

## **POLICY BRIEF**

### **“The Effects of Socioeconomic Status and Health Insurance on the Demand for Prenatal and Postnatal Health Care in Ghana” By Vijay K. Bhasin and Camara K. Obeng**

Ghana is committed to achieving Millennium Development Goals (MDG) 4 and 5, which aim to reduce child and maternal deaths by 2015. This commitment is manifested in the way prenatal and postnatal health care services are being made accessible to women of reproductive age. Prenatal care refers to the medical and nursing care recommended for women before and during pregnancy. Postnatal care is an essential part of safe motherhood. The access to and use of prenatal and postnatal health care services are crucial for improved maternal-child survival. Ill-health of women and children can arise due to the underutilization of prenatal and postnatal health care services.

A major challenge to increasing access to health care in general and prenatal and postnatal health care service, in particular, is financing. Ghana’s health care financing experience has gone from free health care, where the total cost was borne principally by the government, through the user charge system of cost recovery, where there was partial cost-sharing for medical care and full cost recovery from the people for drugs, to the current experiment with community-based National Health Insurance Schemes (Waddington and Enyimayew, 1989; 1990; Asamoah-Baah, 1991). The Ghana Health Service (GHS) continued work on expanding coverage of the National Health Insurance Scheme (NHIS). The number of mutual health insurance schemes nationwide increased to 134 in 2006, from 124 in 2005. Of this number, 127 provided benefits to registered members. The number of people registered increased from 4 million in 2005 to over 6 million in 2006 (ISSER, 2006).

If women of reproductive age are poor then they cannot afford to register/pay for the health insurance (ability to pay). The women may not be able to utilize the prenatal and postnatal health care services. This will affect the health status of the women as well as the children. If the health status of the women is not good then it will affect her productivity in the short-run. On the other hand, if the health status of the children is not good, it will affect their productivity in the long-run. Thus the income of the women will be affected in the short-run and the income of children will be affected in the long-run. It is possible that the women and children may not be able to get out of this poverty trap. Health insurance can be used as an instrument to get them out of poverty. It will be interesting for the policy makers to know whether the coverage under the health insurance schemes can increase the utilization of prenatal and postnatal health care services and keep the women and children healthy and thus take women and children out of poverty trap. Moreover, the policy makers may also be interested in knowing how the socio-economic characteristics of women affect the demand for prenatal and postnatal health care services.

Quantitative analysis was used to identify the significant determinants of prenatal and postnatal health care services demand and qualitative techniques such as FGD was used to identify the

problems faced by women in the utilization of prenatal and postnatal health care services as well as health insurance schemes.

### ***Major Findings***

The major findings of the study include the following:

- National Health Insurance increases access and use of prenatal/postnatal care services. Women who have health insurance do not have to make out-of-pocket payments and so will take advantage of prenatal/postnatal health services. The finding shows that economic barriers constrain the use of prenatal/postnatal care services.
- Mother's education increases intake of prenatal/postnatal care services. Education raises a woman's understanding of the benefits of prenatal/postnatal health care. This is particularly so when the woman has secondary education.
- The Central region is the region with the least utilization of prenatal and postnatal health care services. This could be explained by the fact that it is one of the regions with the least number of beneficiaries of the national health insurance scheme.
- Out-of-pocket payments for services that are not covered by the insurance scheme reduce clinic attendance. Besides the fact that most drugs are not on the drug list, which is normal with health insurance schemes, most services such as caesarean operations are expensive and constitute potentially catastrophic expenses for poor households.
- The long hours spent at the hospital to access prenatal/postnatal services reduce clinic attendance. The national insurance scheme has increased prenatal/postnatal clinic attendance, making it impossible for staff to cope with the increased workload. Consequently, women who attend prenatal and postnatal clinics spend long hours before they are attended to. Some women therefore consider attending prenatal and postnatal as a waste of time.
- The range of services offered and other issues e.g. past experiences, uncertainties and perceived risks, influenced clinic attendance. When women are assured of receiving a wide range of services, treated courteously by professional health workers, clinic attendance increases. Where they are sure to be neglected and abused and refused assistance, clinic attendance reduces.

### **Policy Implications**

- Increasing access to prenatal/postnatal health services go beyond financing to encompass the range of services offered at the clinic, the manner of delivery of the service, the sort of treatment given to women and the time spent at the facility. There is the need for the ministry of health, National health insurance authority, the

various hospital administrators, and the ministry of education to collaborate to ensure that women are able to access quality prenatal/postnatal care services.

### **Key Recommendations**

- There is the need to increase women's participation in the labor market in order to raise the utilization of prenatal and postnatal health care services. This can be done through, for example, increasing their access to credit. Extending credit to working women will help them expand their businesses and earn more profits which will put them in a better stead to acquire the national health insurance policy and so be able to access prenatal and postnatal care.
- Increased investment in local health centers to increase the range of services delivered. These facilities must also be staffed with qualified health personnel, provided reliable supply of drugs, equipment and transport. Women seeking prenatal/postnatal services will attend these clinics and so help reduce the pressure on the few well-equipped health facilities in the country. This will cut down on the time spent accessing prenatal/postnatal health services.
- Health personnel must be taught interpersonal skills at the training schools so they can communicate, and counsel properly women who visit their facilities to access prenatal/postnatal care services. Coupled with proper supervision, health professionals will treat women who visit their facilities to access prenatal/postnatal health services with care.
- The central region needs to be targeted in terms of educating women on the benefits of prenatal/postnatal care. The Ministry of health must collaborate with the information service department to show films on the benefits of prenatal/postnatal care in communities in the Central region. In addition to educating women on the benefits of prenatal/postnatal health care services, the financial barrier to accessing these services must be catered for. Here, NGOs can go to the aid of those who genuinely cannot acquire the health insurance policy. The active poor could also be supported with micro loans, so they can expand their businesses and purchase the insurance policy on their own.
- Government could cover the full costs of complications during pregnancy and after delivery for the very poor, as poor people are often unable to meet such unexpected payments.

### **References**

Asamoah-Baah, A. (1991). "An option appraisal framework for health development in Ghana". International Health Policy Programme Fellowship Paper.

Waddington, C. and Enyimayew, K. (1990). "A price to pay 2: The impact of user charges in the Volta region of Ghana." International Journal of Health Planning and Management, 5, 287-312.

ISSER. (2006). "The state of the Ghanaian economy in 2006." University of Ghana, Legon, Ghana.

---