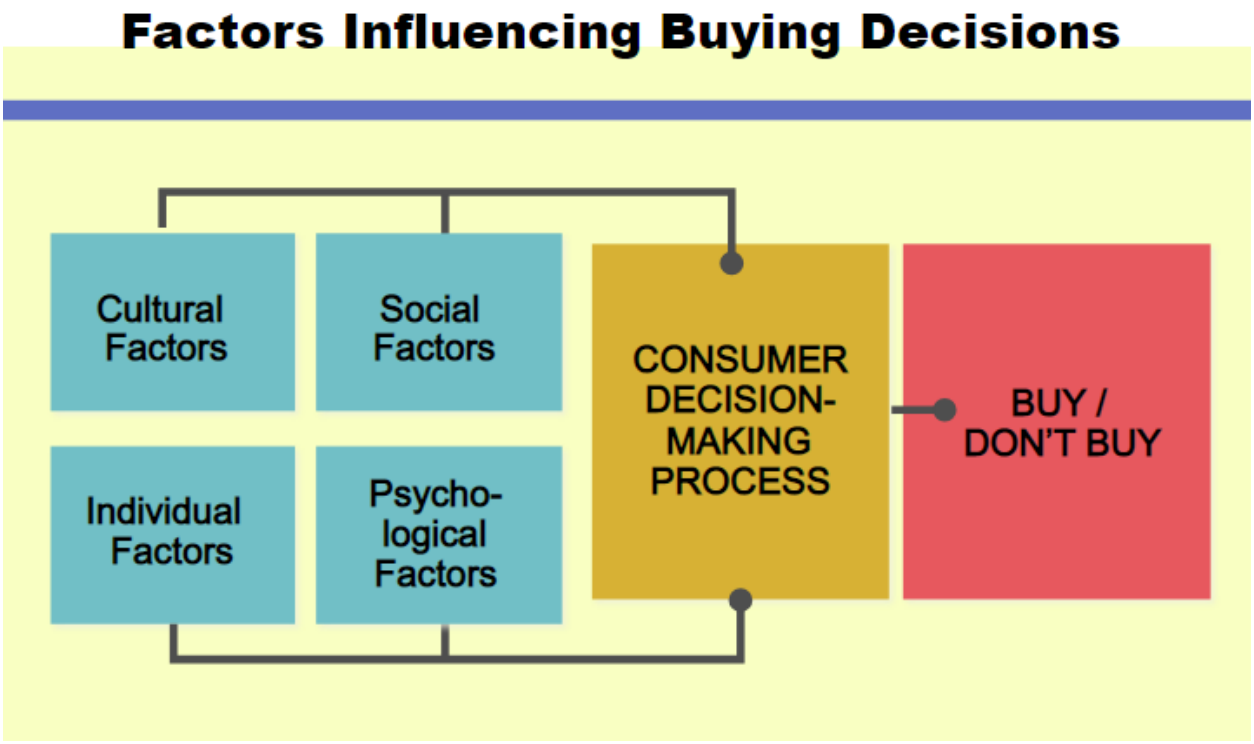


Figure 5: Factors influencing consumer-buying behavior

2.5.1 Cultural Factors

Firstly, cultural factors are value, subculture and the consumer's social class. Culture creates fundamental values, perceptions, needs and behaviors that are influenced by the friends, family and society of consumers. Various nations have a variety of cultural influences that play a key role when populace wants to buy insurance. Prospect purchasing decisions therefore differ significantly between cities (Qureshi *et al.*, 2015).

2.5.2 Social Factors

Social factor of peer groups, opinion leaders and colleagues are the second factor. Each society has an imperative configuration of social class. Bigne et al. (2001) explained that '*these factors have an important impact on consumer behavior as people interact constantly'*. Moreover,

consumers are pleased with opinions about a products search and evaluations to save time by asking others (Macdonald and Sharp, 2000).

2.5.3 Psychological Factor

Psychological factor of perception, learning of motivation, attitudes and beliefs is the final factor that is considered as tools for consumer interaction.

2.5.4 Personal Factors

Age, occupation, economic responsibilities are characteristics of Personal factors that influence consumer decision-making. Kotler and Keller (2012) explain that occupation and income influences consumer decision and purchasing pattern. Consumers buying pattern is greatly influence by levels of financial capabilities as suggested by Thomson and Mossialos (2019). In order to decide on private insurance policy socio-economic status, income, and educational levels must be highly correlated with customer's decision-making process towards health insurances (Watson and Williams, 2001).

2.6 Model of Consumer Behaviour

This model established how stimulus and responses variables of customer's decisions making process is formed. 'Blackbox' also called stimulus-response model is the starting point for understanding consumer behaviour (Kotler, 2012). Kotler and Keller (2009) established that '*the interaction of stimuli, consumer characteristics and psychology, decision process and consumer responses is shown through blackbox'*. Using marketing applications as an example, below are five different models of the buyer's "black box":

2.6.1 The Marshallian Economic Model

Kotler (2004), explains that customers seeks to spend his incomes on goods that is of high satisfactions according to his taste and budget. This model holds that the purchasing decisions are the result of largely "rational" and conscious economic calculations of the customers. According to Kotler (2012) state that '*Marshallian man is only concerned with economic cue such as prices and income'*. However, he ignores the formulations process of the product or the brand preferences "black box" (Kotler, 2012).

2.6.2 The Pavlovian Learning Model

Kolter and Keller (2009) state that *'drive, cue, response and reinforcement are the basis of this four central concepts*'. Its refer drive to be the strong stimuli internal to which an individual impels action. Cue to be weaker environmental stimuli which determine how an individual responds to questions such as 'when', 'where', and 'how' in the learning process. Responses deals individual configurational reactions to cues. However, in an individual, same response might not be equivalent to same configurations of cues. This will highly depends on number of experiences gained and how rewarding it is. On the contrary, if the gained experience is rewarding, then the particular response will be is reinforced. This is called reinforcement. However, according to Pavlovian model it is insufficient to give complete theory of behavior. Therefore, important phenomena as perception, subconscious and interpersonal influences will be explore further (Kotler, 2004).

2.6.3 The Freudian Psychoanalytic Model

Kotler (2012) explains in Freudian model that '*motives and fantasies*' are the major influencing factors of man's choices within man private world. According to Kotler (2004), motivation has a greatly influence in effectively stimulating buyer purchases.

2.6.4 The Veblenian Social-psychological Model

Kotler (2012) underlines the main part of this model that a person is described as a social being with regards to the general form and norms of his larger culture. To people, specific standards of the subcultures and face-to-face groupings to which his life is bound is required (Kotler and Keller, 2009). The best-known example of this model is the description of the leisure class, which explains that much of economic consumption is motivated not by intrinsic needs or satisfaction but by prestige seeking. Based on this view, a consumer's attitudes and behaviour is influenced by several levels of society such as culture, subcultures, social classes, reference groups, and face-to-face groups (Kotler *et al.,* 2009).

2.6.5 Hobbesian model

According to Kotler (2012), the importance of the Hobbesian model is that organizational buyers can be appealed to both personal and organizational grounds. The buyer has his private aims, so he can respond to persuasive salespersons and rational product arguments (Kotler, 2004). However, his respond can vary with the nature of the product, the type of organization, cost, quality, dependability, and service factors (Kotler, 2004).

Summary: Kotler (2012) used five consumer theories for interpreting the transformation of buying influences into purchasing responses. i. Marshallian Economic Model refer to rational and economic-based purchase decisions. ii. Pavlovian Learning Model, consumers' needs for health insurance purchase described. iii. Freudian Psychoanalytic Model, identified the symbolic motivations consumers received from product messages. iv. Vebleman Social-Psychological Model, explained external influences such culture or reference group influenced consumer PHI purchase decisions and Finally, Hobbesian Model, sought to combine all the above model for an individual gam. Kotler (2012) research has been a breakthrough in consumer purchasing behavior and explored how stimuli-response model (black box model) has been developed.

3.0 RESEARCH METHODOLOGY

3.1 Introduction

Objective of this study is to examine the comparative studies of consumer`s buying behavior towards private health insurance in Nigeria and Ireland. This section will summarize the method and approaches adopted for this research. This section discusses the methodology that was used to examine and analyze the research study objectives, the research design, and the research instrument used in this study. It will also provide justification for the method used for the study and provide details of the research used. This research is in line with the guidance of Saunders et al. (2009) giving the research an organized structure and procedure.

3.2 Research philosophy

According to Saunders et al. (2009) outlines a plan of how researchers answer and execute the research questions. The research opined that, researchers should clearly mention and describe clear research objectives derived from the research question. Sources of data to be collected and due consideration to ethical issue should be considered while carrying out the research. Two different methods can be used in data research (qualitative and quantitative) analysis. The data can be analysed using two methods; a mono and multiple methods. Where a single technique is used for data collection and analysis it is referred to as mono method whereas multiple method involves more than one technique used for data collection and analyses. For this study, a cross-sectional research design based on qualitative and quantitative data from primary sources was collected. This is considered most appropriate as it give better understanding of how people's perspectives are formed depending on culture, social and physical and environments (Drechsler and Jütting, 2007). Quantitative data was analyzed using descriptive, and correlation to ascertain the relationship between the variables.

3.3 Scope of the Study

Geographical: The study was conducted in Nigeria and Ireland. Samples in Nigeria was collected within the southwestern part of Nigeria (NBC, 2015) while samples in Ireland was collected in Blanchard town, Dublin city centers, North and South Dublin.

3.4 Population and Sample Size

The population of interest are resident aged 18-65 years (insurable years) in Nigeria and Republic of Ireland. A total sample of 200 respondent's questionnaires was distributed each in Nigeria and Republic of Ireland between from May 2019 - July 2019 (Research Advisors, 2014).

3.4.1 Justification for Choice of Sampling Site

Lagos, Nigeria as a choice of study was because it is the headquarters of most private health insurance companies, megacity of Nigeria's companies and center of foreign investment in Africa. All tribes and backgrounds of social classes are heavily represented in Lagos. It was projected by NBC (2015) that Lagos has a population of 25 million, making Lagos the 3rd largest megacity after Tokyo and Bombay.

Dublin, Ireland a fast growing economy is the center of foreign direct investments in Europe, also the only English speaking country within the European Union aside United Kingdom. Ireland has a standard educational system accepted worldwide, friendliest country; no discrimination of race and gender, and she has the leading entrepreneur rate among adult population. These features enhance the researcher interest as a choice of sampling site.

3.5 Quantitative Research Instrument

For this study, the researcher has collected primary raw data from respondents in Nigeria and Ireland. The Research design being descriptive for this study, the researcher has chosen questionnaire surveys as a data collection method as guided by (Saunders *et al.*, 2009). The use of questionnaire will enable the researcher to explore, select and explained the variability in different phenomena. The self-administered questionnaires was administered using the internet and known as internet mediated surveys (Saunders *et al.*, 2009).
Due to the geographical difference between Nigeria and Ireland, the 200 samples was collected using an online questionnaire. Although, focus group discussion was an alternate approach for this study, time constraint limited the ability to conduct larger participants comprising of different focus groups. Quinlan (2011) described the use of online survey as an effectively universal means to reach skilled people. Th**e** questionnaire used in this study is adapted from the research by Hogan (2007) with little modifications.

3.5.1 Quantitative Design and Procedure

For the purpose of this study, non-probability convenient sampling was used. In addition, random selection techniques were done to easily obtain the samples and the processes was repeatedly done until the desired sample size was reached (Saunders *et al.,* 2009). The respondents were generally the resident in Nigeria and Ireland irrespective of their socio-economic status from different gender, age groups, marital status and educational qualifications. The interpretation for the questionnaire was later codded as follows: Gender was coded as male =1 and female=2. Age group was further divided into groups and coded as (18- 24 = 1, 25-34 = 2, 35-44 = 3, 45-54 = 4, 55 and above = 5). Occupation was coded into five groups (employed=1, unemployed=2, self-employed =3, retired=4, student=5). To facilitate the research, 200 online surveys sent to participants in Nigeria and Ireland while 156 and 133 complete responses received respectively.

3.6 Measure of Research Variables

All variables explaining customer's private health insurance needs and lack of health insurance needs was operated using the guidelines suggested by (Ajzen, 1991) and measure with the Cronbach-Alpha coefficient by a Likert type scale of five points with " strong disagree " to " strongly agree " as the anchor points. A rating scale of five points measured recommendation and marketing mix with answers ranging from "Not at all" to "Extremely important". Moreover, customer decision-making process measured on five Likert scale with anchor points that are "Never" and "Always."

3.7 Reliability and Validity of Research Instruments

In order to assess the validity of the questionnaire, the questionnaires was reviewed by academics, this was to allow them to give their suggestions and propose any amendments, which would be beneficial. Further, the sample questionnaires was piloted to ensure that participants easily understand the questions asked and that the data collected is relevant and useful to fulfil the research aims and objectives of this research. The Content Validity Index (CVI) was used to measure the level at which the questionnaire measures what it constructs. Saunders et al. (2009) address the purpose of 32 pilot testing of a questionnaire is to ensure that the questioners was easy to understand and interpret for the individuals. Analyzing data collected from the pilot testing will easily enable the researcher to establish whether the information gathered would provide the information they are seeking in order to support the hypothesis or disagree with it (Saunders *et al.,*

2009). Therefore, the questionnaires were distributed within Nigeria and Ireland. Due to time constraints, it was not feasible to expand the population to other countries. The data was analyzed with the aid of computer software such as SPSS and were transferred to Excel in order to identify emerging patterns and draw comparisons between the two countries.

3.8 Qualitative Design and Procedure

Focus Group

The research method chosen for this study is qualitative research, using focus groups. The earlier mentioned suggestion by Saunders et al. (2009) of gaining insights on phenomena by "*insider perspective*" underpins the valuable interactive approach of a focus group, to this study. The focus group study conducted over a period 2 days. Two distinct groups of individuals comprising 6- 8 people in each were formed, group 1 are resident of Nigeria and group 2 are resident of Ireland which equals 15 individuals in total. The semi-structured discussion sessions educated participants on the purpose of this study, private health insurances and customers buying behavior theories towards health insurances purchase as suggested by Saunders et al. (2009) stating that "*focus group setting is merely an ancillary method to interpret the findings from the literature review."* Each focus group session conducted in a round table format over a period of 45 – 60 minutes. Transcripts taken verbatim, using a combination of transcriber notes and audio recordings. The focus group sessions conducted over the course of 2 days (13th July 2019) for Nigeria and 20th July for Ireland. Focus groups 1 comprised resident of Nigeria (Doctor, Health insurance Manager, Bank HR manager, self-employed, Nurse, Telecom manager and two students); and focus groups 2 is comprised of residents of Ireland (Account manager, Client service manager, logistic manager, Line lead, Nurse and two students). This six to eight recruited number was suggested by Bloor et al. (2002) with their submission that, *"It is commonly recommended to have between six and eight people in a focus group"*. This choice of numbers will give rich information within the social context as suggested by Robinson (1999). The researcher accedes with Bloor et al. (2002)'s estimation, which states that one hour of taped focus group may take up to eight hours to transcribe, and can lead to 100 pages of text. In fact, the transcription process was extremely time consuming, resulting in a word count of 20,000 words, taking roughly 30 hours to transcribe in total.

3.9 Data Analysis

The first segment of data analysis includes exporting the responses from google doc to Microsoft Excel in order to code it as mentioned earlier. These coded responses are imported to Statistical Package for Social Science (SPSS) version 22 following the guidelines of Hair et al. (2010). The analytical results were presented in tables, graphs and interpretation charts to address each research question as suggested by (Kent, 2007). For the purpose of the data analysis, the researcher had collected 156 responses from Nigeria and 133 responses from Ireland out of 400 online survey sent for both countries.

3.10 Data Analysis Methods

To make the objectives achievable, as already stated in the study, the researcher therefore conducted a number of data analysis tests.

3.10.1 Pearson's Correlation Analysis

Bivariate correlation analysis for all the factors of customers buying behaviors and health insurance was measure. The relationship between the variables conducted using Pearson's rank order correlation, as it is non-parametric. The Pearson's rank order correlation use to measure the level and strength of the relationship between the variables (Saunders *et al.,* 2009). The correlation coefficient (r) helps in quantifying the strength of the relationship and lies between -1 and +1 (Saunders *et al.,* 2009).

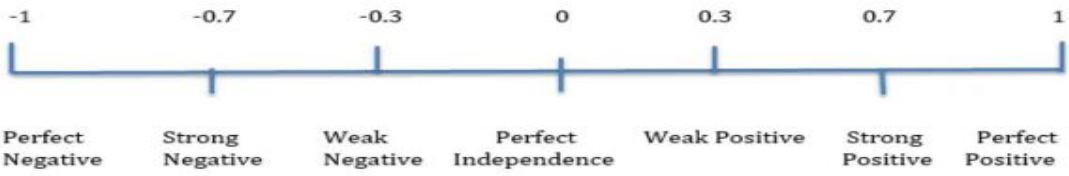


Figure 6: Correlation Coefficient Values

Figure 6 above shows the interpretation Correlation based on the level of relationship of the r-value. The p value shows the statistical significance of the variables and if $p<0.05$ or in certain cases $p<0.01$ shows statistical significance, therefore, the null hypothesis is rejected and the alternate hypothesis accepted. Correlation and regression analysis are used to analyze the

relationships between variables; however, correlation analysis shows the degree of association while regression analysis shows the relationship between dependent and independent variables. For this study, only correlation analysis is used because of time constraint.

3.11 Ethical considerations

This research has thoroughly considered and followed all ethical guidelines stated by National College of Ireland. To ensure the research is within ethical constraints a number of actions were undertaken. Firstly, upon constructing the questionnaire, personal information required from individuals are kept to a minimum so that their right to privacy is maintained. This was considered by keeping the income bands broad in question 5, ensuring anonymity and no documentation of names, requesting the individuals' permission and informing the individuals of the purpose behind the questionnaire before they participate. The participants informed that they could withdraw from the survey at any given time. This research involved quantitative data collection in the form of an online survey and qualitative data from focus group discussion. For the purpose of data protection, there was no documentation of names. The survey results were not accessible to anyone but the researcher.

3.12 Limitations

Various limitation such as time constraint, overlook of the closed-ended questions when the respondents are unable to easily interpret the questions, most notably, size of the study which was relatively small compared to the overall population of the countries. Manual coding, electronic analysis and transcribing of the audios recorded also added more difficulties in terms of time consumption.

4.0 RESULTS

4.1 Introduction

This chapter illustrate the comparative analysis of customers buying behaviours undertaken as part of this study in Nigeria and Ireland as defined by the research questions raised in chapters 1. Eight member participants focus group each was used in Nigeria and Ireland for data collection process, this was for the purpose of qualitative primary research and the use of questionnaires in the data collection process for the purpose of quantitative primary research, demonstrated a variant of similar and differential responses. Discussion in relation to the implications of this research discussed in chapter 5. In this chapter, the classification models that are applicable to the study undertaken as defined in Chapter 2 and investigated by means of the methodological processes as outlined in Chapter 3, this will permit patterns in the data research to be presented and generate the hypotheses to be discussed.

4.2 Quantitative Research Findings

This chapter will show the results of the online survey with a brief discussion of what the statistics shows. One hundred and fifty-six (156) responses were gotten from the Nigeria surveys while one hundred and thirty-three (133) responses were gotten from Ireland survey, which are well and fully completed. They varied in age from 18 to over 60 years' insurance years in both countries. An exact copy of the questionnaire can be found in appendix 2 while the SPSS results data from this analysis can be found in appendix 3 and 4.

4.2.1 Comparative result of question 1: Gender profile of Nigeria and Ireland respondents

This summarized gender profile of respondents who attempted question 1 of the questionnaire. The volume of responses generated a response rate of 99% of the total chosen sample as seen in appendix 2.

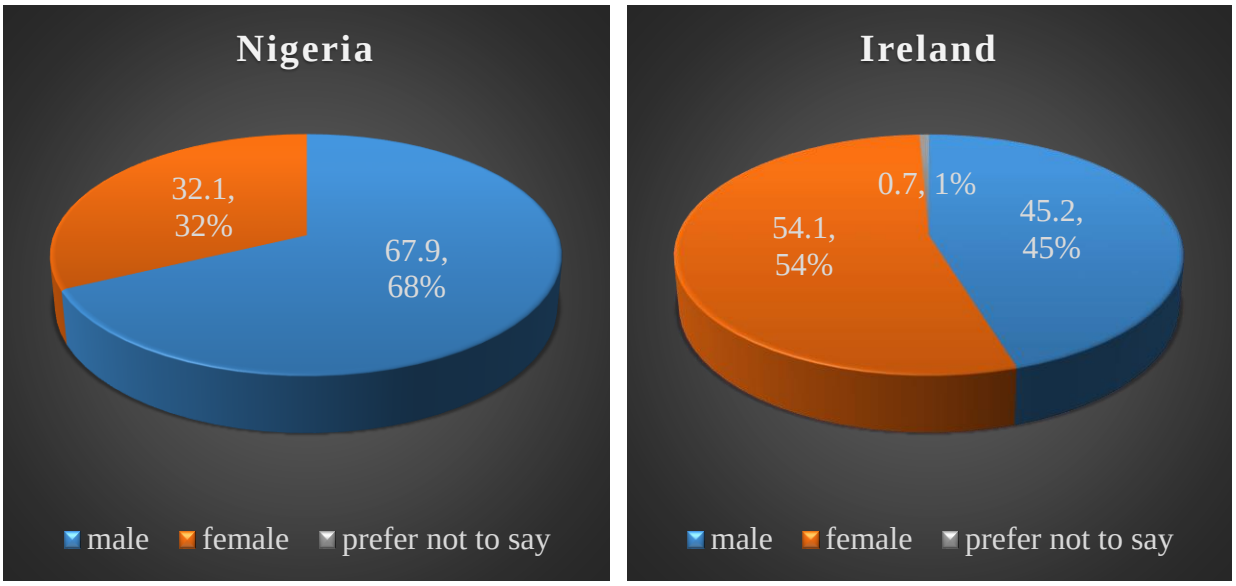


Figure 7: Comparative result of question 1: Gender profile of Nigeria and Ireland respondents

Figure 7 identifies that respondent sample gender split as 67.9% male and 32.1% females, with 0% prefer not to say their gender in Nigeria survey while 45.2% male and 54.1% females, with 0.7% prefer not to say their gender in Ireland survey. This resulted in a 99% accurate gender identification of the sample that participated in the quantitative research.

4.2.2 Comparative result of question 2: Age profile of Nigeria and Ireland respondent

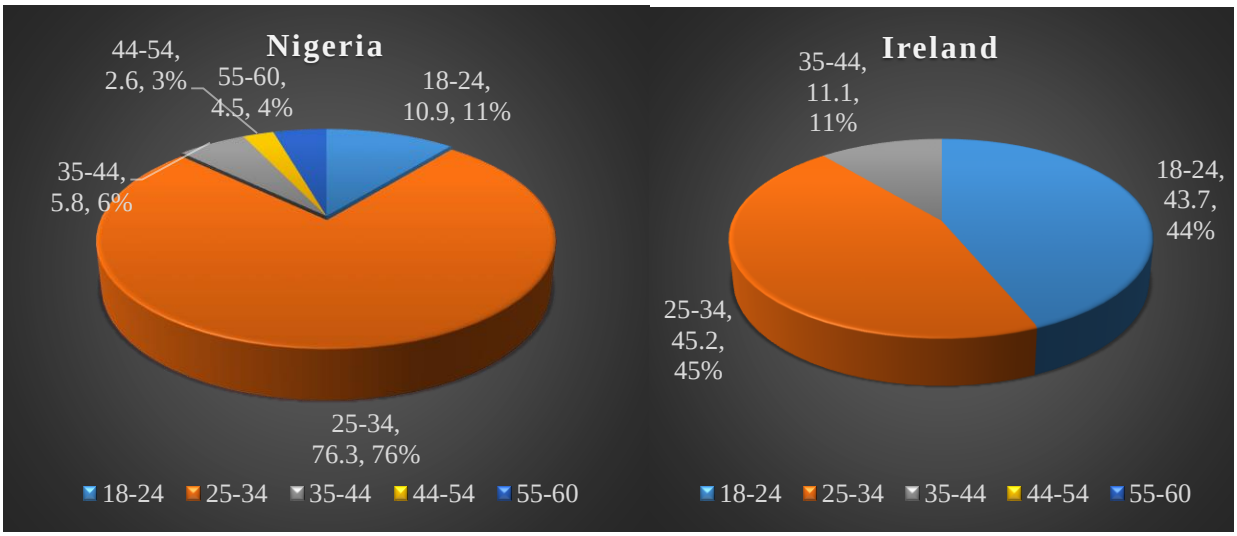


Figure 8: Comparative result of question 2: Age profile of Nigeria and Ireland respondent

Figure 8 above demonstrates the individual age group and the volume of respondents placed in each age group category. The highest of 76.3% age group for '25- 34' was recorded , with 2.6% lowest for '44-54' age group bracket was recorded in Nigeria survey while 45.2% highest age bracket for '25 -34' age bracket which is almost half of the sample with 11.1% lowest recorded for '35 -44' age bracket from Ireland survey. At this stage of the data analysis, the identification of gender and age of the responding sample had been clearly established.

4.2.3 Comparative result of question 4 and 5: Occupation and income profile of Nigeria and Ireland respondents

Figure 9A and Figure 9B below reveals a cross tabulation of occupation and income profile of the sample of the quantitative research. The identification of the statistical data in this area permits the researcher to gain an understanding of the employment and income status of the respondent attempting the questionnaires.

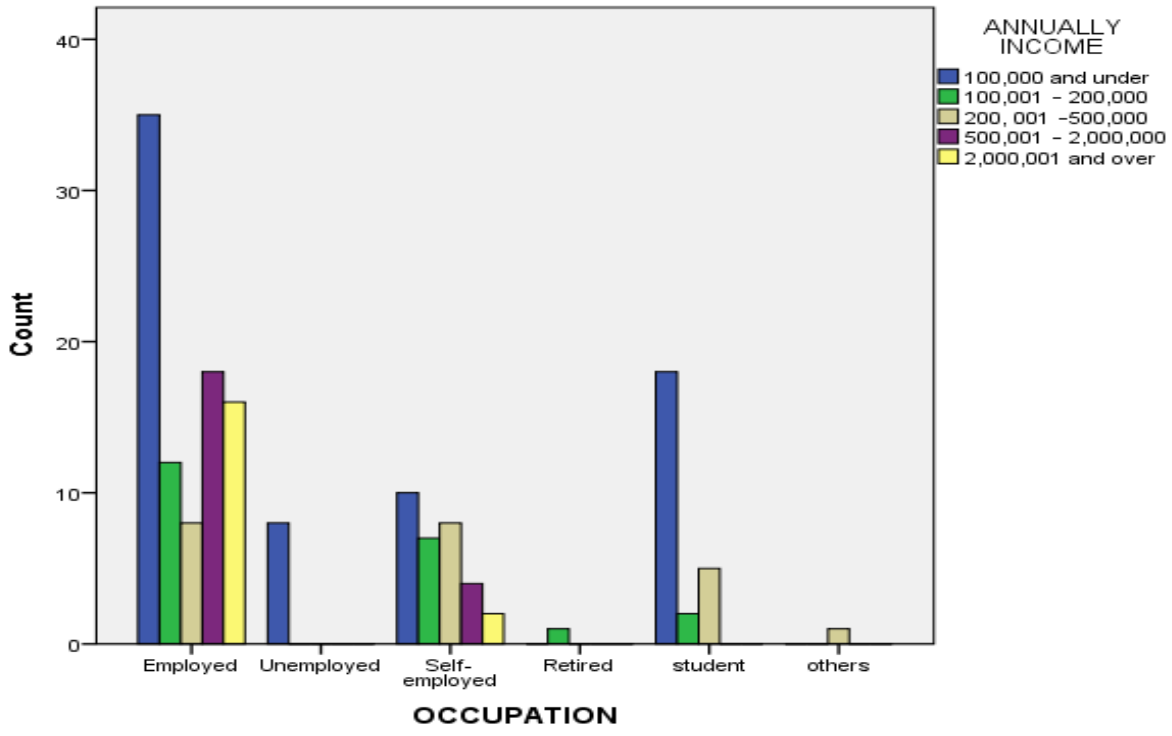


Figure 9A: Occupation and income profile of Nigeria respondents

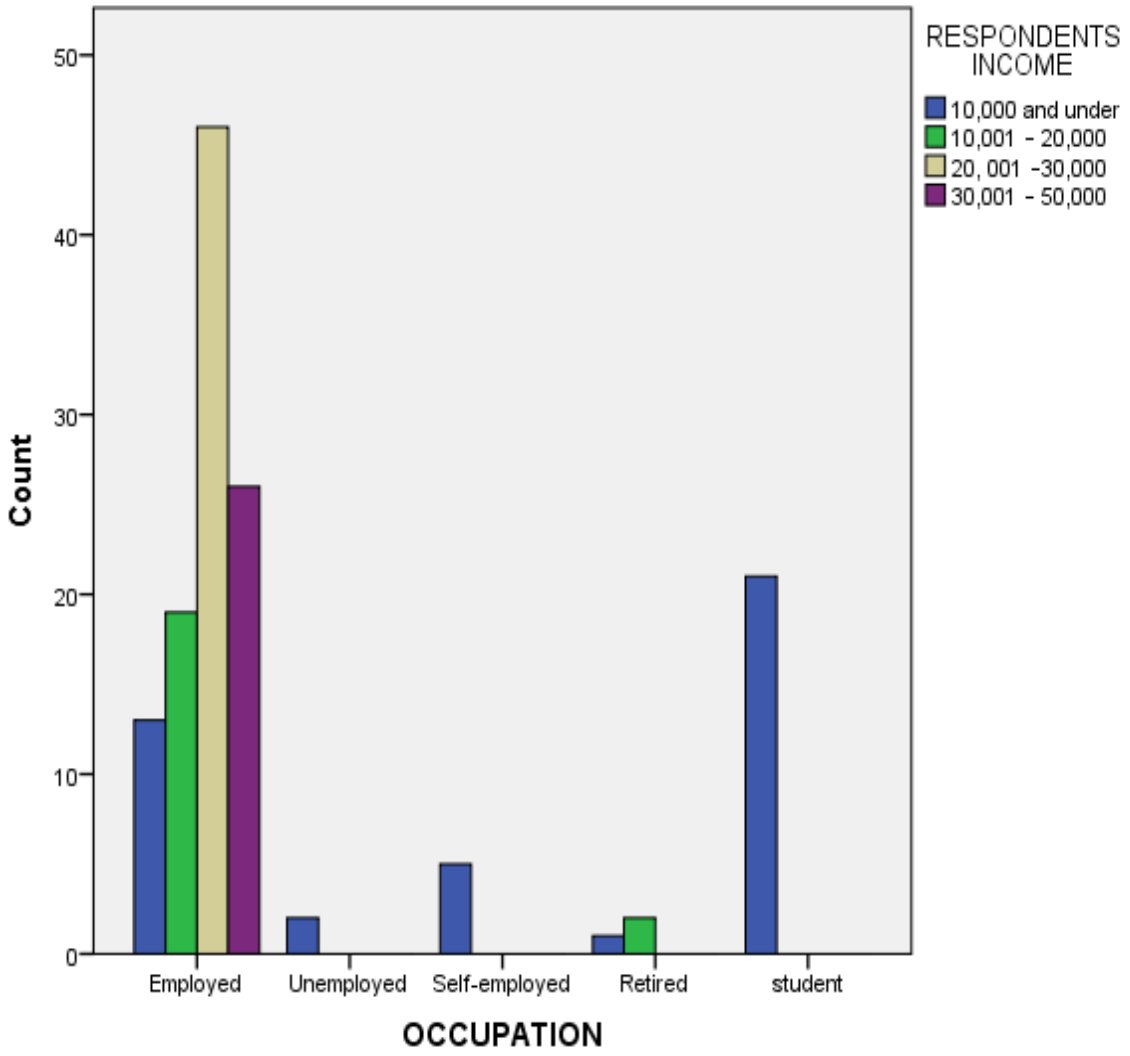


Figure 9B: Occupation and income profile of Ireland respondents

From the above results, the conclusion can be made that the majority of respondents that can afford private health insurance are individuals that are employed and high-income earner. Also, students in both countries shows a reasonable significance of private health insurance purchase despite their income, this is because health insurance in mandatory for students who wish to study both in home and abroad.

4.2.4 Comparative result of question 6: Health insurance status of Nigeria and Ireland respondents

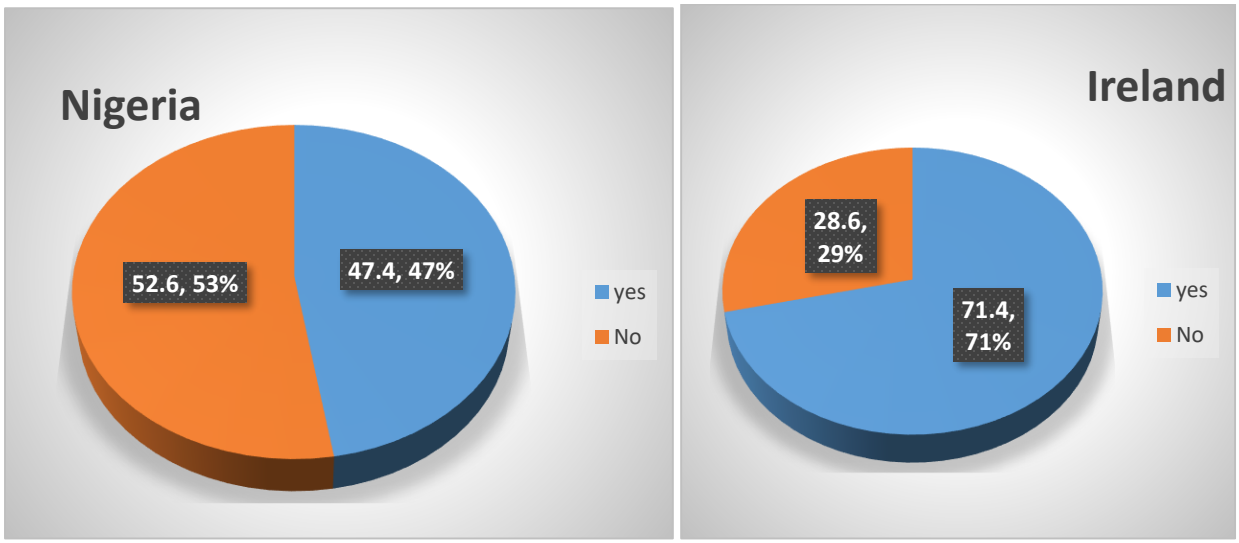


Figure 10: Comparative result of question 6: Health insurance status of Nigeria and Ireland respondents

Figure 10 reveals respondents health insurance status, which was 47.4% Yes and 52.6% No to PHI in Nigeria survey while 71.4% Yes and 28.6% No to PHI in Ireland survey.

From the above results, it is established that the majority of respondents in Ireland has private health insurance as reviewed from the literature that 50% of Irish Population has private health insurance.

4.2.5 Comparative result of question 4 and 6: Occupation and Health insurance status of Nigeria and Ireland respondents

Figure 11A and Figure 11B below reveals a cross tabulation of occupation and Health insurance status. Most employed individuals and students has health insurance cover. To understand the relationship between health insurance and occupations in Nigeria and Ireland, further investigation will be done later in this chapter. This will permit the researcher to gain an understanding of the linkage between the two factors.

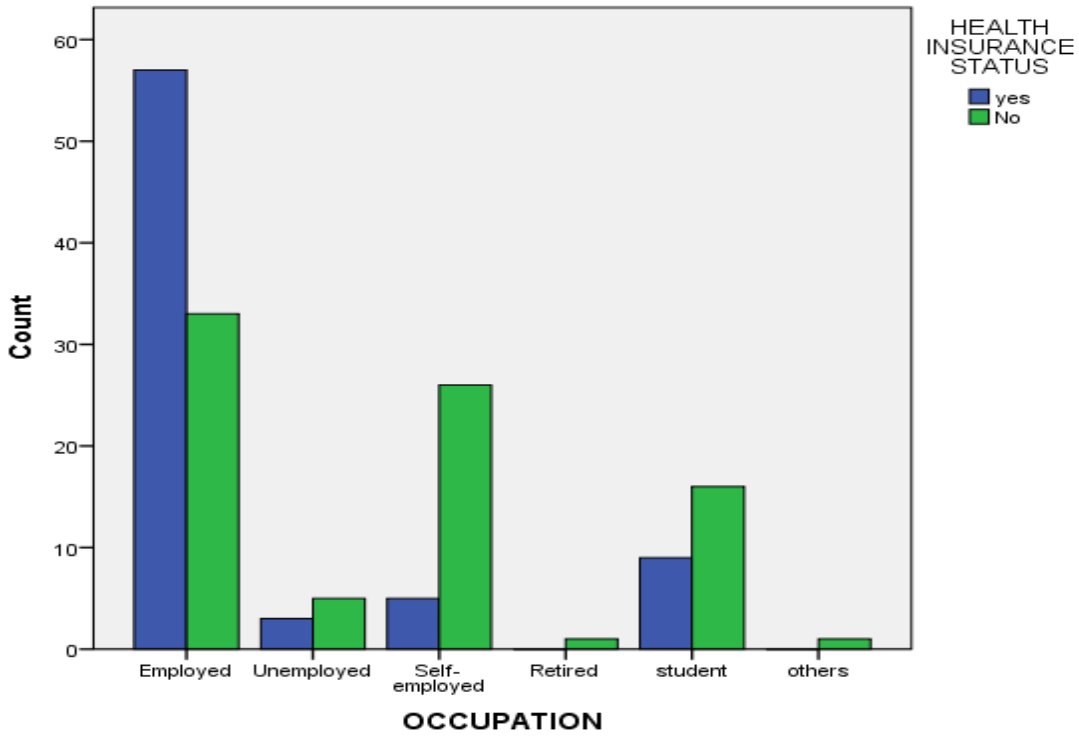


Figure 11A: Occupation and Health insurance status of Nigeria respondents

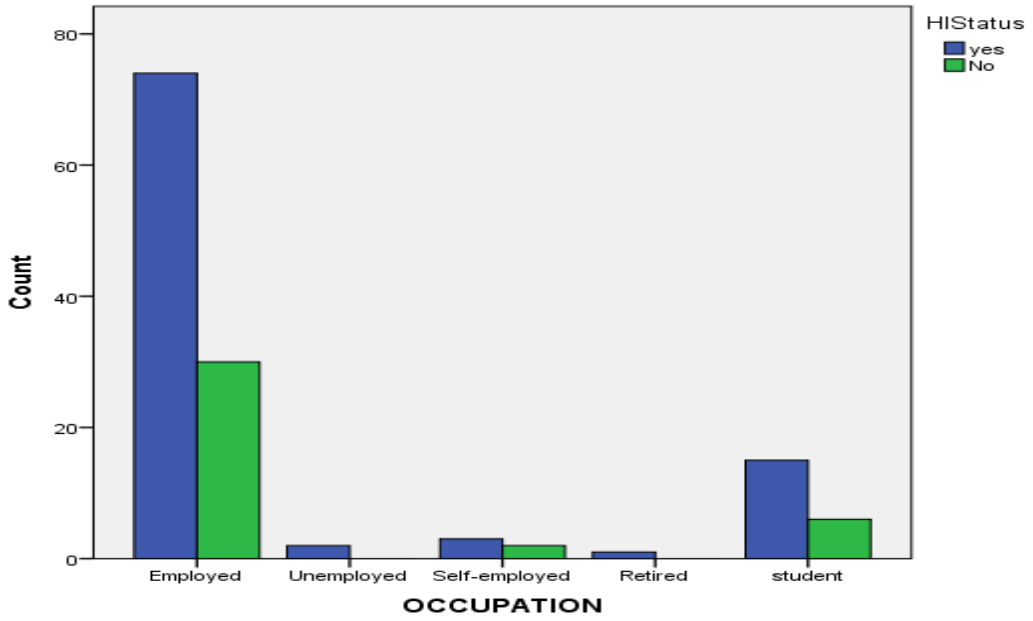
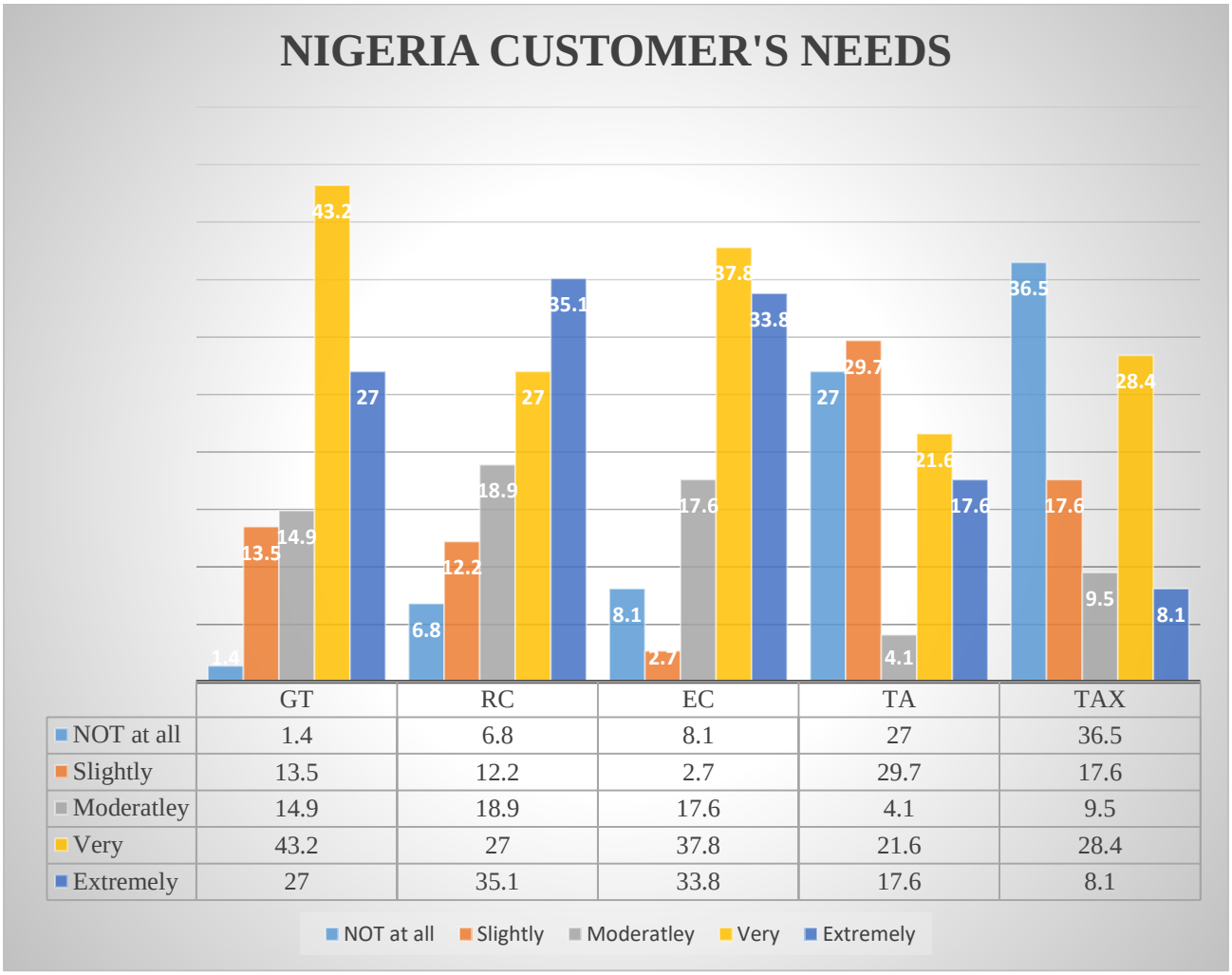


Figure 11B Occupation and health insurance status of Ireland respondents.

From the above results, it is concluded that the majority of respondents that said "Yes" to private health insurance status are Employed individua**ls** and students in both countries.

4.2.6 Comparative result of question 8: Customers private health insurance needs in Nigeria and Ireland respondents

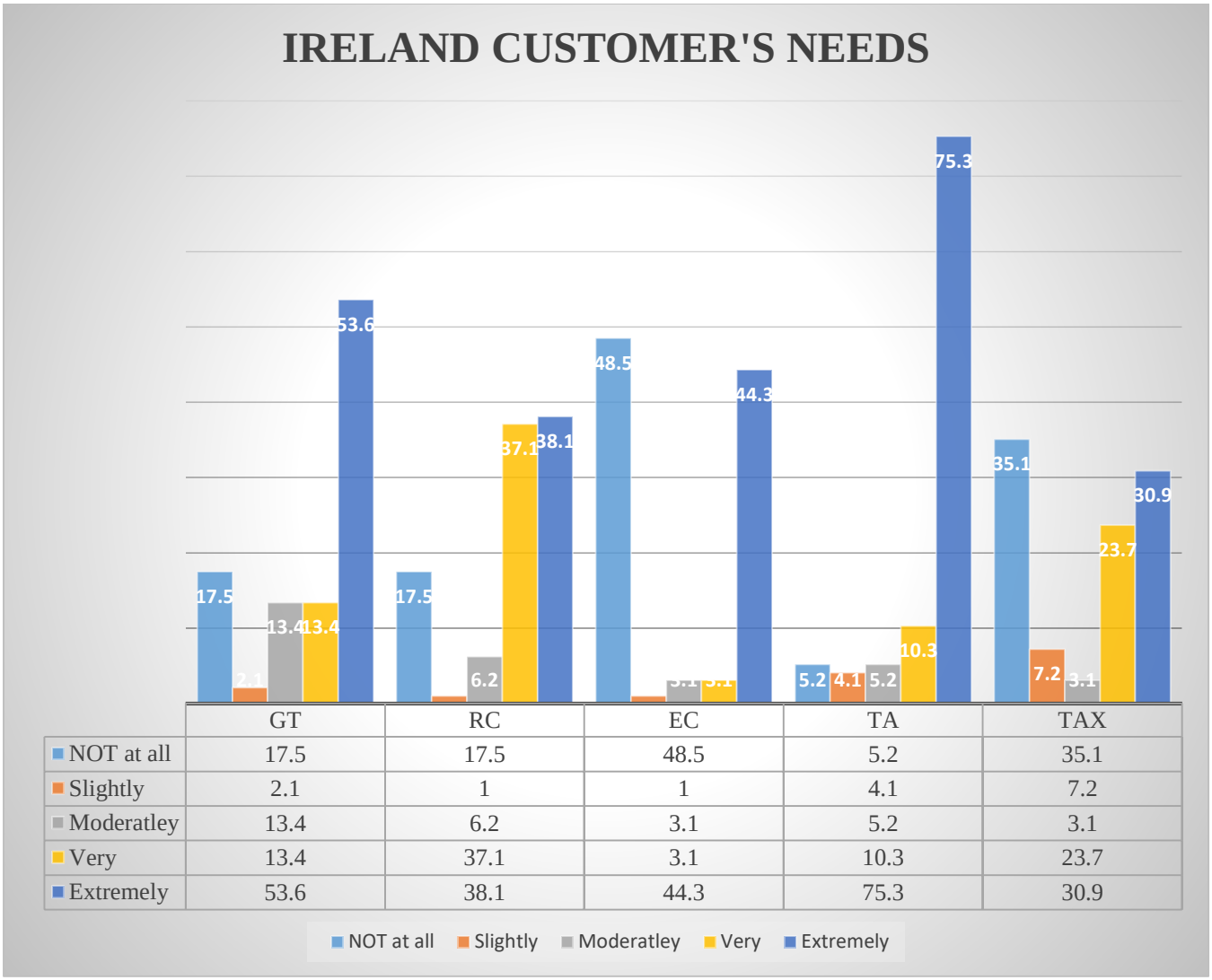


	GT	RC	EC	TA	TAX
NOT at all	1.4	6.8	8.1	27	36.5
Slightly	13.5	12.2	2.7	29.7	17.6
Moderatley	14.9	18.9	17.6	4.1	9.5
Very	43.2	27	37.8	21.6	28.4
Extremely	27	35.1	33.8	17.6	8.1

Figure 12A Reason for health insurance purchase in Nigeria.

LEGEND:

GT: Good Treatment RC: Risk Coverage EC: Employer Contribution TA: Traveling Abroad



	GT	RC	EC	TA	TAX
NOT at all	17.5	17.5	48.5	5.2	35.1
Slightly	2.1	1	1	4.1	7.2
Moderatley	13.4	6.2	3.1	5.2	3.1
Very	13.4	37.1	3.1	10.3	23.7
Extremely	53.6	38.1	44.3	75.3	30.9

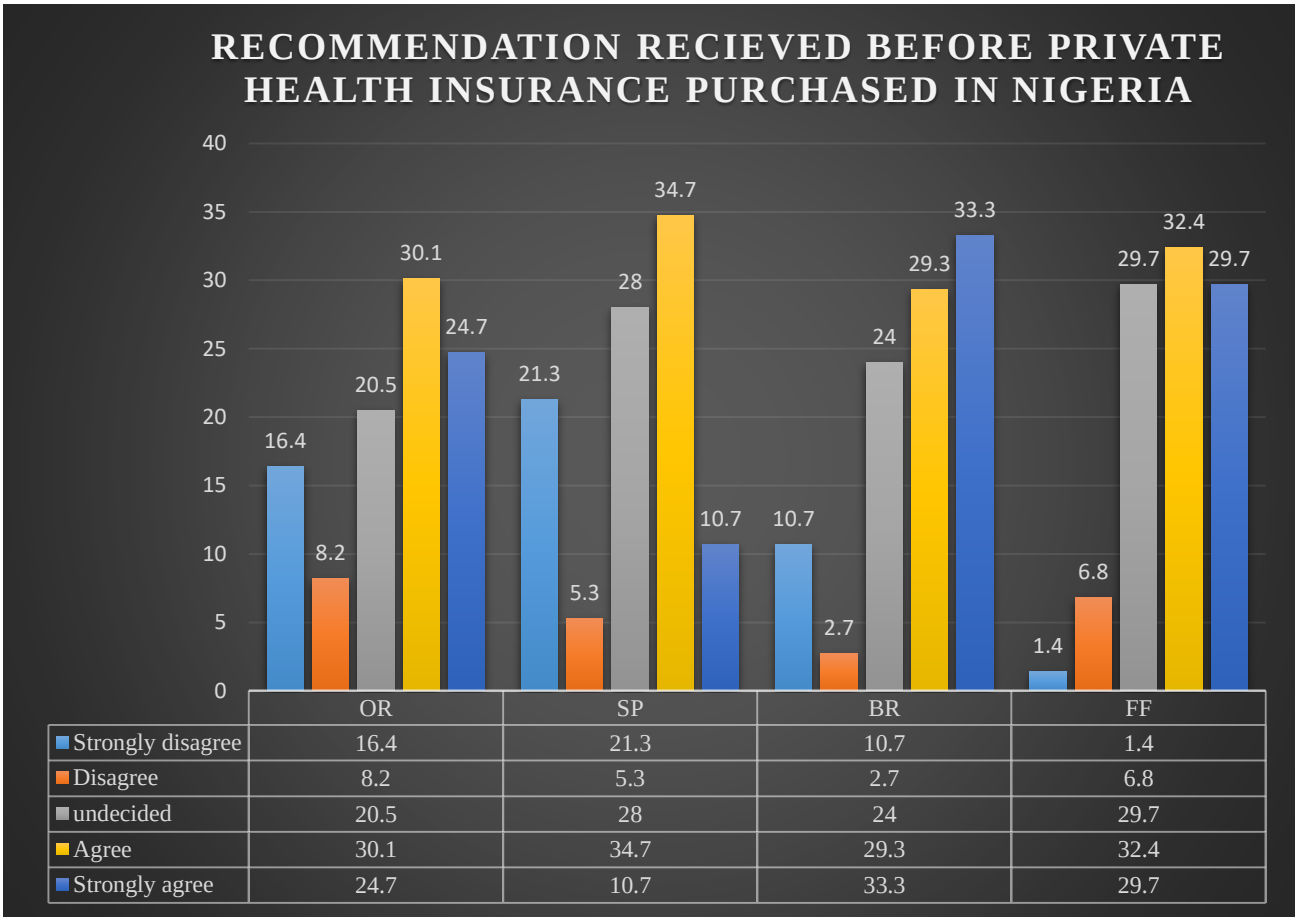
Figure 12B Reason for health insurance purchase in Ireland.

LEGEND:

GT: Good Treatment RC: Risk Coverage EC: Employer Contribution TA: Traveling Abroad

Figure 12A and Figure 12B reveals that there were variations in the results as observed in the chart. For Nigeria, employer contribution, risk coverage and good treatment was observed on an "extremely important" and "very important "Likert scale while for Ireland, Traveling abroad, good treatment and risk coverage dominated the Likert scale on an "extremely important" and "very important" scale.

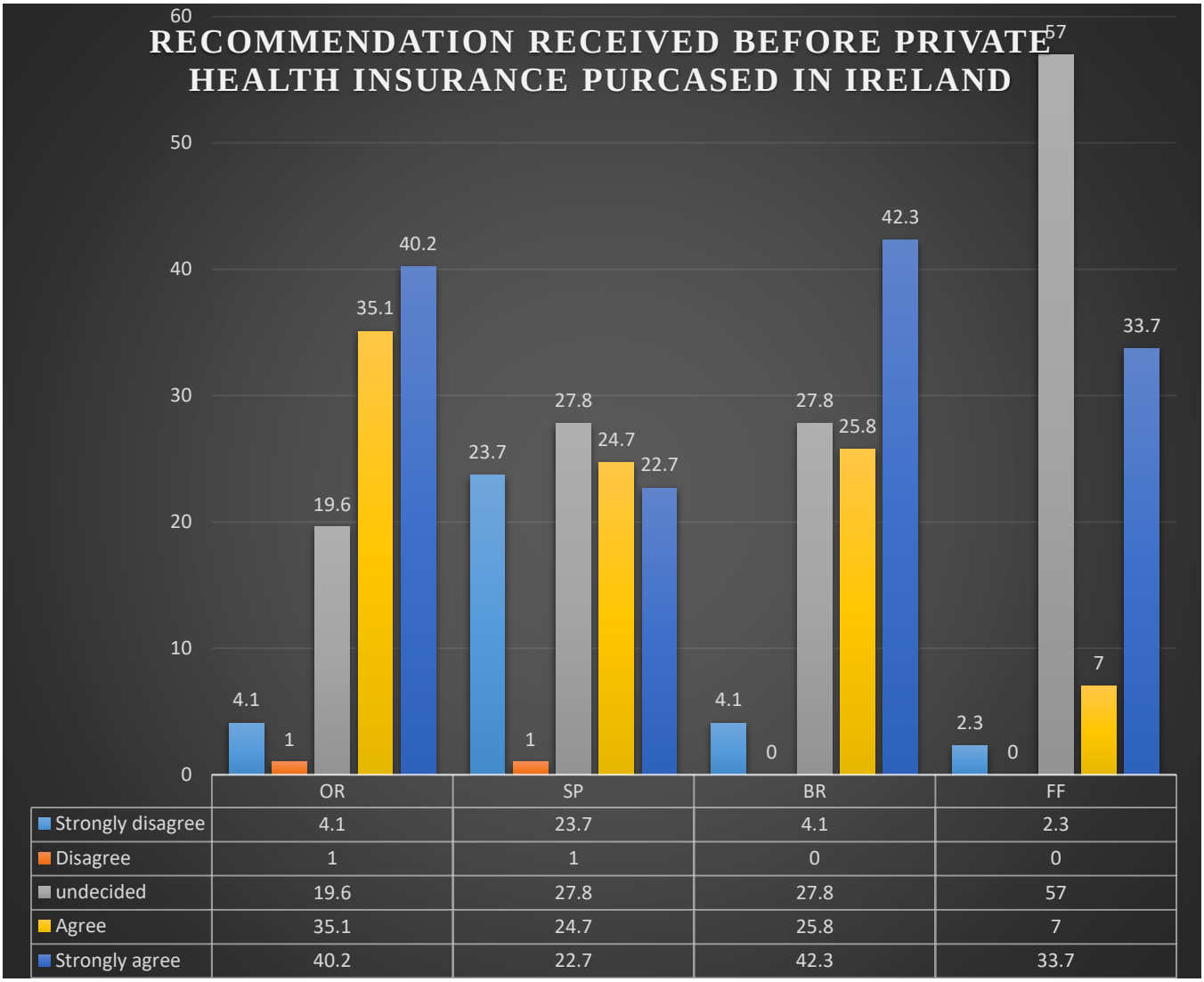
4.2.7 Comparative result of question 9: Recommendation received before private health insurance purchase in Nigeria and Ireland.



	OR	SP	BR	FF
Strongly disagree	16.4	21.3	10.7	1.4
Disagree	8.2	5.3	2.7	6.8
undecided	20.5	28	24	29.7
Agree	30.1	34.7	29.3	32.4
Strongly agree	24.7	10.7	33.3	29.7

Figure 13A Recommendation received before Private Health Insurance purchase in Nigeria.

LEGEND: ON: Online Reviews SP: Sales Persons BR: Brand Reputation FF: Family and Friends



	OR	SP	BR	FF
Strongly disagree	4.1	23.7	4.1	2.3
Disagree	1	1	0	0
undecided	19.6	27.8	27.8	57
Agree	35.1	24.7	25.8	7
Strongly agree	40.2	22.7	42.3	33.7

Figure 13B Recommendation received before health insurance purchase in Ireland

LEGEND: ON: Online Reviews SP: Sales Persons BR: Brand Reputation FF: Family and Friends

As shown in Figure 13A and Figure 13B, Recommendations are highly important as an influencing factor as observed in the chart. For Nigeria survey; Brand reputation, family and friends and online reviews dominated on a "strongly agree" and "agree" Likert scale while for Ireland survey; Brand reputation, online reviews and family and friends dominated the Likert scale on a "strongly agree" and "agree" scale. In addition, significant number of respondents responds on "undecided/Neutral". This might be because many combinations of factors contributed to their purchased.

4.2.8 Comparative result of question 10: customer's most important feature before private health insurance purchase in Nigeria and Ireland.

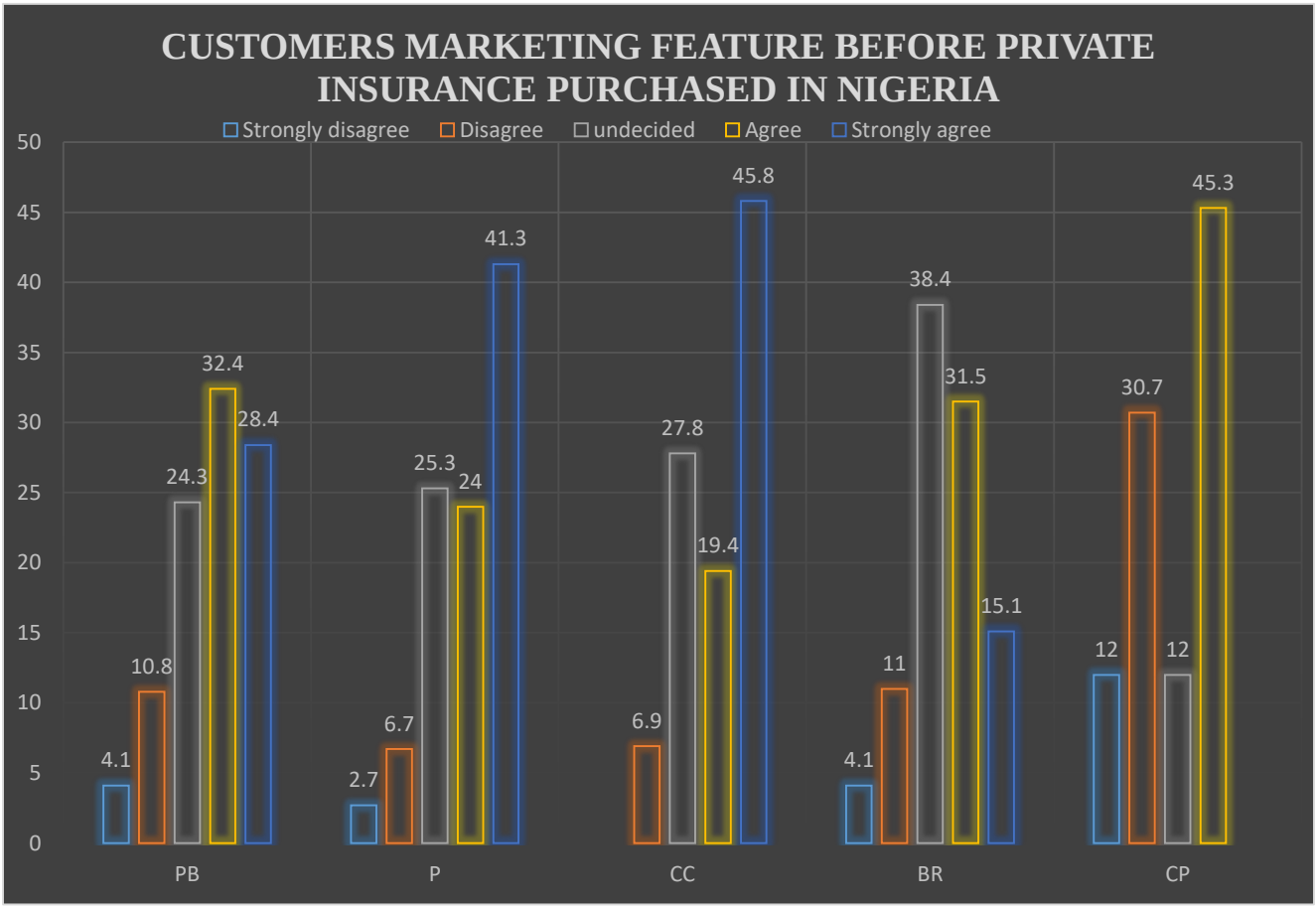


Figure 14A Customer's most important marketing feature before private health insurance purchase in Nigeria.

LEGEND: PB: Plan Benefits P: Price CC: Comprehensive Coverage BR: Brand Reputation CP: Claim processing

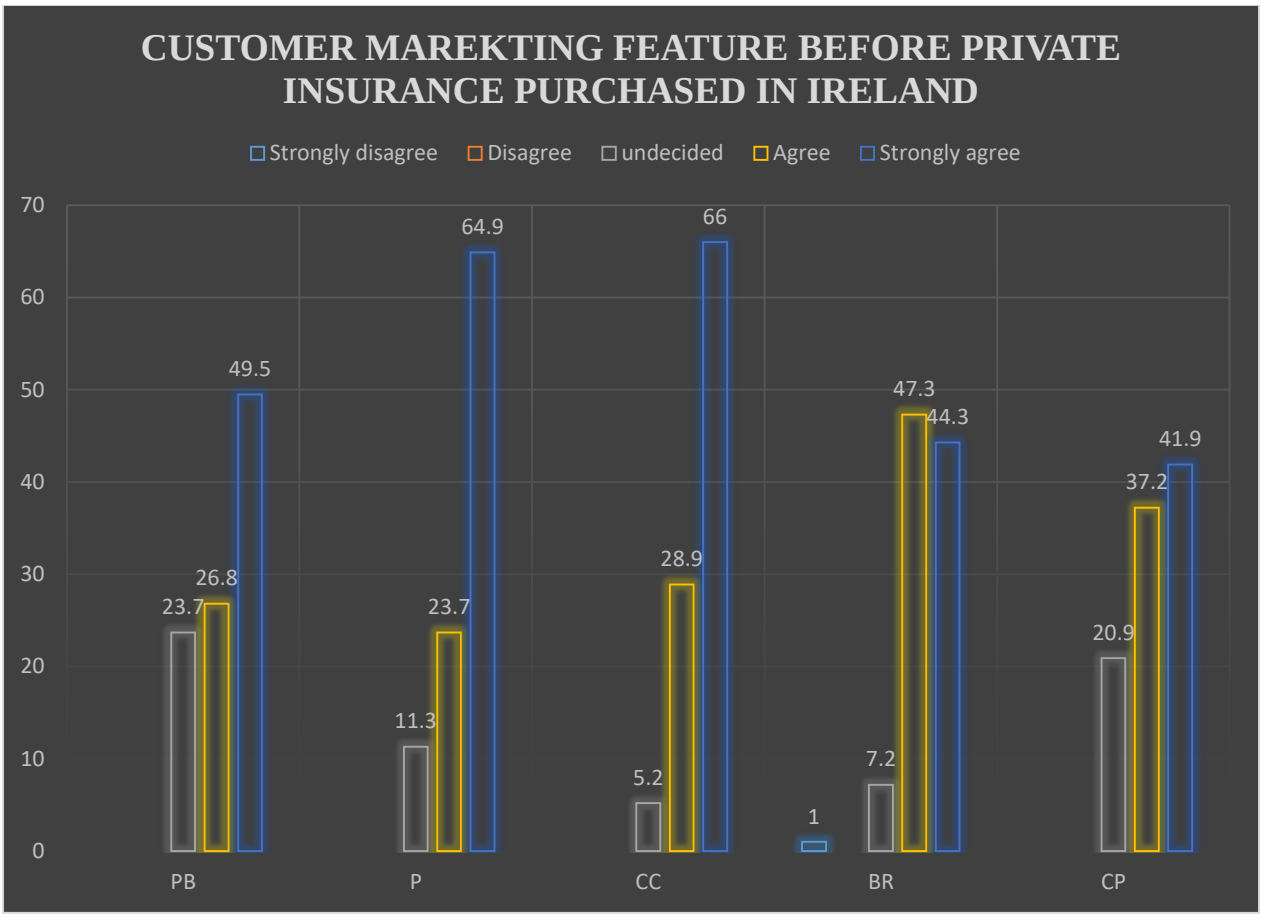


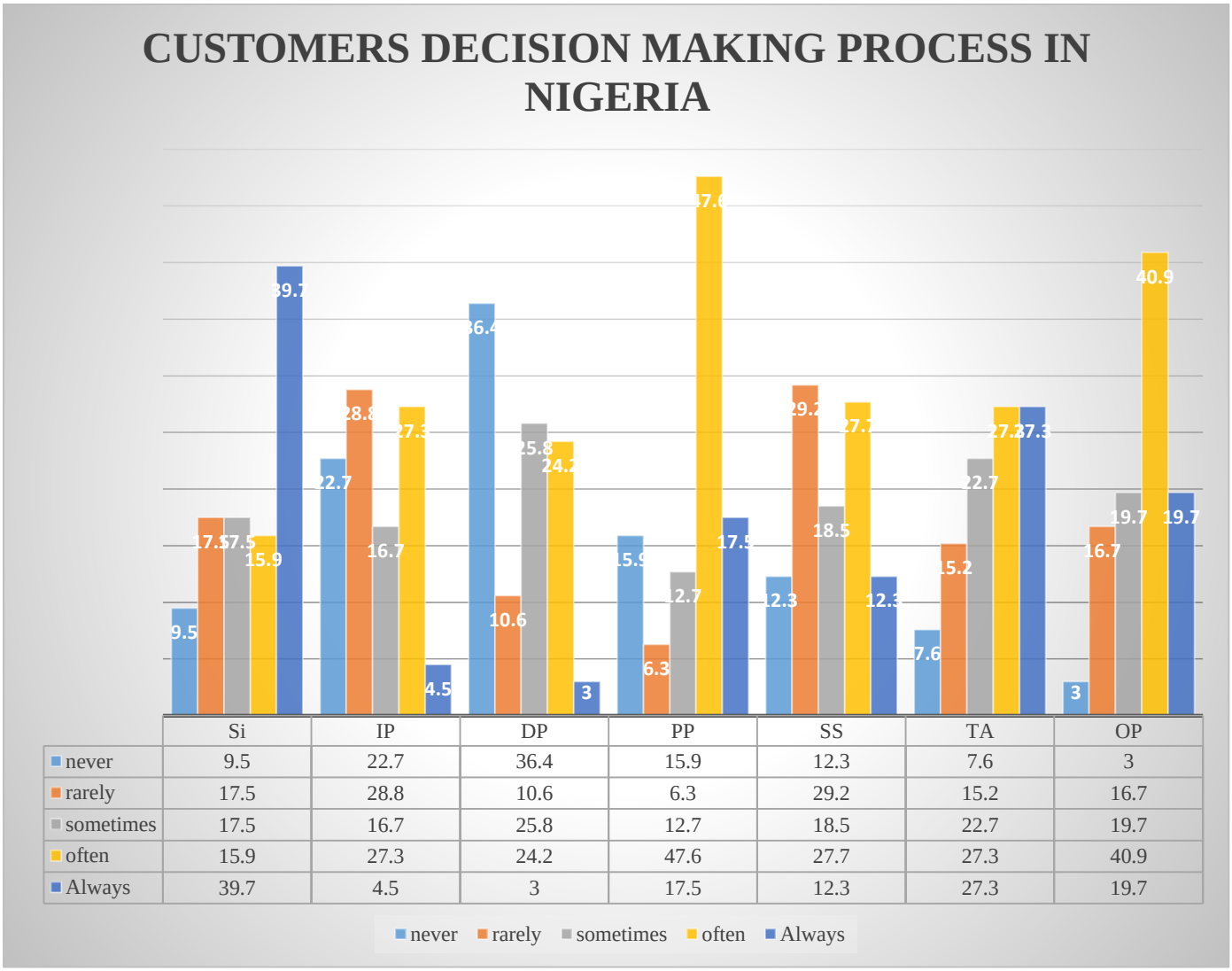
Figure 14B: Customer's most important marketing feature before health insurance purchase in Ireland.

LEGEND: PB: Plan Benefits P: Price CC: Comprehensive Coverage BR: Brand Reputation CP: Claim processing

Figure 14A and Figure 14B reveals that before purchased of purchase of health insurance, some important marketing features must be present. Therefore these features served as an influencing factor as observed in the chart. For Nigeria survey, Comprehensive coverage, price and plan benefits dominated on a "strongly agree" and "agree" Likert scale while for Ireland survey, Comprehensive coverage, price, plan benefits and Brand reputation dominated the Likert scale on a "strongly agree" and "agree" scale.

To conclude, Price and Comprehensive coverage (locations) are the most important features customers look for before purchase as evident from this study.

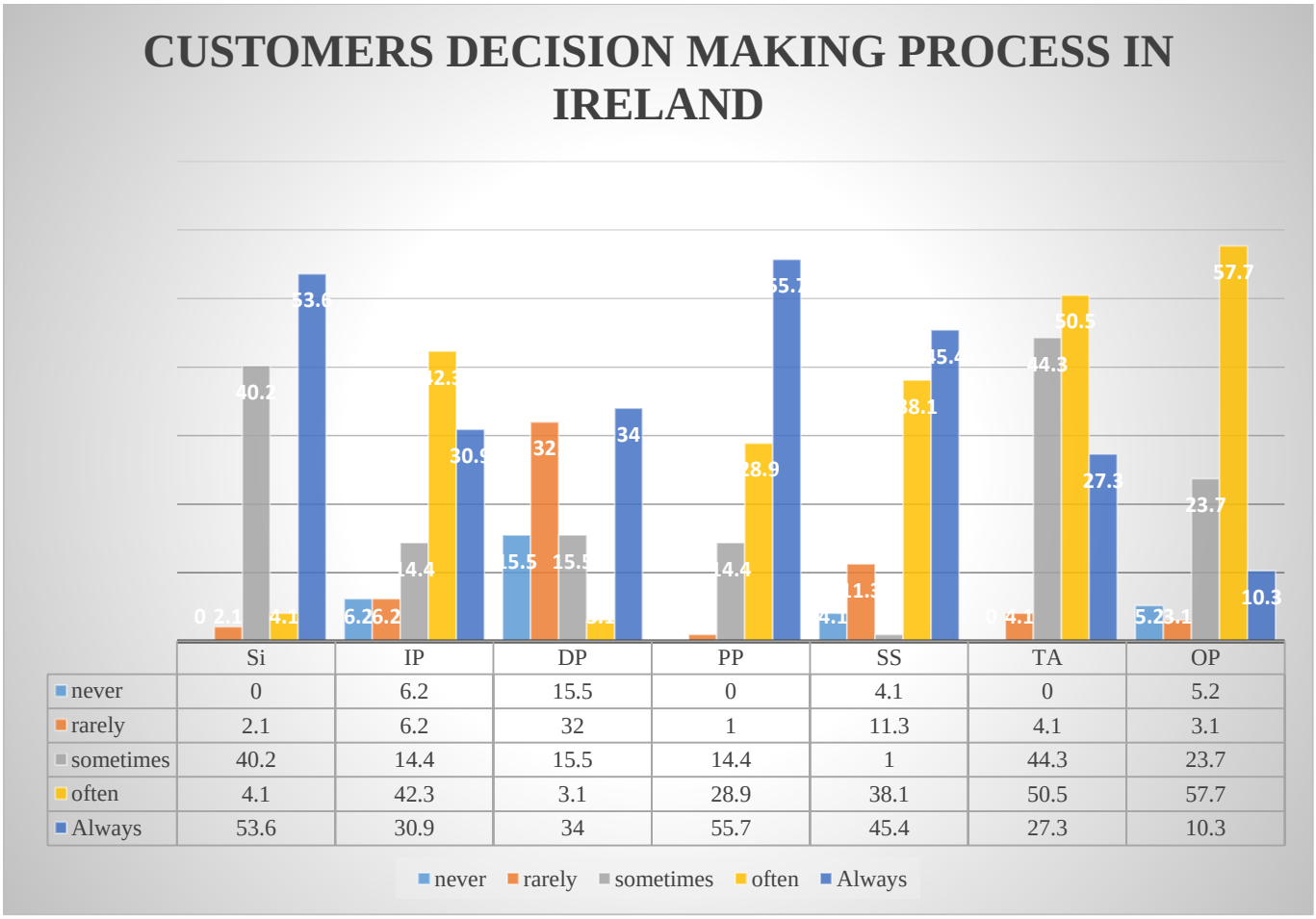
4.2.9 Comparative result of question 11: Customer decision process before private health insurance purchase in Nigeria and Ireland.



	Si	IP	DP	PP	SS	TA	OP
never	9.5	22.7	36.4	15.9	12.3	7.6	3
rarely	17.5	28.8	10.6	6.3	29.2	15.2	16.7
sometimes	17.5	16.7	25.8	12.7	18.5	22.7	19.7
often	15.9	27.3	24.2	47.6	27.7	27.3	40.9
Always	39.7	4.5	3	17.5	12.3	27.3	19.7

Figure 15A questionnaire respondent purchasing decision before health insurance purchase in Nigeria.

LEGEND: SI: Search information IP: Impulse decision DP: Different plan purchase PP: Promotion and price discounts TA: Try alternative OP: Own preference



	Si	IP	DP	PP	SS	TA	OP
never	0	6.2	15.5	0	4.1	0	5.2
rarely	2.1	6.2	32	1	11.3	4.1	3.1
sometimes	40.2	14.4	15.5	14.4	1	44.3	23.7
often	4.1	42.3	3.1	28.9	38.1	50.5	57.7
Always	53.6	30.9	34	55.7	45.4	27.3	10.3

Figure 15B questionnaire respondent purchasing decision before health insurance purchase in Ireland.

LEGEND: SI: Search information IP: Impulse decision DP: Different plan purchase PP: Promotion and price discounts TA: Try alternative OP: Own preference

As shown in Figure 15A and Figure 15B it was revealed that irrespective of the countries, customer decision-making process depends on so many factors as revealed in the above chart. For Nigeria survey, "I search information about the services", 'I look for promotion, deals and discounts," and "I have my own reference or opinions dominated" on "Always" and "Often" Likert scale. For Ireland survey, "I look for promotion, deals and discounts", "Search information about the services", "I purchase same service every time" I make Impulse buying decision" dominated the Likert scale on a "Always" and "Often" Likert scale.

4.3 Comparative result of question 12: Brand personality of private health insurances purchase in Nigeria and Ireland.

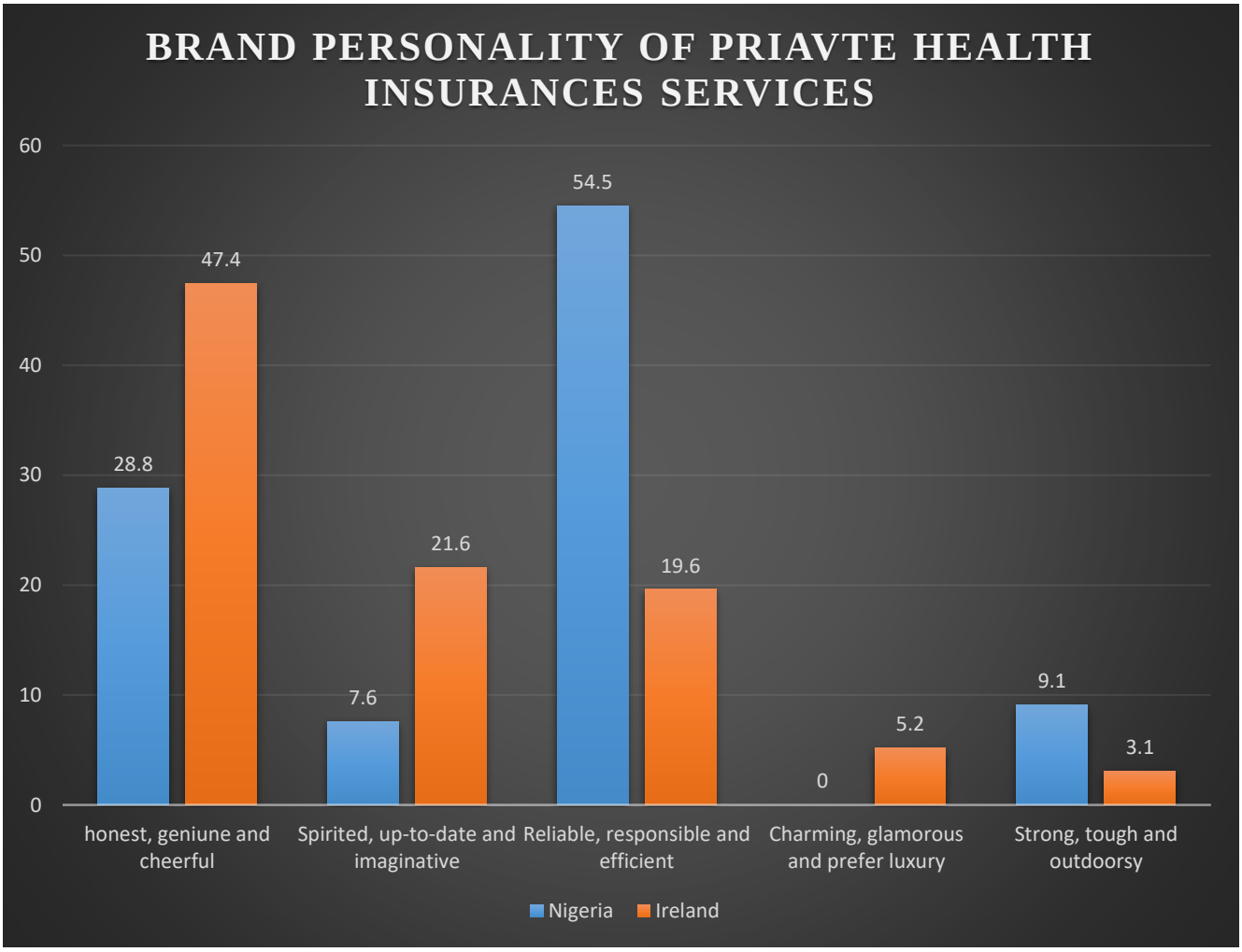


Figure 16: Brand Personality of Private Health Insurance.

As shown in Figure 16, it was reveals that irrespective of the customers' needs, social economy class and decisions making processes, customers still have a distinct loyalty characteristic for private health insurance services. As shown above in figure 16, most respondents in Nigeria and Ireland defined themselves as Reliable, responsible, efficient, honest, genuine, and cheerful enrollee across both countries.

4.4 Comparative result of question 13: Important plan features customer subscribe to in private health insurance in Nigeria and Ireland.

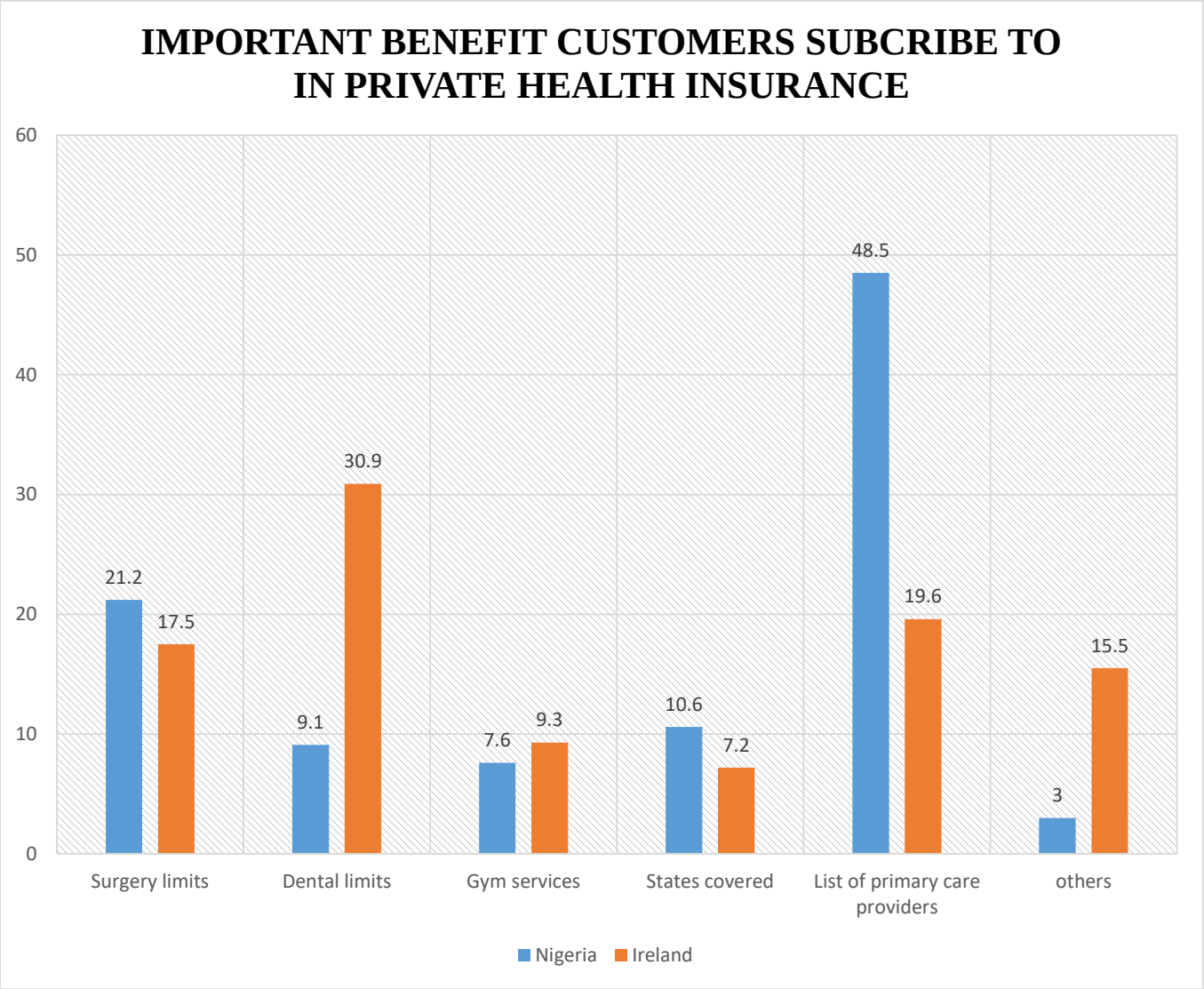
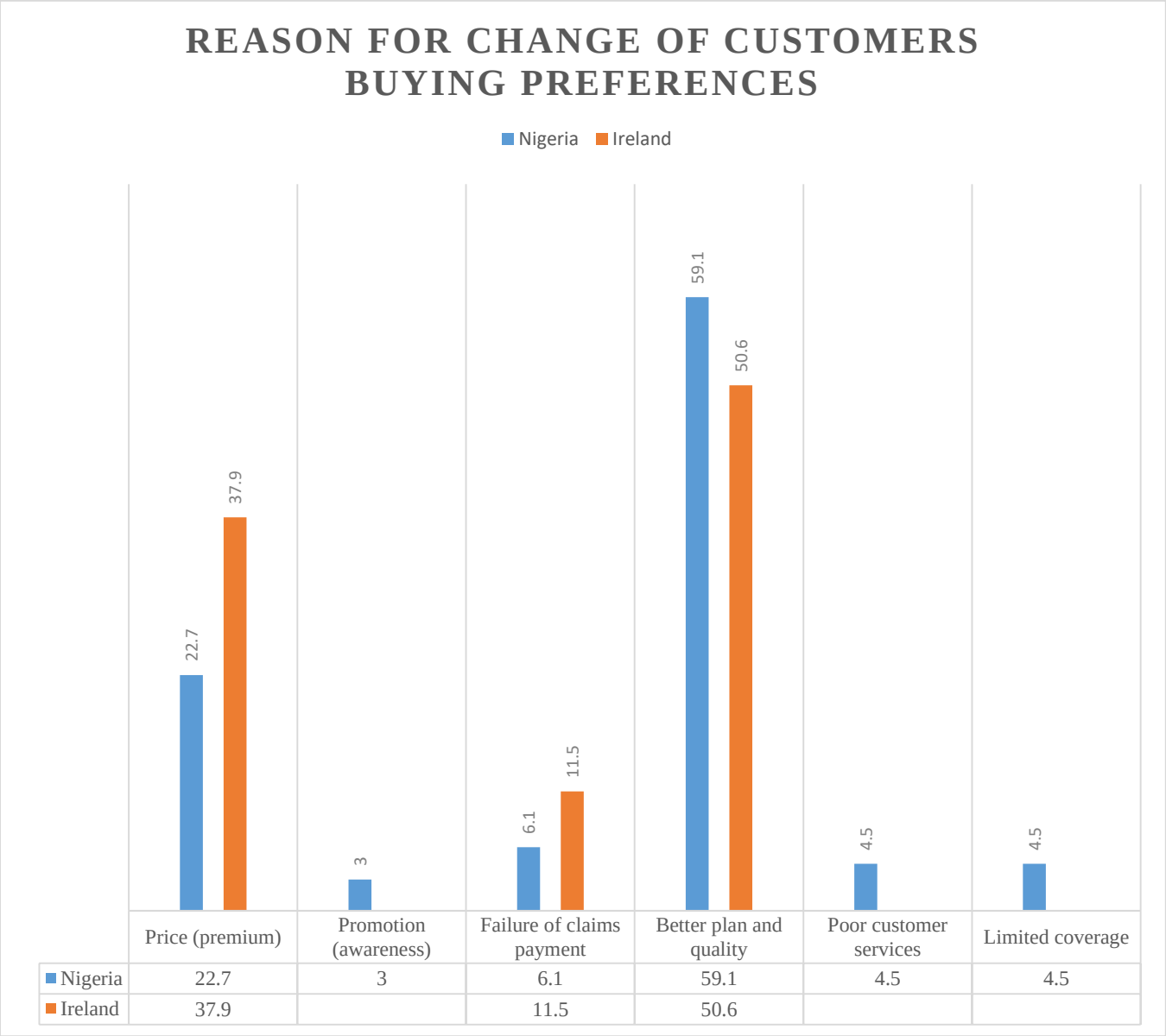


Figure 17: Important features in Health plans

As shown in Figure 17, it important to note that comprehensives list of primary care providers (48.5%) was ranked as the highest in Nigeria while dental services (30.9%) was ranked highest in Ireland. Therefore, Surgery limits, gym services, state covered are slightly ranked equally in both countries.

4.4 Comparative result of question 14: Reasons for change of buying preferences of private health insurance in Nigeria and Ireland.



	Price (premium)	Promotion (awareness)	Failure of claims payment	Better plan and quality	Poor customer services	Limited coverage
Nigeria	22.7	3	6.1	59.1	4.5	4.5
Ireland	37.9		11.5	50.6		

Figure 18: questionnaire respondent reasons for change of buying preferences

As shown in Figure 18, irrespective of the countries, Quality and Price (Premium) are the most important criteria for change of buying preferences or repeat purchase of health insurance services as shown in the chart above.

4.5 Comparative result of question 15 and 20: What would encourage you to purchase private health insurance in Nigeria and Ireland? Also, and is there anything you will like to add? This final and open-ended question yielded 67 responses in both. There were almost repeats answers. Common themes that emerged throughout the responses to this answer are as follows

- **Flexible payment**: Respondents state that payment should be flexible such as monthly or quarterly premium. Some stated pay–as-you- go (P.A.Y.O) options while others note Fees for services (F.F.S) options.
- **Proper legislation and Good governance:** some respondents noted the important of government intervention in subscribing health insurance premium to less privileged customers.
- **Customer's relations**: some respondents noted the important of customer relations in health insurance services.
- **Drug availability**: some respondents noted that there are scarcity of generic quality drugs for enrollees under private insurance company to hospital private patient.
- **Brand promotions:** some respondents request the need of brand awareness and client's sensitization about private health insurance services. In quote one respondent stated, "*Really don't know the benefit of health insurance*".
- **Refund policy:** some respondents stated the need of proper effective refund channel for enrollee who made out –of- pocket payment for out-of-station emergency services.
- **Financial stability:** most respondents who optioned out of health insurance services and other respondents who stated they do not have health insurance says was due to finance. In quote, some stated "*steadily income*" "*increase in wages*" "regular *source of income*" "*increased income level*" etc.
- **Proper follow up on providers**: some respondents stated the need of quality effective services and prompt claim processing of providers. One respondents stated "*my hospital fail to attend because my health insurance company doesn't pay my capitation in due time*".
- **Company health insurance incentive:** some respondents noted that health insurance should be mandatory as incentive to all company irrespective of the company size or worth.
- **Price**: price related responses was almost half from the overall responses. In quote, **"***moderate pricing and excellent customer care service*" "*lower prices*" "*If the cost is*

reduced" "*If it has less price and more comprehensive*". Price is a determinate factor for health insurance purchases.

4.6 Correlations

The above descriptive test from figure 6 -18 allowed the researcher to discover whether variables had a significant relationship in terms of being dependent or independent of each other. Based on the descriptive test, this further led the researcher to tabulate the data on Pearson's correlations test in order to discover if there is a relationship between two questions in the questionnaires, along with identifying the significance of this relationship. Table 1-10 displays the results from the correlation of the outlined questions, which is an extract from the overall correlation table in appendix 3 and 4.

4.7 Test of Hypotheses

Decision Rule

The alternate hypotheses (Ha) shall be accepted if the p-value (calculated value) is greater than (>) the established level of significance (critical value) and to reject the alternate hypotheses (Ha) if it is less than (<) the critical value (Saunders *et al.,* 2009). In addition, the level of significant (p-value) of 0.05 and above is a condition for accepting the alternate hypothesis (Ha). However, if otherwise, that is p-value less than 0.05 is the condition for rejecting the alternate hypothesis (Ha).

4.7.1 Hypothesis One

Ha **1**: There is a positive relationship between customer's needs and health insurance purchase in Nigeria.

For Nigeria survey:

Table 1 Correlations test for customer needs and health insurance in Nigeria

		Good treatment	**Risk Coverage**	**Employer Contribution**	**Traveling abroad**	**Tax**
Good treatment (PHI)	Pearson Correlation	1	.403**	0.013	.436**	.265*
	Sig. (2-tailed)		0	0.915	0	0.023
	N	74	74	74	74	74

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The correlations result in table 1 showed that Good treatment (Coef. = 1.00, p = 0.01), Risk Coverage (Coef. = 0.403 p = 0.01), Employer Contribution (Coef. = 0.013 p = 0.01), Traveling abroad (Coef. = 0.436 p = 0.01), and Tax (Coef. = 0.265 p = 0.05), has a significant effect on health insurance purchase in Nigeria. The p-value level is significance for health insurances needs; hence, we accept the alternate hypothesis that there is a positive relationship between customer's needs and health insurance purchase in Nigeria.

For Ireland survey:

Table 2 Correlations test for customer needs and health insurance in Ireland

		Good treatment	**Risk Coverage**	**Employer Contribution**	**Traveling abroad**	**Tax**
Good treatment (PHI)	Pearson Correlation	1	.687**	.446**	.273**	.481**
	Sig. (2-tailed)		0	0	0.007	0
	N	97	97	97	97	97

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 2 showed that Good treatment (Coef. = 1.00, p = 0.01), Risk Coverage (Coef. = 0.687 p = 0.00), Employer Contribution (Coef. = 0.446 p = 0.000), Traveling abroad (Coef. = 0.273 p = 0.007), and Tax (Coef. = 0.481 p = 0.00), has a significant effect on health insurance purchase in Ireland. The p-value level is significance for health insurance needs; hence, we accept the alternate hypothesis that there is a positive relationship between customer's needs and health insurance purchase in Ireland.

Hypothesis Two

***H*a 2:** There is a positive relationship between occupation and income and health insurance purchase of consumers.

For Nigeria survey:

Table 3 Correlations test for occupation and health insurance in Nigeria.

Correlations

		OCCUPATION	HEALTH INSURANCE STATUS
OCCUPATION	Pearson Correlation	1	.298**
	Sig. (2-tailed)		.000
	N	156	156
HEALTH INSURANCE STATUS	Pearson Correlation	.298**	1
	Sig. (2-tailed)	.000	
	N	156	156

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 3 showed that occupations (Coef. = 0.298, p = 0.01) has a significant effect on health insurance purchase in Nigeria. The p-value level is significance for health insurance; hence, we accept the alternate hypothesis that there is a positive relationship between occupation and income towards health insurance purchase in Nigeria.

For Ireland survey:

Table 4 Correlations test between occupation and annual income towards health insurance in Ireland.

		OCCUPATION	HEALTH INSURANCE STATUS
OCCUPATION	Pearson Correlation	1	-.003
	Sig. (2-tailed)		.971
	N	135	133
	Sig. (2-tailed)	.000	.236
HEALTH INSURANCE STATUS	Pearson Correlation	-.003	1
	Sig. (2-tailed)	.971	
	N	133	133

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 4 showed that occupations (Coef. = -.003, p = 0.01) has a negatively weak significant effect on health insurance purchase in Ireland. The p-value level is not significance for health insurances; hence, we reject the alternate hypothesis that there is a positive relationship between occupation and income towards health insurance purchase in Ireland.

Hypothesis Three

Ha **3:** There is a positive relationship between marketing mix price, plan, promotions and health insurance purchase of consumers.

For Nigeria survey:

Table 5 Correlations test between marketing features and health insurance in Nigeria

		Plan Benefits	Price	Comprehensive Coverage	Brand Awareness	Claim Processing
Plan Benefits	Pearson Correlation	1	.389**	.516**	0.094	.287*
	Sig. (2-tailed)		0.001	0	0.431	0.013
	N	74	74	71	72	74

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The correlations result in table 5 showed that plan benefits (Coef. = 1.00, p = 0.00), price (Coef. = 0.389 p = 0.001), Comprehensive coverage (Coef. = 0.516 p = 0.00), Brand awareness (Coef. = 0.094 p = 0.431), and Claims processing (Coef. = 0.287 p = 0.013), has a significant effect on health insurance purchase in Nigeria. The p-value level is of significance for health insurances marketing mix; hence, we accept the alternate hypothesis that there is a positive relationship between marketing features and health insurance purchase in Nigeria.

For Ireland survey:

Table 6 Correlations test between marketing features and health insurances in Ireland.

		Plan Benefits	Price	Comprehensive Coverage	Brand Awareness	Claim Processing
Plan Benefits	Pearson Correlation	1	0.084	.212*	.621**	.263*
	Sig. (2-tailed)		0.412	0.037	0	0.014
	N	97	97	97	97	86

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 6 showed that plan benefits (Coef. = 1.00, p = 0.00), price (Coef. = 0.084 p = 0.412), Comprehensive coverage (Coef. = 0.212 p = 0.037), Brand awareness (Coef. = 0.621 p = 0.00), and Claims processing (Coef. = 0.263 p = 0.014), has a significant effect on health insurance purchase in Nigeria. The p-value level is of significance for health insurances marketing mix; hence, we accept the null hypothesis that there is a positive relationship between marketing features and health insurance purchase in Ireland.

Hypothesis Four

***H*a 4:** There is a positive relationship between recommendations and health insurance purchase of consumers.

For Nigeria survey:

Table 7 Correlations test for recommendations received towards health insurance purchase in Nigeria.

Correlations

		Online Reviews	Sales Person	Brand Reputation	Family/friends
Online Reviews	Pearson Correlation	1	.689**	.521**	.217
	Sig. (2-tailed)		.000	.000	.067
	N	73	73	73	72
Sales Person	Pearson Correlation	.689**	1	.509**	.361**
	Sig. (2-tailed)	.000		.000	.002
	N	73	75	75	74
Brand Reputation	Pearson Correlation	.521**	.509**	1	.223
	Sig. (2-tailed)	.000	.000		.056
	N	73	75	75	74
Family/friends	Pearson Correlation	.217	.361**	.223	1
	Sig. (2-tailed)	.067	.002	.056	
	N	72	74	74	74

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 7 showed that recommendations from online reviews, sales person, Brand reputation and family and friends towards health insurance has a significant positive correlation. Hence, we accept the alternate hypothesis that there is a positive relationship between recommendation received and health insurance purchase in Nigeria.

Table 8 Correlations test for recommendations received towards health insurance purchase in Ireland.

For Ireland survey:

Correlations

		Online Reviews	Sales Person	Brand Reputation	Family/friends
Online Reviews	Pearson Correlation	1	-.209*	.287**	.411**
	Sig. (2-tailed)		.040	.004	.000
	N	97	97	97	86
Sales Person	Pearson Correlation	-.209*	1	-.155	.532**
	Sig. (2-tailed)	.040		.129	.000
	N	97	97	97	86
Brand Reputation	Pearson Correlation	.287**	-.155	1	-.329**
	Sig. (2-tailed)	.004	.129		.002
	N	97	97	97	86
Family/friends	Pearson Correlation	.411**	.532**	-.329**	1
	Sig. (2-tailed)	.000	.000	.002	
	N	86	86	86	86

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 8 showed that recommendations from online reviews, Brand reputation and family and friends towards health insurance has a significant positive correlation except for sales person, which is negatively correlated. Hence, we accept the alternate hypothesis that there is a positive relationship between recommendation received and health insurance purchase in Nigeria and reject the alternate hypothesis for sales person.

Hypothesis Five

***Ha* 5:** There is a positive relationship between customer decision buying preferences and private health insurance purchase.

For Nigeria survey:

Table 9 Correlations test between decision buying preferences towards health insurance purchase in Nigeria.

Correlations

		Search Info	Impulse Decision	Promotions/discount	Time evaluations Alternative	Own preferences
Search Info	Pearson Correlation	1	.246	.380**	.604**	.423**
	Sig. (2-tailed)		.052	.003	.000	.001
	N	63	63	60	63	63
Impulse Decision	Pearson Correlation	.246	1	.351**	.365**	.349**
	Sig. (2-tailed)	.052		.005	.003	.004
	N	63	66	63	66	66
Promotion/discount	Pearson Correlation	.380**	.351**	1	.484**	.386**
	Sig. (2-tailed)	.003	.005		.000	.002
	N	60	63	63	63	63
Time evaluations Alternative	Pearson Correlation	.604**	.365**	.484**	1	.299*
	Sig. (2-tailed)	.000	.003	.000		.015
	N	63	66	63	66	66
Own preferences	Pearson Correlation	.423**	.349**	.386**	.299*	1
	Sig. (2-tailed)	.001	.004	.002	.015	
	N	63	66	63	66	66

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

The correlations result in table 9 showed that customer decision buying preferences such as search Info, Impulse Decision, Promotions and discount, time evaluations between alternative towards health insurance has a significant positive correlation. Hence, we accept the alternate hypothesis that there is a positive relationship between customer decision buying preferences and health insurance purchase in Nigeria.

For Ireland survey:

Table 10 Correlations test between decision buying preferences towards health insurance purchase in Ireland.

		Search Info	Impulse Decision	Promotions/discount	Same Service Purchase
Search Info	Pearson Correlation	1	.427**	.741**	.264**
	Sig. (2-tailed)		.000	.000	.009
	N	97	97	97	97
Impulse Decision	Pearson Correlation	.427**	1	.223*	.355**
	Sig. (2-tailed)	.000		.028	.000
	N	97	97	97	97
Promotions/discount	Sig. (2-tailed)	.003	.000	.005	.000
	N	97	97	97	97
	Pearson Correlation	.741**	.223*	1	.231*
	Sig. (2-tailed)	.000	.028		.023
	N	97	97	97	97
Same Service Purchase	Pearson Correlation	.264**	.355**	.231*	1
	Sig. (2-tailed)	.009	.000	.023	
	N	97	97	97	97
	Sig. (2-tailed)	.024	.012	.054	.572
	N	97	97	97	97
	Sig. (2-tailed)	.273	.000	.062	.056
	N	97	97	97	97

**. Correlation is significant at the 0.01 level (2-tailed).

The correlations result in table 10 showed that customer decision buying preferences such as search Info, Impulse Decision, Promotions and discount, time evaluations between alternative towards health insurances has a significant positive correlation. Hence, we accept the alternate hypothesis that there is a positive relationship between customer decision buying preferences and health insurance purchase in Ireland.

4.8 Qualitative Research Findings

4.8.1 Description of subjects

As outlined in the research methodology the qualitative data is broadly broken down into two distinctive focus groups. Group one represented participants from Nigeria including: a doctor **(Participant 1),** Health Insurance Business Development Manager **(Participant 2),** Bank HR Manager **(Participant 3),** Self-employed small-scale business owner **(Participant 4**), Emergency Units Nurse **(Participant 5),** Telecommunication Manager **(Participant 6),** biomedical student **(Participant 7)** and an Accounting student **(Participant 8).** Group two comprised of participants from Ireland, this group comprises of a Client Account Manager **(Participant 1),** Client Service Manager (**Participant 2),** Logistic Manager **(Participant 3),** Pharmaceutical line lead **(Participant 4**), General Nurse **(Participant 5),** Fintech student **(Participant 6)** and International business and law student **(Participant 7).**

4.8.2 Qualitative Results

SPSS allowed the researcher to carry out scientific tests in order to detect if there was a relationship between variables of customer buying behaviors and private health insurance to understand what the determinant factors of the consumer buying preferences was. The researcher felt it was also sufficient to gather the participant's perception as a typical residence of Nigeria and Ireland. The results varied, which corresponds with the findings observed via SPSS, and it was evident to identify the level of their understanding towards private health insurance through their responses. However, similar responses were generated from the two countries group, but salient summaries from their statement was transcribed in relations to the aim of this study.

4.9 Comparative discussion between Nigeria and Ireland participants

4.9.1 Objective one: To investigate the customers' needs awareness level towards private health insurance policy

For Nigeria participants

NP1: Let me start by saying '*health is the state of wellbeing of any individual'.* As a doctor, I do encourage my patents to get health cover because it is flexible enough for out-of- station services. You can have access to healthcare no matter where you are because there will be one or two primary provider around any locations that you are. Access to quality health should not be a

challenge to anyone. We kick against self-medication because it leads to advert effects, drug abuse, antimicrobial resistance, which has led to serious, causes of death worldwide.

NP2: when I was a student in college, health insurance is mandatory for every student because it serves as a risk cover for rare occurrences such as sickness, accidents and many health emergencies. Also, working for Health insurance company, I see the more reasons why everyone needs to get health insurance. From statistics, health insurance is beneficial for safety and risk preventions.

NP3: It is compulsory to have private health insurance; it is called Health Maintenance Organization (H.M.O) for private worker while federal workers uses National Health Insurance Scheme (N.H.I.S). It is mandatory for us as its being provided by my employer. Sometimes, it's part of benefits employee look for when accepting their employment letter. I work as HR manager, I see applicants with more jobs offers looks at the benefit of each offers before they pitch their tent, I tell you "*PHI incentive must be there with wider benefits if you get what I mean*."

NP4: I use to have with the previous company. Now, I am the boss of myself. I see the reason to have but it not a preference to me now. Probably when I am married, I should have one soonest.

NP5: I once had as a student in college, it was just for me to flash my enrollee card at the hospital and get access to health but now, I am unemployed. I see the reason to have but no much funds for that.

For Ireland participants

IP1: I worked for a multinational company and I travel a lot within and outside Europe either for training or for marketing. Health insurance is part of the requirements at the Embassy and I get insurance purchased by my employer.

NP3: I work in pharmaceutical manufacturing company; we are exposed to lots of hazard, despite following all Good Manufacturing Practice (GMP) guidelines. It is mandatory for us to go for regular checkups. Health insurance provides for us s for our safety and risk prevention.

NP5: I am a nurse, despites been in healthcare industry, I cannot take care of my family alone. However, I need to save cost of out of pockets payments most times. To me "*Health insurances is*

the key". I believed if you want to save cost, it better to subscribe for insurance. You cannot enjoy some benefits as a private patient except you are willing to pay more. With insurance, '*you have access to benefits from pull of everyone's funds*.'

NP6: I am an international student in Ireland. Health insurance covers is part of visa processing documents. I have to get it uneven though I have not used it until now.

4.9.2 Objective two: To investigate the influences of occupation/income level towards health insurance purchase.

For Nigeria participants

NP3: I believed health insurance purchase is related to employee incentive from his/her employer. It is mandatory for us to provide health insurance cover for our employee as instructed from the federal authority, which is National Health Insurance Scheme (NHIS).

NP4: You have to get steady income before you can have good insurance. I am self-employed, sometimes funds is not coming as expected. If I did not use my insurance for a year, the premium is gone. To me, I will rather channel my funds to my business. When I have more funds, I will go for insurance. *"My health is in the hands of God".*

NP5: In most companies, employers provide PHI; few people need to purchase it.

NP8: If you are employed in nice corporate office, you have insurance. If not, you make payment as an individual for retail plans at high premium I guess. That is why is hard to purchase. As a corporate body, I believed the premium is subsidized because of the number of employees that will enroll on the plans and they also receive more benefits on a corporate plan. "*Getting retails plan is more expensive*."

For Ireland participants

IP2: I believed when you are employed you are entitled to insurance.

IP4: My employer provides it to me and she remove the premium monthly from my salary.

IP5: To me, I believed it is most easily for people with higher income to purchase health insurance.

IP6: It was difficult to raise 120 euros I paid from my country looking at the conversion rate for study, until now, I have not used it.

IP7: Most people from 40 and above, who are employed with higher income or business owners find it without stress in buying health insurance.

4.9.3 Objective three: To investigate most important marketing feature that attracts costumers towards getting private health insurance cover

For Nigeria participants

NP6: First, comprehensive coverage of primary providers. If I do not see my hospital on the list, I will not go for the plan. I choose the PHI that has my hospital on their list, Then, look at their premium package.

NP7: Price! Price! Price!

NP8: As a Nurse, I believed health insurance fee should be subsidize because of the people in rural areas or lower earner so that they can afford it and enjoy the benefits of the packages. There should also be a proper collaboration between the hospitals and the health insurance companies.

For Ireland participants

IP1: "*A very affordable price is the key."*

IP2: We have different plans across most insurance company, although similar benefits with little differences. *"I believed a plan with a little moratorium or waiting period will be appreciated*." For example, when my wife was pregnant, I planned to take up insurance. Some insurance companies I contacted told me I have to wait for 18 months waiting period before my wife can use antenatal services. After then she can have access. I had to look for another company that has just 6 months waiting period and I subscribed to it.

IP3: "*If I love the benefits especially the dental care and gym services and the price is not appealing to me, It's a no go area for me. I will look for another alternative*."

IP7: The major reasoned I subscribed for health insurance is the coverage. As a graduate of international business and law management, I know the importance of insurance. The pull of funds altogether and everyone cannot get sick or used the service at the same time. Therefore, I look for a comprehensive coverage services. Even though I might not use it because I do not really fall sick

except for quarterly checks ups. *"I still want a service that has a wider coverage*." I do not mind the price. I just need the service.

4.9.4 Objective four: To investigate the influences of recommendations received towards health insurance purchase.

For Nigeria participants

NP3: I got my plan from my organizations. We were only given one option that was what I selected. However, I guess they had made their findings because the plan is really the best for me. Highly reputable.

NP6: '*Adverts from Television and google did the magic'.*

NP8: Recommendation from friends who are currently using the plan and benefited from it. They shared their testimonies and I try it. It is good so far.

For Ireland participants

IP3: I got the plan I selected from my Aunty. She is currently using the same plan. When I was given two options in my company to select from, luckily for me, the plan my Aunt is using was among the options, I had to pitch my tent with it.

IP6: Mine was via Google ads. It just popped up and it was appealing. However, I wanted to get a plan for myself. I enrolled for the one I saw online because the payment options was flexible enough and it was easy to register and pay via their platform.

IP7: Mine was a combination of online and a friend recommendation. Have been seeing their ads on social media but when I needed to get one, I asked people around me and a friend confirmed that the one I later selected has a nice platform as they do run a broadcast on the radio. He stated, "*I love listening to their health talks on the radio*."

4.9.5 Objective five: to find out way factors that can influence customers buying decisions towards health insurance policy.

For Nigeria participants

NP2: Many loyal clients did repeat purchase of our plans because of the information they searched about us. Some viewed our customers rating, and recommendations list. "*I believed information search is first decision-making process."*

NP7: I look for promotions and discounts that is what will attract me to look at the benefits of the plan.

NP5: I have my own preferences. Even from the patients we attended to in the hospital. I know the ones that has quality insurance plan. With that, I am convinced with my own preference.

NP6*: 'knowledge is power as health is wealth'*; you can be knowledgeable if you make findings. I am into telecommunications industry and I know the importance of internet. For my subscriptions, I searched for the information; evaluate the options before I finally choose my provider.

For Ireland participants

1P5: I have my own choice and I stands with it.

IP6: I once told you, the advertisement was appealing to me. Though I knew I needed it, but it has not gotten to a specific time to get it or it was not part of my preferences. Nevertheless, that advert unconsciously pricked my mind, "*like, you have to do what you have to do and get this. It just for a year lad"* and I enrolled.

IP7: I make my finding first before purchasing any stuff. For example, I am not a fan of IPhone or Samsung but I need to get one for my younger brother. I went online to search information about it, check the customer rating and ask friends about the model I should get. When I did purchase my health services, I had to first search information online before I get one.

5.0 DISCUSSION

Objective of this research is to explore consumer-buying behavior factors and private health insurance (PHI) in Nigeria and Ireland. To achieve the aim of this research, objectives were set to test the validity of the alternate hypotheses, which were addressed in the methodology section of this research. The first alternate hypothesis, which state: "There is a positive relationship between customer's needs and health insurance policy" has now been accepted as the results proved it is positive. The data collected from both Nigeria and Ireland surveys show that Risk coverage, Employer contribution, Traveling abroad and Good treatments is significant when purchasing private health insurance. This research conducted is in agreement with existing literatures of (Department of Health and Children, 2003; OECD Health data, 2004; Ibiwoye and Adeleke, 2008) which explained that customers' needs are associated with risk coverage and employer's contribution when purchasing private health insurance services. However, in Nigeria and Ireland, Health insurance is mostly associated with work-related benefits as most international companies sponsor private health insurance for the safety and risk coverage of their employees. Plausible explanations to support this evidences are; rapid development of the Irish economy, private coverage continuous support system and a widening role of employers, in particular international companies, sponsoring PHI as a work-related benefit as suggested by Finn and Harmon (2006) which is in line with this study.

The second alternate hypothesis, which state that "there is a positive relationship between occupation and income and health insurance purchase of consumers" has been accepted as this result is positive. The majority of the respondents in Nigeria and Ireland agreed that higher income is associated with employment. However, employed individuals have the capacity to purchase health insurance. The result from this survey is in accordance with the work done by (Finn and Harmon, 2006). In addition, Thomson and Mossialos, (2019) stated '*factors such as price, income and education may be more important determinants of demand for health insurance in Ireland'*. However, Ibiwoye and Adeleke (2008) and Riwzan et al. (2016) stated in its survey "*richer individual, aged 40-50 years, better educated, employed are likely to take health insurance in Nigeria"*. The results showed in the responses to question 4 and 5, established descriptively in figure 9A and Figure 9B that occupations and income are associated to private health insurance

purchase for employed individuals and students. This result is positively correlated to the alternative hypothesis (Ha) as it is significantly accepted in Nigeria while negatively correlated in Ireland. Therefore, the alternative hypothesis (Ha) is rejected in Ireland. This can be better understood as 50% of Irish populations has private insurance covers, which is one of the highest percentages of private coverage across OECD countries. Nevertheless, Watson and Williams (2001) confirmed according to their report '*that there is a strong positive relationship between household income and ownership of private health insurance'*, this statement corresponds with the result of this study.

The combinations of public and private entities made up of Ireland's health care system. Ireland residence do not solemnly rely on income from occupations, as there is a remarkable subsidization and funds from the government channeled to Irish healthcare system (OECD, 2004). This is evident of sound governance as agreed by some respondents in this study; this also corresponds with the literature of (Owolabi and Agboola, 2018).

The third alternate hypothesis, which state that "There is a positive relationship between marketing mix feature and private health insurance purchase". The data collected from both Nigeria and Ireland surveys show that price and coverage are the most important factors when purchasing private health insurance. Price and coverage was rated 41.3% and 45.8% in Nigeria and Price and coverage rated 64.9% and 66.0% in Ireland survey. Also, it was stated by 8 participants from Nigeria and Ireland focus group that price is a determinant for them purchasing health insurance. For those who do not have private health insurance, they noted from this study that price is a reason why they do not purchase health insurance. According to Kotler Marshallian Economic Model (2004) state that ', *Marshallian man is only concerned about a product if the price of the product is within his budget*'. This statement has been established from the results of this research.

However, Oparah (2018) agreed with the results of this study that aside price there are other reasons for not partaking in health insurance such as large amount of copayment, limited coverage of primary providers, financial stability, ineffective Refund policy, unbearable waiting periods, lack of variety of suitable plans and lack of information. This finding corresponds with the study carried out by (Department of Health and Children 2001; Vhi Healthcare 2001) which suggest that the price of PHI premiums in many countries varies and depends on the age and social

class. On the contrary, Ibiwoye and Adeleke (2008) stated that '*no matter the type of occupation of the residence, universal access to essential healthcare remain elusive'.*

The fourth alternate hypothesis that state, "There is a positive relationship between recommendations received and private health insurance purchase". This alternate hypothesis has been accepted, as the results is positive. The majority of the respondents in Nigeria and Ireland agreed that recommendations received from family and friends, T.V and adverts have great influencing power towards purchasing private health insurance. The data from this survey showed that combined descriptive analysis for family and friends, brand reputation and Google and T.V adverts suggest how important recommendations is in purchasing private health insurance. The finding from this study is in agreement with the literatures by (Department of Health and Children, 1999; The Health Insurance Authority, 2003; Thomson and Mossialos, 2019) where they suggested the importance of reviews from family, adverts and internet towards purchasing of private health insurance. In addition, Kotler (2004) gives the importance of motivation, as it is effectively stimulate buyer's purchases. This is widely evident in this study.

The fifth alternate hypothesis, which state that 'there is a positive relationship between customer decision preferences and private health insurance purchase" has been accepted, as the results is positive. The finding from this study revealed "promotion and deals and discounts", "search information's "and "own preference" has being the major decision-making process of consumers towards health insurance in Nigeria and Ireland. This survey theoretical draw an agreement with Kotler and Keller (2012) which states the importance of customer buying preferences. Also, as observed in this study, there is a difference in buying preferences among the cities in both countries. This variation agrees with the literature of Qureshi et al. (2015) with the conclusion that "*Prospect purchasing decisions therefore differ significantly between cities*".
Macdonald and Sharp (2000) agrees with the importance of "information search and time evaluations" in this research as their literature state "*consumers are pleased with opinions about a products search and evaluations to save time by asking others*". This led to a conclusion in this research that so many factors are responsible for customers buying preferences as agreed by Bigne et al. (2001) stating that '*these factors have an important impact on consumer behavior as people interact.*

6.0 CONCLUSION

To conclude based on the theoretical frameworks that form the basis for this research, it has established that all investigated objectives of this research has been fulfilled and the alterative hypotheses has been accepted. To reiterate the significance of the independent variables towards private health insurance purchase in Nigeria and Ireland. Firstly, Risk coverage, traveling abroad and employer contributions has been the major reason for consumption of private health insurance as evident by larger number of respondents in Nigeria and Ireland. Secondly, higher income earners and students are most likely to subscribe to private health insurance. It was noted that as an incentive, employers, in particular corporate companies sponsor PHI as a work-related benefit as established in this study. Thirdly, it was confirmed from this study that price and coverage are the most determinant factor towards consumer demand for private health insurance. Recommendations received from family and friends, and adverts have great influencing power towards purchasing PHI. Lastly, "promotion and discounts", "search information's "and "own preference" has being the major decision-making process of consumers towards PHI.

The major external differences observed from literatures between developed economy such as Ireland where nearly 50% of the Irish populations have private health insurance and Nigeria a developing economy where only 3 percent of the population (5 million individuals) are; brand awareness, good governance and sound legislations, which is also noted by participants of the focus group. This study has also shown that when organizations do not have existing private health insurance for their employee, most employee or individuals do not have health insurance policy of their own.

Summary: The result of this research led to a conclusion that, irrespective of the countries customer buying preferences are generally similar with little variations from external factors such as pestle analysis. Aside that, price, comprehensive coverage, income, recommendations, promotions and discounts are the major influencer of customer buying behaviors towards private health insurance policy as shown in this study.

6.1. Limitations of the research questions in questionnaire

This research faced a number of various limitations; firstly, time limits restricted the researcher in the range of methodologies available to conduct this investigation. Ideally, if more time was available, the research would have explored larger sample size and extend the findings to other

region within Europe and Africa both for the quantitative and qualitative analysis. Secondly, because of the closed ended questions, few participants overlook questions they are unable to interpret. This resulted to missing data when compiling these results. Thirdly, manual coding of the independent variables added to time constraints when importing the data from the online survey into SPSS. Lastly, transcribing the audio recorded for focus group discussion also posed a limitation in that some information the researcher may have meant a lot or something important to the respondents

6.2 Ethical implications of the research

This research has thoroughly considered and followed all ethical guidelines stated by National College of Ireland. To ensure the research is within ethical constraints a number of actions were undertaken. First, upon constructing the questionnaire, the personal information required from individuals kept to a minimum so their right to privacy is maintained. This was done by keeping the income bands broad in question 5 and by ensuring anonymity. Permission was requested from the respondents of the questionnaire and participants of the focus groups before participating in this study. The participants were informed that they could withdraw from the survey and focus group at any given time after they were informed about the purpose of this study. This research involved quantitative data collection in the form of an online survey and qualitative data from focus group discussion. For the purpose of data safety and protection, no names was documented. The survey results were not accessible to anyone but the researcher.

6.3 Reliability and validity of research

The researcher has extensively reviewed all literatures available for this study. Thus, I would argue that this topic is receiving more attentions especially in area of Health insurance and customer preferences. Findings of this research is presented in the Section 4.0 and raw data's are in the Appendix section analysed in an accurate manner. In terms of validity of this research, Academic had reviewed it and had proposed impactful amendments that is beneficial for more robustness. Moreover, Saunders et al. (2009) proposed validity in sample system used. The researcher believes this research has a high level of validity in terms of the time, finance, energy and process render to its sample system.

6.4 Recommendations for Future research on Customer Buying Behaviour and Private Health Insurance

Due to the change in customer's desires, the impact of globalizations and technology cannot be underpinned. There will be need of private health insurance in the world; also, customers buying behaviors will keep changing. The researcher firmly believes that in the future the volume of literatures and studies regarding the relationship between customer buyer behavior and private health insurance will broadened extensively. This is due to the consistent importance of this topic as it will contribute to the existing wealth of knowledge in area of psychological modeling for academia and thus stimulate further study in consumer behavior. It will contribute to knowledge in the area of consumption of insurance services for consumers by identifying predictors of consumption from a developing and developed context such as Nigeria and Ireland respectively. Lastly, this research will be useful for Government in formulation of appropriate policies for finance and insurance, thus, evolving further research.

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APPENDIX

Appendix 1 profile of participants

Focus Group 1 (Nigeria participants)

Participant Code	NP1	NP2	NP3	NP4	NP5	NP6	NP7	NP8
Job title:	Doctor	Health Insurance Business Development Manager	Bank HR Manager	Self-employed small-scale business owner	Emergency Units Nurse	Telecommunication Manager	Biomedical student	Accounting student
Industry Sector	Healthcare	Insurance	Banking	Small scare Enterprise	Healthcare	Telecommunication	Student	Unemployed
Location:	Lagos	Ogun	Ogun	Ondo	Lagos	Oyo	Ilorin	Kebbi

Focus Group 2 Ireland participants)

Participant Code	IP1	IP2	IP3	IP4	IP5	IP6	IP7
Job title:	Client Account Manager	Client Service Manager	Logistic Manager	Pharmaceutical line lead	General Nurse	Fintech student	International business and law student
Industry Sector	Enterprise Software	Bookmaking	Express logistics	Healthcare	Healthcare	Academic	Academic
Location:	Dublin	Nationwide	Mealth	Galway	Dublin	Dublin	Dublin

Appendix 2 Questionnaire

Dear respondent,

This questionnaire is part of research for my MSc in International business dissertation at National College of Ireland. This questionnaire will take about 4-5 minutes of your time. The whole questionnaire divided into three parts: Part A for General Information, Part B for health insurance policyholders and Part C for non-health insurance policy holders. Your responds are completely anonymous and confidential. The results will be publish in my final thesis. Please read all questions carefully and respond according to the instructions.

Thank you.

Kind regards,
Peter O. Akindele
X17159296@student.ncirl.ie

Part A

General Information

1. What is your gender?
   - Male
   - Female
   - prefer not to say
2. How old are you?
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-60
3. Relationship status?
   - Single
   - Married

4. What is your occupation?

Employed □ Unemployed □ Self-employed □ Retired □ Student □ Others □

5. What is your income level per annum (in Naira)?
   - 100,000 and under
   - 100,001 – 200,000
   - 200, 001 –500,000
   - 500,001 – 2000,000
   - 2000,001 and over
6. Do you have health insurance policy?
   - Yes
   - No

If yes, then provide the answer for Part-B and if No, then provide the answer for Part-C

Part B.

For Health Insurance Policy Holder

7. Which health insurances services do you currently subscribe to?
(Example: AXA Mansard, United Healthcare, Avon HMO, Hygeia, Healthcare international or others)

8. What are the reasons for your health Insurances purchased? Rank from the Following in the order of priority assigning 5 extremely important to 1 not at all Important?
(Maslow needs)

1	2	3	4	5	
	Not at all	Slightly	Moderately	Very	Extremely

Avail good quality medical treatment	□	□	□	□	□
Risk coverage	□	□	□	□	□
Employer's contribution	□	□	□	□	□
Travelling abroad	□	□	□	□	□
Tax planning measure	□	□	□	□	□
Something else	□	□	□	□	□

9. When purchasing the service, recommendations received from one of the following, is very important? Please rate following on a Scale of one to five:

1	2	3	4	5
	Strongly Disagree	Disagree	Undecided	Agree	strongly agree
Online reviews, consumer ratings, blogs	□	□	□	□	□
Ads packages, TV, salesperson	□	□	□	□	□
Family, neighbors and friend's	□	□	□	□	□
Others (specify)					

10. When purchasing health insurance, please rank accordingly which would you consider to be of most importance CURRENTLY? (Marketing Mix)

1	2	3	4	5
	Not at all	Slightly	Moderately	Very	Extremely
Plan benefits	□	□	□	□	□
Price (premium)	□	□	□	□	□
Plan Comprehensive coverage	□	□	□	□	□
Brand promotional awareness	□	□	□	□	□
Prompt Claims processing and payment	□	□	□	□	□
Something else	□	□	□	□	□

11. How do you make your purchasing decision when enrolling for health insurances services? Please rate following on a scale of one to five (Decision making process)

1	2	3	4	5
			Never	rarely	sometimes	often	Always
(I search information about the services)			□	□	□	□	□
(I make impulse buying decisions)			□	□	□	□	□
(I buy different health insurances packages, if advertising is appealing)			□	□	□	□	□
(I look for promotions, deals and discounts)			□	□	□	□	□
(I purchase the same service every time)			□	□	□	□	□
(I use time to evaluate between alternatives)			□	□	□	□	□
(I have my own preferences or opinions, on which to base my buying decision)			□	□	□	□	□

12. What describes you most as an enrollee? (Brand personality)
- Honest, genuine and cheerful
- Spirited, up-to-date and imaginative
- Reliable, responsible and efficient
- Charming, glamorous and prefer luxury
- Strong, tough and outdoorsy

13. What is the most important feature of the health insurances package you choose to subscribe to?
- Surgery limits
- Dental limits
- Optical limits
- Gym services
- States covered
- List of primary care providers
- Something else

14. If you were to change your buying preferences and subscribe to another health insurance company, what would be the reason for it?
- Price (premium)
- Promotion (awareness)
- Better plan and quality
- Failure of claims payment
- Poor customer services
- Limited coverage
- Something else

15. What would encourage you to purchase health insurance cover and is there anything else you would like to add?

Part- C. If No, then provide the answer for Part-C
For Non Health Insurance Policy Holders

16. Do you know about Health Insurance?
- Yes
- No
- Maybe

17. If yes, what are the sources of information?
How do you receive information about health insurance providers?
- Google ads, consumer rating
- Family, neighbors, friends
- Sales persons and Doctors
- Other (specify) _____

18. Which of the following would describe why you do not purchase health insurance cover?

1	2	3	4	5
	Strongly disagree	Disagree	Undecided/Neutral	Agree	Strongly agree

Lack of information	□	□	□	□	□
Price	□	□	□	□	□
Lack of comprehensive coverage	□	□	□	□	□
Plan benefits	□	□	□	□	□
Culture	□	□	□	□	□
Religious	□	□	□	□	□
Finances (Low salary)	□	□	□	□	□
More copayment involved	□	□	□	□	□
Something else	…….				

19. Are you willing to purchase Health Insurance Policy?
    - Ready to buy
    - Still need some time
    - Not ready to buy
    - No response
    - Buy only if certain conditions will fulfill

20. What would encourage you to purchase health insurance cover and is there anything else you would like to add?

Appendix 3: Nigeria SPSS Data Result

Correlations

		HEALTH INSURANCE STATUS	OCCUPATION
HEALTH INSURANCE STATUS	Pearson Correlation	1	.298**
	Sig. (2-tailed)		.000
	N	156	156
OCCUPATION	Pearson Correlation	.298**	1
	Sig. (2-tailed)	.000	
	N	156	156

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		Good treatment	Risk Coverage	Employer Contribution	Traveling abroad	Tax
Good treatment	Pearson Correlation	1	.403**	.013	.436**	.265*
	Sig. (2-tailed)		.000	.915	.000	.023
	N	74	74	74	74	74
Risk Coverage	Pearson Correlation	.403**	1	.208	.308**	.352**
	Sig. (2-tailed)	.000		.075	.008	.002
	N	74	74	74	74	74
Employer Contribution	Pearson Correlation	.013	.208	1	.159	.135
	Sig. (2-tailed)	.915	.075		.175	.253
	N	74	74	74	74	74
Traveling abroad	Pearson Correlation	.436**	.308**	.159	1	.590**
	Sig. (2-tailed)	.000	.008	.175		.000
	N	74	74	74	74	74
Tax	Pearson Correlation	.265*	.352**	.135	.590**	1
	Sig. (2-tailed)	.023	.002	.253	.000	
	N	74	74	74	74	74

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Correlations

		Online Reviews	Sales Person	Brand Reputation	Family/friends
Online Reviews	Pearson Correlation	1	.689**	.521**	.217
	Sig. (2-tailed)		.000	.000	.067
	N	73	73	73	72
Sales Person	Pearson Correlation	.689**	1	.509**	.361**
	Sig. (2-tailed)	.000		.000	.002
	N	73	75	75	74
Brand Reputation	Pearson Correlation	.521**	.509**	1	.223
	Sig. (2-tailed)	.000	.000		.056
	N	73	75	75	74
Family/friends	Pearson Correlation	.217	.361**	.223	1
	Sig. (2-tailed)	.067	.002	.056	
	N	72	74	74	74

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		Plan Benefits	Price	Comprehensive Coverage	Brand Awareness	Claim Processing
Plan Benefits	Pearson Correlation	1	.389**	.516**	.094	.287*
	Sig. (2-tailed)		.001	.000	.431	.013
	N	74	74	71	72	74
Price	Pearson Correlation	.389**	1	.502**	.443**	.518**
	Sig. (2-tailed)	.001		.000	.000	.000
	N	74	75	72	73	75
Comprehensive Coverage	Pearson Correlation	.516**	.502**	1	.392**	.633**
	Sig. (2-tailed)	.000	.000		.001	.000
	N	71	72	72	70	72
Brand Awareness	Pearson Correlation	.094	.443**	.392**	1	.406**
	Sig. (2-tailed)	.431	.000	.001		.000
	N	72	73	70	73	73
Claim Processing	Pearson Correlation	.287*	.518**	.633**	.406**	1
	Sig. (2-tailed)	.013	.000	.000	.000	
	N	74	75	72	73	75

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Correlations

		Search Info.	Impulse Decision	Promotions and discount	Time evaluations Alternative	Own preferences
Search Info.	Pearson Correlation	1	.246	.380**	.604**	.423**
	Sig. (2-tailed)		.052	.003	.000	.001
	N	63	63	60	63	63
Impulse Decision	Pearson Correlation	.246	1	.351**	.365**	.349**
	Sig. (2-tailed)	.052		.005	.003	.004
	N	63	66	63	66	66
Promotions and discount	Pearson Correlation	.380**	.351**	1	.484**	.386**
	Sig. (2-tailed)	.003	.005		.000	.002
	N	60	63	63	63	63
Time evaluations Alternative	Pearson Correlation	.604**	.365**	.484**	1	.299*
	Sig. (2-tailed)	.000	.003	.000		.015
	N	63	66	63	66	66
Own preferences	Pearson Correlation	.423**	.349**	.386**	.299*	1
	Sig. (2-tailed)	.001	.004	.002	.015	
	N	63	66	63	66	66

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Correlations

		Lack of Info.	Premium	Lack of COV.	Benefits	Culture	Religion	Finances	Copayment
Lack of Info.	Pearson Correlation	1	.057	.442**	.271*	.251*	.197	.046	.358**
	Sig. (2-tailed)		.622	.000	.018	.029	.089	.693	.002
	N	76	76	76	76	76	76	76	72
Premium	Pearson Correlation	.057	1	.043	.456**	.060	.130	.394**	.056
	Sig. (2-tailed)	.622		.710	.000	.600	.255	.000	.634
	N	76	78	78	78	78	78	78	74

Lack of COV.	Pearson Correlation	.442**	.043	1	.270*	.093	.097	-.079	.364**
	Sig. (2-tailed)	.000	.710		.017	.421	.398	.491	.001
	N	76	78	78	78	78	78	78	74
Benefits	Pearson Correlation	.271*	.456**	.270*	1	.079	.026	.269*	.270*
	Sig. (2-tailed)	.018	.000	.017		.492	.819	.017	.020
	N	76	78	78	78	78	78	78	74
Culture	Pearson Correlation	.251*	.060	.093	.079	1	.714**	.010	.343**
	Sig. (2-tailed)	.029	.600	.421	.492		.000	.932	.003
	N	76	78	78	78	78	78	78	74
Religion	Pearson Correlation	.197	.130	.097	.026	.714**	1	-.145	.283*
	Sig. (2-tailed)	.089	.255	.398	.819	.000		.206	.014
	N	76	78	78	78	78	78	78	74
Finances	Pearson Correlation	.046	.394**	-.079	.269*	.010	-.145	1	.188
	Sig. (2-tailed)	.693	.000	.491	.017	.932	.206		.108
	N	76	78	78	78	78	78	78	74
Copayment	Pearson Correlation	.358**	.056	.364**	.270*	.343**	.283*	.188	1
	Sig. (2-tailed)	.002	.634	.001	.020	.003	.014	.108	
	N	72	74	74	74	74	74	74	74

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Appendix 4: Ireland SPSS Data Result

Correlations

		OCCUPATION	HI Status
OCCUPATION	Pearson Correlation	1	-.003
	Sig. (2-tailed)		.971
	N	135	133
HI Status	Sig. (2-tailed)	.000	.236
	N	135	133
	Pearson Correlation	-.003	1
	Sig. (2-tailed)	.971	
	N	133	133

Correlations

		Good treatment	Risk Coverage	Employer Contribution	Traveling abroad	Tax
Good treatment	Pearson Correlation	1	.687**	.446**	.273**	.481**
	Sig. (2-tailed)		.000	.000	.007	.000
	N	97	97	97	97	97
Risk Coverage	Pearson Correlation	.687**	1	.273**	.331**	.334**
	Sig. (2-tailed)	.000		.007	.001	.001
	N	97	97	97	97	97
Employer Contribution	Pearson Correlation	.446**	.273**	1	-.126	.570**
	Sig. (2-tailed)	.000	.007		.217	.000
	N	97	97	97	97	97
Traveling abroad	Pearson Correlation	.273**	.331**	-.126	1	-.042
	Sig. (2-tailed)	.007	.001	.217		.683
	N	97	97	97	97	97
Tax	Pearson Correlation	.481**	.334**	.570**	-.042	1
	Sig. (2-tailed)	.000	.001	.000	.683	
	N	97	97	97	97	97

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		Online Reviews	Sales Person	Brand reputation	Family/friends
Online Reviews	Pearson Correlation	1	-.209*	.287**	.411**
	Sig. (2-tailed)		.040	.004	.000

	N	97	97	97	86
	Pearson Correlation	-.209*	1	-.155	.532**
Sales Person	Sig. (2-tailed)	.040		.129	.000
	N	97	97	97	86
	Pearson Correlation	.287**	-.155	1	-.329**
Brand Reputation	Sig. (2-tailed)	.004	.129		.002
	N	97	97	97	86
	Pearson Correlation	.411**	.532**	-.329**	1
Family/friends	Sig. (2-tailed)	.000	.000	.002	
	N	86	86	86	86

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		Plan Benefits	Price	Comprehensive Coverage	Brand Awareness	Claim Processing
Plan Benefits	Pearson Correlation	1	.084	.212*	.621**	.263*
	Sig. (2-tailed)		.412	.037	.000	.014
	N	97	97	97	97	86
Price	Pearson Correlation	.084	1	-.349**	-.100	.655**
	Sig. (2-tailed)	.412		.000	.330	.000
	N	97	97	97	97	86
Comprehensive Coverage	Pearson Correlation	.212*	-.349**	1	.476**	.196
	Sig. (2-tailed)	.037	.000		.000	.071
	N	97	97	97	97	86
Brand Awareness	Pearson Correlation	.621**	-.100	.476**	1	.224*
	Sig. (2-tailed)	.000	.330	.000		.038
	N	97	97	97	97	86
Claim Processing	Pearson Correlation	.263*	.655**	.196	.224*	1
	Sig. (2-tailed)	.014	.000	.071	.038	
	N	86	86	86	86	86

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

		Search Info.	Impulse Decision	Promotions and discount	Same Service Purchase	Time evaluations Alternative	Own preferences
Search Info.	Pearson Correlation	1	.427**	.741**	.264**	.230*	-.112
	Sig. (2-tailed)		.000	.000	.009	.024	.273
	N	97	97	97	97	97	97
Impulse Decision	Pearson Correlation	.427**	1	.223*	.355**	.255*	.394**
	Sig. (2-tailed)	.000		.028	.000	.012	.000
	N	97	97	97	97	97	97
Promotions and discount	Sig. (2-tailed)	.003	.000	.005	.000	.000	.245
	N	97	97	97	97	97	97
	Pearson Correlation	.741**	.223*	1	.231*	.197	-.190
	Sig. (2-tailed)	.000	.028		.023	.054	.062
	N	97	97	97	97	97	97
Same Service Purchase	Pearson Correlation	.264**	.355**	.231*	1	-.058	.195
	Sig. (2-tailed)	.009	.000	.023		.572	.056
	N	97	97	97	97	97	97
Time evaluations Alternative	Pearson Correlation	.230*	.255*	.197	-.058	1	.130
	Sig. (2-tailed)	.024	.012	.054	.572		.205
	N	97	97	97	97	97	97
Own preferences	Pearson Correlation	-.112	.394**	-.190	.195	.130	1
	Sig. (2-tailed)	.273	.000	.062	.056	.205	
	N	97	97	97	97	97	97

Correlations

		Lack of Info.	Premium	Lack of COV	Benefits	Culture	Religion	Finances	Copayment
Lack of Info.	Pearson Correlation	1	.165	.229	-.416**	.622**	.607**	.608**	.384*
	Sig. (2-tailed)		.321	.167	.009	.000	.000	.000	.021

	N	38	38	38	38	38	38	38	36
Premium	Pearson Correlation	.165	1	.595**	.164	.801**	-.547**	.604**	.655**
	Sig. (2-tailed)	.321		.000	.325	.000	.000	.000	.000
	N	38	38	38	38	38	38	38	36
Lack of COV.	Pearson Correlation	.229	.595**	1	-.011	.760**	-.497**	.584**	.955**
	Sig. (2-tailed)	.167	.000		.949	.000	.002	.000	.000
	N	38	38	38	38	38	38	38	36
Benefits	Pearson Correlation	-.416**	.164	-.011	1	.001	-.252	.296	-.159
	Sig. (2-tailed)	.009	.325	.949		.995	.127	.071	.355
	N	38	38	38	38	38	38	38	36
Culture	Pearson Correlation	.622**	.801**	.760**	.001	1	-.181	.819**	.840**
	Sig. (2-tailed)	.000	.000	.000	.995		.277	.000	.000
	N	38	38	38	38	38	38	38	36
Religion	Pearson Correlation	.607**	-.547**	-.497**	-.252	-.181	1	.074	-.401*
	Sig. (2-tailed)	.000	.000	.002	.127	.277		.658	.015
	N	38	38	38	38	38	38	38	36
Finances	Pearson Correlation	.608**	.604**	.584**	.296	.819**	.074	1	.564**
	Sig. (2-tailed)	.000	.000	.000	.071	.000	.658		.000
	N	38	38	38	38	38	38	38	36
Copayment	Pearson Correlation	.384*	.655**	.955**	-.159	.840**	-.401*	.564**	1
	Sig. (2-tailed)	.021	.000	.000	.355	.000	.015	.000	
	N	36	36	36	36	36	36	36	36