



The Ghanaian-Dutch Collaboration for Health Research and Development

**THE PERCEPTION AND DEMAND FOR MUTUAL HEALTH INSURANCE IN THE
KASSENA-NANKANA DISTRICT OF NORTHERN GHANA
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SUMMARY

The purpose of the study was to generate relevant information that will inform decision-making in the design and implementation of mutual health insurance schemes in the Kassena-Nankana district (KND) and other districts of similar socio-economic and cultural background.

In this regard, qualitative and quantitative studies were carried out in the Kassena-Nankana district to document the perception and demand of the people of the district for a mutual health insurance scheme. A total of 29 in-depth interviews and 28 focus group discussions involving caretakers of ill persons, recently convalesced persons, heads of public health facilities, and other adult (18 years and above) community members were conducted. The quantitative study involved 985 male and female heads of households, randomly selected across the district.

The study revealed the existence of risk sharing groups like farmers groups, women's "ananoore" groups and church groups whose members contribute money that is used for funerals and other general needs. Ninety-three per cent of household heads had knowledge of the current cash and carry system (i.e., user charges). Forty-four percent of community members and all health workers interviewed were aware of the government's plan to replace the cash and carry system with a health insurance scheme. An overwhelming 93 per cent of community members expressed interest in the health insurance scheme and are willing to contribute to it. The health workers see the insurance scheme as a way of meeting the challenges associated with the cash and carry system and are also willing to be part of it.

More than 69 per cent of the respondents would like to make cash payments on installment basis whilst 26 per cent prefer cash payment upfront. Thirty-five percent of respondents would like to make their contributions after the harvest season, 14 per cent during harvest and under one per cent before harvest. A few people however believe that contributing money for illnesses yet to come was not appropriate as that in itself could invite more illnesses.

Forcing the sick to pay before receiving health care instead of care before payment was identified as the main setback of the cash and carry system and not the payment for the services especially if

the cost is not too high. Community members now expect more fairness, some respect, and dignity from health personnel and shorter waiting time after contributing towards a health insurance scheme. The general view is that the aged, children under five, and the disabled should be exempted from paying premiums under the health insurance scheme. Most respondents were willing to contribute money ranging from ₵2,000.00 – ₵24,000.00 as premium annually for health care for themselves and that this amount should cover the cost of all ailments and services from Outpatient department cards to admissions and surgery.

Age and area of residence were found to influence one's willingness to contribute to a mutual health insurance scheme with a 29 per cent decrease, 95 per cent CI (17 per cent, 40 per cent), in willingness to contribute to a mutual health insurance for every 10-year increase in age and the rural dwellers being 3.7 times, 95 per cent CI (2.1, 6.4), more likely to contribute to the scheme than those in the urban areas.

Even though, most residents of the Kassena-Nankana district who were interviewed were yet to know about the Government's plan to replace the cash and carry system with a health insurance scheme, they were not only enthusiastic but were also willing to contribute to such a scheme. However contributors expect some improvement in the quality of care and better attitude of health workers at the health facilities. Among others, it is also recommended that more public education should be embarked upon to create more awareness about the replacement of the cash and carry system with the district mutual health insurance scheme.

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LIST OF ABBREVIATIONS

LDC.....	Less developed country
KND.....	Kassena-Nankana district
NDSS.....	Navrongo Demographic Surveillance System
IDI.....	Indepth Interviews
FGD.....	Focus group discussion
KVIP.....	Kumasi Ventilated Improved Pit Latrine
CSM.....	Cerebro-spinal meningitis
OPD.....	Outpatient department
CI.....	Confident interval
OR.....	Odds ratio