AFRICAPORTAL
a project of the africa initiative

BACKGROUNDER
NO. 34 > JULY 2012

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REPRODUCTIVE HEALTH ISSUES AND WOMEN IN GHANA: HAS GLOBAL ATTENTION MADE A DIFFERENCE?

JENNA DIXON

SUMMARY

- Statistics suggest that maternal deaths in Ghana are declining, but the rate has been slow to change.
- Despite the global pressure brought by MDG commitments, the country is not expected to meet its targets in these areas.
- Women in Ghana are more vulnerable to HIV than men due to lower socioeconomic empowerment and limited access to educational resources. Wide regional variations exist, with women in the north of the country requiring extra attention due to the lack of economic opportunity in that region.
- It is recommended that successful policies regarding female reproductive health in Ghana go beyond the goals of the MDGs to include comprehensive female health initiatives that address underlying socio-cultural factors and work towards empowering individuals across the country.

BACKGROUND

Representatives from 184 countries gathered at the International Conference on Population and Development (ICPD) in Cairo in September 1994 to contribute to a paradigm shift in the accepted approach to population control, economic development and human rights. A key outcome from this conference was a revised approach to sexual and reproductive health, especially in developing countries. It defines reproductive health as:

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> *"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."* (ICPD, 1994: paragraph 7.2).

Implicit in this definition is the influence of the social and cultural environment on the success of reproductive health efforts. Women in developing countries face persistent problems in achieving this type of holistic reproductive health pushing it to become a key focus of many international efforts, most notably in the United Nation's Millennium Development Goals (MDGs). Ghana, in particular, has expressed its commitment to the ICPD definition of reproductive health and is committed to achieving MDG targets. This backgrounder assesses issues of reproductive health facing Ghanaian women and evaluates government policies designed to address them.

MDG 5: MATERNAL HEALTH

Of the eight international development goals agreed to by 193 UN member states in 2000, MDG 5 aims to improve maternal health, indicated through measures of the maternal mortality ratio and the proportion of births attended by a skilled health professional. Ghana has seen mixed results with its efforts to address this goal. While the national Maternal Mortality Survey suggests that maternal deaths have been declining, results have been slow to appear. In 2005, the survey recorded 503 deaths/100,000 live births, which dropped to 451 deaths/100,000 live births in 2008 (National Development Planning Commission, 2010: 34). There are also significant geographic variations in these statistics, with the northern and rural areas of the country most affected (GSS, 2009). While meeting MDG 5 requires Ghana to obtain a 75 percent reduction of the 1990 level of maternal mortality, institutional data suggests that in some years the rate has actually increased. Within health care institutions, in 1990 there were 216 deaths/100,000 live births, while in 2007 there were 224, which only came down to 201 in 2008.

This evidence suggests that improvement in Ghana's maternal mortality since 1990 has been negligible. Unfortunately, these figures must be regarded as optimistic as they likely underestimate the number of women from rural communities who die from maternal causes but are not reported (GSS, 2004). A recent review of Ghana's MDG progress concludes that, "if the current trends continue, … it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015" (National Development Planning Commission, 2010: 34).

The other indicator for MDG 5 — the proportion of births attended by a skilled health professional — has also experienced minimal progress. The Ghana Ministry of Health reports attended deliveries increasing from 40 percent in 1988 to 59 percent in 2008 (MOH, 2008a). As with maternal mortality, Ghana faces drastic differences between regions: while 80 percent of women in Accra had assisted deliveries, only 25 percent of women in northern regions received this care. In general, women in urban areas are much more likely to have an assisted delivery than women in rural areas (National Development Planning Commission, 2010: 36). The reasons behind these figures are complex. It has been suggested the slow improvement in skilled attendants at delivery is linked at least in part to the mismanagement of exemptions for delivery fees and a health workers strike in 2007 (MOH, 2008a).

HIV/AIDS AND FAMILY PLANNING

The prevalence of Sexually Transmitted Infections (STIs), most notably HIV, is an important indicator of female reproductive health (WHO, 2004). Targets to halt and reverse the spread of HIV are encompassed within MDG 6. Ghana's HIV rate peaked in 2003 with 3.6 percent of the population infected, and has since dropped to a 2.9 percent infection rate in 2009 (MOH, 2009). Women make up almost 60 percent of those living with HIV, however, and the rate of newly infected women is still increasing. Particular attention has been drawn to the high prevalence rate among pregnant women, which jumped from 1.9 percent in 2008 to 2.6 percent in 2009 (National Development Planning Commission, 2010: 40).

Gender inequality and women's sexual disempowerment increases their vulnerability to STIs. Further, a lower level of education and literacy for women in Ghana has important implications for the spread of the virus, as

women are poorly informed on prevention strategies. An investigation into the level of comprehensive knowledge of HIV reveals a clear disadvantage for women compared to men in Ghana. 'Comprehensive knowledge' includes knowing that using condoms and limiting sex to one uninfected partner can reduce the risk of getting HIV, knowing that a healthy looking person can have HIV, and rejecting misconceptions about prevention and transmission. Only 32 percent of urban women, and a mere 19 percent of rural women were considered to have comprehensive knowledge. In contrast, 41 percent of urban men and 26 percent of rural men were considered to have comprehensive knowledge (GSS, 2009: 2-3).

Similar issues surface with regards to fertility and family planning. Ghana on average has witnessed its fertility rate decline, from 6.4 children/woman in 1988 to 4.4 in 2003, due in part to a shift in cultural perceptions about the ideal number of children (National Development Planning Commission, 2010: 13). Again, there are significant regional variations in fertility. While the Accra region has seen a rapid decline, Ghana's north is still considered to be in a "pre-transition stage," and is yet to experience a notable decrease (Agyei-Mensah, 2006: 466-468).

Ghanaian's use of contraceptives has also traditionally been very low. Despite 37 percent of married women (between the ages of 15-49) reporting that they wanted no more children, only 17 percent were using modern family planning methods (GSS, 2008: 3). While contraceptive use is generally on the rise, its use is lower among Muslims and traditional groups (Heaton and Darkwah, forthcoming: 17). Researchers suggest this is likely due to negative perceptions of women who use (or want to use) contraceptives, as they are often accused of having extra-marital sexual relationships (Oatf, 2008: 964). The Ghana Demographic and Health Survey has identified that 35 percent of Ghanaian women have an unmet need for family planning — the figure reaches as high as 50 percent in the Central region (GSS, 2009: 2-3).

POLICY RESPONSES

Due to its commitment to holistic well-being and the international effort to meet MDGs, Ghana has implemented numerous policies in an attempt to improve female reproductive health. In theory these programs advocate for

universal access to a wide range of services from multiple sectors. These include:

- A "Safe Motherhood" program providing antenatal, safe delivery, and postnatal care
- Family planning services
- Prevention and treatment of unsafe abortion and post-abortion care
- Prevention and treatment of reproductive tract infections and sexually transmitted diseases
- Discouragement of harmful traditional practices such as female genital mutilation
- Information and counseling on human sexuality, sexual behavior, parenting and sexual health

An internal study by Ghana Health Services, however, suggests that by the time programs are in operation at the district level, female reproductive care only includes "Safe Motherhood," family planning, and STI prevention and management (GHS, 2006: 7).

While there is clearly a disconnect between national policy making and support for female reproductive health on the ground, important progress has been made in recent years. Most notably, in July 2008 the government expanded its National Health Insurance Scheme to provide free coverage for all pregnant women, including 3 months of post-natal care. This move has been widely regarded as successful, and investigations into the maternity fee exemptions previously instituted in 2002/2003 reveal that the exemptions were effective in raising usage rates of health facilities, decreasing out-of-pocket payments and a proven effective tool in decreasing inequalities (Witter, Adjei, Armar-Klemesu and Graham, 2009: 1-5; Witter, 2009: 251-288). Furthermore, Ghana has increased the training of midwives to assist in maternal care, though there is still an acute shortage of health workers across the country (National Development Planning Commission, 2010: 34).

CHALLENGES GOING FORWARD

Ghana has benefited from the momentum created by international efforts to address female reproductive health. However, there are complex socioeconomic and structural reasons that have limited the results of these efforts. In order for the country to achieve a more inclusive level of female reproductive health, it two main challenges will need to be addressed going forward. First, the force of the initial push created a vertically integrated reproductive health-specific system that has failed to fully assimilate into the rest of the health care system. In essence, Ghana's health care system must increase funding and level-of-care across the board, then develop female reproductive health as a basic element of that care (MOH, 2008b: 11-34).

Second, in an effort to produce tangible results for the MDG deadline in 2015, policy making has ignored certain elements that contribute towards female reproductive health. For instance, while there has been a focus on maternal mortalities and hiring midwives, policy documents do not mention female empowerment and other forces that play a significant role in women's health. Family planning in Ghana, for instance, is often most often led by the male of the household, who often does not support contraception. Policies and programs are needed to address these complicated, but integral elements of reproductive health.

While expanding availability of services is a positive move for female health in Ghana, it fails to address the lack of rights that underlie women's reproductive health issues, including the inability to choose sexual encounters and define their own roles within family and society. This includes the right to own property and to decide how many children to bear, and greater access to education. Going forward Ghana will need to place greater emphasis on female empowerment if it hopes to see substantial progress in measures of female reproductive health and meet its MDG commitments.

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First published in 2010 by The Centre for International Governance Innovation

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The Africa Portal is an online knowledge resource for policy-related issues on Africa. An undertaking by the Centre for International Governance Innovation (CIGI), Makerere University (MAK), and the South African Institute of International Affairs (SAIIA), the Africa Portal offers open access to a suite of features including an online library collection; a resource for opinion and analysis; an experts directory; an international events calendar; and a mobile technology component—all aimed to equip users with research and information on Africa's current policy issues.

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