Born Free and Healthy: Examining Access to Maternal Health Services through Ghana's Free Maternal Health Care Policy

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Abstract

Maternal health continues to be a global development challenge, particularly in low-and-middle income countries including Ghana. As part of efforts to reduce maternal mortality in Ghana, a free maternal healthcare (FMHCP) policy was introduced in 2008 as one of the social protection packages under the National Health Insurance Scheme. Using data from the Ghana Maternal Health Survey conducted in 2017, we examined socio-demographic characteristics of pregnant women who accessed maternal healthcare services in the survey period and find that access to the FMHCP is generally pro-poor with women in high poverty regions and rural areas less likely to pay for antenatal, delivery and postnatal services. However, women with high-risk pregnancies were not significantly more likely to be exempted from making payments for maternal healthcare services. Further research is needed to investigate the reasons for lack of access to the FMHCP for some groups of women in spite of being eligible.

Introduction

Maternal health continues to a public health and development concern particularly in the Global South. Although there have been some progress in reducing maternal morbidity and mortality, the levels of preventable maternal deaths, especially in the global south is still very high. Global development targets, including; Target 5.A of MDG5 which sought to *"reduce by three quarters, between 1990 and 2015, the maternal mortality ratio* (MMR)*"* (1) was not achieved in some developing countries and target 3.1 of SDG3 which seeks to *"by 2030, reduce the global MMR to less than 70 per 100,000 live births"* (2) may not be achieved if maternal health issues are not fully addressed. The challenge of achieving SDG3.1 for a country like Ghana is enormous given that the MMR is currently estimated at about 310 deaths per 100,000 live births (3), which is only a slight improvement over the 325 per 100,000 live births recorded in 2010 (4).

The government of Ghana introduced a free maternal health care policy (FMHCP) policy in 2008 as part of the social protection packages under the National Health Insurance Scheme (NHIS) with the aim of making maternal healthcare services accessible to all pregnant women and their new born babies. The objective was to eliminate one of the major barriers to access and utilization of maternal health services and help accelerate progress towards achieving the global goals of reducing maternal mortality. The FMHCP exempts pregnant women from paying premiums for health insurance but provides access to antenatal (ANC), delivery and postnatal healthcare services at public health facilities (5). Data from the Ghana Maternal Health Survey conducted in 2017, however, indicates that among eligible women, 45 percent still made out-of-pocket payments for antenatal care (ANC), 53 percent paid for delivery care (DC), and 15 percent made payment for postnatal (PNC) health checks on the mother. This suggests that some women are still not accessing the FMHCP even though they are eligible.

In this study, we examine socio-demographic characteristics associated with access to antenatal, delivery and postnatal care among pregnant women who gave birth between 2012 and 2017 to identify sub-groups of women who benefit from the FMHCP and those who face exclusion.

Methods

Data

This study analysed data from the second round of the Ghana Maternal and Health Survey conducted in 2017. The survey is collected nationally representative data on maternal health and mortality at the household and individual level. The survey was implemented among 27,000 households from 900 clusters selected from across the entire country. Women aged 15-49 years in the selected household were eligible to be interviewed for the survey. Data were collected on key demographic and health indicators including antenatal, delivery and postnatal care (for both mother and child) as well as abortions and miscarriages that in the last five years preceding the survey.

Variables

The main dependent variable for this study is premium exemption for maternal health services, namely; antenatal care, delivery care, postnatal care for mother and postnatal care for child. A composite variable that measures exemption for all four maternal services was computed to examine free access for all the maternal health services under the FMHCP. Socio-demographic variables associated with maternal health including age, level of education and socio-economic status were also examined.

Preliminary Results

We examine the socio-demographic background of women who were able to access the FMHCP and find that access is generally pro-poor with women in rural areas and women in regions with high poverty being less likely to have paid for ANC, DC or PNC for the mother or child. Additionally, women in low wealth quintiles (below the median) had significantly higher access to the FMHCP in terms of PNC for mother and child, but not for ANC, and only marginally for delivery. Furthermore, women with high-risk pregnancy (pregnancy order of 4 or higher, women aged 15-17 or older than 39 years at time of pregnancy) were not significantly more likely to have been exempted from payments. Higher educational attainment was also not a predictor of higher access to the FMHCP.

We further examine free access to all the services (ANC, delivery, PNC for mother and PNC for child) to better unpack the potential nuances of making payments for some but not all the services. For this composite indicator, we find that women in poor regions were more likely to have access to all four services and living in a rural area was only marginally significant for free access to all four services. More worrying is that fact that women with high-risk birth were significantly less likely to have accessed all four services for free (Table 1).

Investigating the reasons for this lack of access would help ensure that pregnant women can enjoy the benefits of the FMHCP to achieve the intended objectives. Noting that about 12 percent of the women with a pregnancy in the five years preceding the survey did not attend any ANC, 20 percent delivered at home, and 35 percent did not attend any PNC, there still remains a huge gap to utilization of maternal and health care services that need to be bridged. Ensuring that the FMHCP is properly implemented and currently excluded sub-groups are reached could give a boost in this direction.

Table 1: Marginal effects of socio-demographic characteristics on premium exemption for maternal health services under the FMHCP

Variables	(1) ANC	(2) Delivery	(3) PNC-Mother	(4) PNC-Child	(5) None of the payments
Poor region	0.448***	0.741***	0.350***	0.452***	0.625***
	(0.0536)	(0.0604)	(0.0755)	(0.0813)	(0.0557)
Rural	0.232***	0.265***	0.442***	0.360***	0.102*
	(0.0542)	(0.0609)	(0.0718)	(0.0766)	(0.0585)
Low wealth quintile	0.0757	0.112*	0.264***	0.265***	0.0266
	(0.0547)	(0.0619)	(0.0742)	(0.0797)	(0.0583)
Low education	-0.00792	0.0109	0.0111	0.0165	-0.0430
	(0.0754)	(0.0799)	(0.0914)	(0.101)	(0.0795)
High risk birth	0.0347	-0.0175	-0.0899	-0.209***	-0.164***
	(0.0538)	(0.0614)	(0.0734)	(0.0781)	(0.0570)
Constant	-0.105	-0.481***	1.113***	1.396***	-1.587***
	(0.0678)	(0.0719)	(0.0804)	(0.0891)	(0.0686)
Observations	10,767	8,338	10,518	11,074	12,006

Robust standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1