



Access to Antenatal Care in Rural and Urban Regions of Ghana

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Background

- In 2007 the Maternal Mortality Rates (MMR) in Ghana was 580 maternal deaths per 100,000 live births.¹
- In 2017 the MMR decreased significantly to 310 per 100,000 live births.²
- In 2008, universal health care was implemented in Ghana through the National Healthcare Insurance Scheme (NHIS).
- Under it, a Free Maternal Healthcare Programme (FMHCP) was introduced to further expand access to all women in Ghana and to decrease maternal mortality rates.³
 - Increased health services comprised of antenatal, delivery, and postnatal care.

Objectives

- To examine the relationship between place of residence and receiving antenatal care in Ghana.
 - Was there an increase in antenatal care between 2007–2017 and if different regions had equal access to care.



Methods

- This is a secondary analysis of a cross-sectional descriptive study examining antenatal care between the urban/rural regions in 2007 and 2017.
- Data was retrieved from the DHS Ghana Maternal Health Surveys which contained data from pregnant women.
- 728 participants in 2007 and 1,170 participants in 2017
- Exposure: location of residence in Ghana
- Outcome: receiving antenatal care services
- A bivariate chi-squared analysis was used to determine the relationship of urban or rural residence and obtaining antenatal care.

Results

Table 1. Sociodemographics of the 2007 and 2017 Participants



- In 2007, 728 out of 10,370 women aged 15–49 responded to the survey that they were pregnant that year. Mean age = 28 years; SD = 7.2 years
- In 2017, 1,170 out of 25,062 women aged 15–49 replied to the survey that they were pregnant that year. Mean age = 29.5 years; SD = 5.9 years

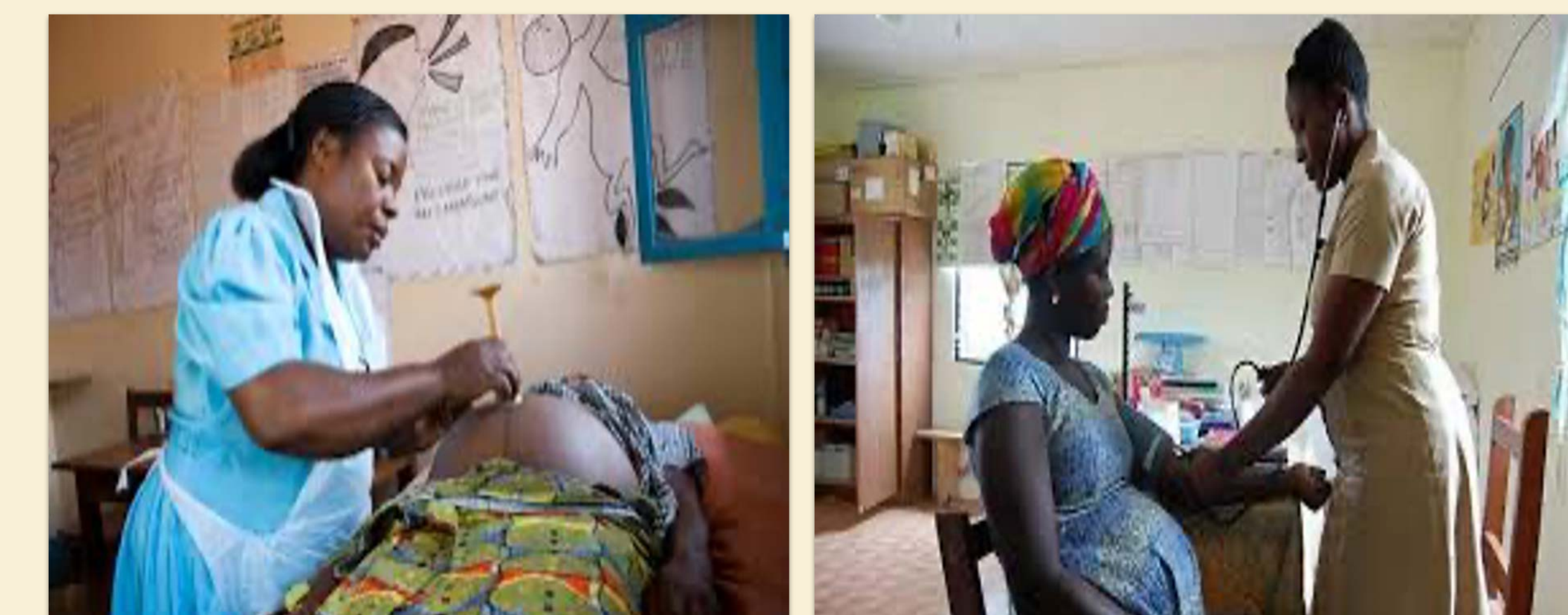
Table 2. Antenatal Care by Location of Residence in 2007 and 2017

Location	2007			P-value	2017			P-value
	Yes Care n (%)	No Care n (%)	Total		Yes Care n (%)	No Care n (%)	Total	
Urban	154 (54.4)	129 (45.6)	283	<0.001	478 (100)	0 (0)	478	<0.001
Rural	314 (70.6)	131 (29.4)	445		674 (97.4)	18 (2.6)	692	

- In 2007, 64.3% women received antenatal care, and in 2017, 98.5% women received antenatal care. More urban women (100%) received antenatal care than rural women (97.4%) in 2017.
- Chi-squared analysis found that location of residence and receiving antenatal care is significant in 2007 ($p < 0.001$) and in 2017 ($p < 0.001$).

Conclusions

- The results from this study indicates that there was an increase in receiving antenatal care for both urban and rural regions, as well as a strong association between obtaining antenatal care and location of residence.
- Both regions have increased antenatal care between the 10 years, possibly due to the introduction of the Free Maternal Healthcare Program in 2008. However it is apparent that there is still a divide in access.
- Pregnant women in Ghana continue to experience disproportionate rates of antenatal care, as can be seen by the existence of the gap between urban and rural regions from the data.
- This study's findings can prompt other similar nations to implement policies for better accessibility of maternal health services.



References

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3. Twum, P., Qi, J., Aurelie, K. K., & Xu, L. (2018, November 1). Effectiveness of a free maternal healthcare programme under the National Health Insurance Scheme on skilled care: evidence from a cross-sectional study in two districts in Ghana.

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