Predictors of health service quality among women insured under Ghana’s national insurance scheme

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Objective
This study examined individual background factors that influence health care service quality among insured Ghanaian women (15-49 years).

Method
Data from the 2014 Ghana Demographic Health Survey was analysed. Care quality was constructed as the outcome variable using cluster analysis using SPSS version 21 while socio-demographic characteristics were used as independent variables. Inferential analysis and multiple regressions was done to predict service quality using STATA.

Results
Four cluster groups emerged from the cluster analysis (less adequate quality, poor quality, average quality and adequate quality). Overall, geographical region and literacy levels of respondents was significant to expressions of insured service quality ($\chi^2=495.4, p \leq 0.001$) and ($\chi^2=69.232, p \leq 0.019$) respectively. On place of residence, the estimation show urban residency was more positively correlated with indicating quality ratings of health services compared to rural residency ($\chi^2=70.29, p \leq 0.001$). Highest educational level had the highest predictive influence with a coefficient of 0.15. Insured women who received less adequate care from this study paid more OOP for drugs and services compared to other cluster groups.

Conclusion
A more supportive health insurance system approach that shifts towards introducing valued-based care models for patients, insurers and health care providers could be supportive in improving quality standards among insured population groups in Ghana. Overall, an NHIS system that allows for receiving and tracking insured patient’s complaints of the quality of services provided at health facilities will be useful in infusing standards checks with service providers.