

COMMENTARY

The health situation of women in Ghana

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ABSTRACT

The health of women impacts on the health of the family and society, and so is critical for national development, and this is certainly so in Ghana. As in other cultures, socio-cultural, economic and biological factors impact on the health of Ghanaian women. Specific health interventions have focused on nutrition, reproductive health and family planning. Multi-sectoral approaches to promoting economic empowerment, education and social support networks are other important strategies.

Key words: Ghana, health, maternal health, reproductive health, women.

Introduction

The target of many health policies points to a need to focus on women's health. For the health of women impacts on the health of the family and society, and so is critical for national development. In recognition of this, international and local attempts have been made to improve the health situation of women, and this has certainly been so in Ghana. Despite past efforts, the current health situation of Ghanaian

women calls for a need to re-strategise. This commentary takes a critical look at the health situation of women in Ghana, and related issues.

Health status of women

The role of women in raising a healthy family and building society cannot be underestimated. Women provide for the family's basic health needs, including obtaining potable



water for the household, menu planning for the family's nutritional needs, and managing healthcare needs, such as environmental hygiene in the home and community. One could say that the health of the family and society is dependant to a large extent on the health of women.

Huffling observed that an essential element of a health-promoting lifestyle is eating nutritious and healthy foods¹. Some negative traditional practices and dietary rules affect women in Ghana. Food-related superstitions and taboos and other food restrictions on women of childbearing age, pregnant and lactating mothers, and the traditional practice of serving the best part of the meal to the male members of the household worsens the already vulnerable health situation of the majority of women². Statistics indicate that approximately 65% of pregnant women and 45% of non-pregnant women in Ghana are malnourished³. In addition, it has found that many fish can be the source of certain potent chemical substances (eg methylmercury and polychlorinated biphenol), which have been shown to have severe negative impacts on both mother and fetus⁴. Dovydaitis therefore cautions that all women of childbearing age should be informed of both the benefits and risks of fish consumption⁴.

Many health problems of women in Ghana can be related to reproduction. The 2003 GDHS revealed that maternal mortality continues to be the leading cause of death at 23.7% of women of childbearing age³.

Infertility is also a major reproductive health problem in Africa⁵. Unsuccessful fertility treatment affects women's welfare and progress in life. The situation is worse for women in this part of the world where childbearing is a mark of a success. In a study on the phenomenon of women's experience with infertility, McCarthy observed existential challenges to infertile women's sense of self, their identity, and the meaning and purpose of their lives⁶. Sadly, the majority of African women in a recent study had little knowledge about human reproduction or modern treatment options for infertility⁵.

The access of women to health facilities and health workers is limited, especially for those in rural communities. The GLSS 4 indicated that although 83% of Ghanaian women seek antenatal and post-natal care from doctors and other health personnel, traditional birth attendants remain the main source of services to most pregnant and nursing mothers⁷. In addition, women are mostly burdened with the care and treatment of people living with HIV/AIDs and their orphans.

Contraceptive use has been found to be very low among Ghanaians, probably due to negative socio-cultural perceptions, for instance a married woman who uses contraceptives may be suspected of having an extra-marital sexual relationship. The GLSS 4 shows that only approximately 15% of women reported that they or their partner were using a contraceptive⁷.

Improving women's health in Ghana

There is a clear relationship between health policies and women's health status. The International Conference on Population and Development (ICPD) in Cairo in 1994 focused on universal education, reduction of infant and child mortality, reduction of maternal mortality and access to reproductive and sexual health services, including family planning^{8,9}. The focus of Ghana's health policies are similar. There have been attempts to improve the women's health situation by both governmental and non-governmental institutions and organisations. Some efforts to promote the health of women include adolescent health and reproductive programs integrated with health service delivery at all levels of the health system. Information, communication and education (IEC) materials have also been used for advocacy. Male involvement in reproductive health has been strengthened to make services more meaningful. Some male clinics have been established to help men understand their own reproductive health needs, and that of their partners. A national health insurance scheme is in full operation now to replace the old cash and carry system^{3,10,11}.

These efforts have yielded some results although there is room for improvement in the form of intensified support. A



summary review of sector-wide initiatives in the Reproduction Health Strategic Plan 2007–2011 indicated that substantial progress has been made in the priority area of reproductive health¹². The 2006 report of the Ghana Health Service showed that over the 2006 reporting period, antenatal coverage remained fairly stable¹³. This coverage was approximately 89% over the past 3 years, up from 88.7% in 2005 and 88.4% in 2006. Meanwhile, national coverage of supervised delivery is still low. This was less than 50% in 2006 with a slight increase over the past years of 37% in 2004, 40.3% in 2005 and 44.5% in 2006. The institutional maternal mortality ratio decreased from 197 per 100 000 live births in 2005 to 187 per 100 000 live births in 2006, although the proportion of audited maternal deaths decreased from 76.6% in 2005 to 58.2% in 2006. The family planning acceptor rate increased from 22.6% in 2005 to 25.4% in 2006. In 2006, relating to increased prevention of mother-to-child transmission of HIV, there was a 78% increase over the previous year in the number of pregnant women who knew their HIV status¹⁰.

An international review of the International Conference on Population and Development revealed that after 10 years there has been great improvement in the areas of access to family planning and education for girls, but little or no progress in decreasing maternal mortality. There is also the problem of diminishing donor commitment when religious beliefs conflict with contraception policies¹⁴⁻¹⁶.

Concerning new strategies to advance the health of women in Ghana, a multi-sectoral approach is emerging. The Ghana Reproductive Health Strategic Plan 2007–2011 that outlines national strategy shows an intent to improve reproductive health through services and activities that focus on maternal morbidity and mortality, neonatal morbidity and mortality, contraceptive use prevalence and family planning services^{10,12}. The Ministry of Women and Children's Affairs¹⁷, NGOs promoting the health of women, and the Ghana Poverty Reduction Strategy in collaboration with other sectors recognise that policies to improve access to potable water will be crucial for improving the health conditions of women. There is also a need to work on the

total empowerment of Ghanaian woman^{6,18,19}, and the importance of the women's movement has also been highlighted^{2,20}. Emphasis has been placed on targeting high-risk populations^{5,21}. The crucial role of formal, informal and non-formal adult education must also be acknowledged, with education or awareness creation emerging as a tool for empowerment.

Conclusion

Interventions for improving the health of women in Ghana have contributed to managing, checking and controlling the health of women. Re-strategizing to promote collaborative efforts, adopting multi-sectoral approaches, intensifying educational efforts to guide women to available health facilities, engaging women in the implementation process and targeting the most disadvantaged, such as rural women, are all expected to advance this agenda.

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