



Expectations and Realities: The Views and Experiences of HIV/AIDS Patients on Ghana's National Health Insurance Scheme

Alhassan Abdullah^{1*}, Jamil Tanimu¹ and Hajara Bentum¹

¹*Department of Sociology and Social Work, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana.*

Authors' contributions

This manuscript was carried out in collaboration between all authors. Author AA designed the study and wrote the first draft of the manuscript. Authors HB and JT lead the interviews and managed the analysis of the study. Author HB conducted the literature search together with author AA. The final manuscript was read and approved by all authors.

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ABSTRACT

Potential beneficiaries of health insurance schemes are convinced to enrol based on varied expectations and justifications. This is so for persons leaving with HIV/AIDS. Considering the myriad of challenges confronting these insurance schemes, the current study explored the views and lived experiences of HIV/AIDS patients on the challenges and influence of the National Health Insurance Scheme (NHIS) on healthcare service usage in Ghana. Using in-depth semi-structured interviews with 17 HIV/AIDS patients, the study revealed proactiveness and shift to modern healthcare usage as major influences of the NHIS on healthcare usage. The capitation policy, frequent drug shortage and health workers posture were identified as major hindrances to the successful implementation of the NHIS in Ghana. Also, it emerged that HIV/AIDS patients' expectations prior to enrolment were not met as claimed by friends and family members. The findings suggest that some measures should be put in place to educate potential beneficiaries on the NHIS to ensure that their intentions of enrolment are realised.

*Corresponding author: E-mail: abdullahal Hassan14@gmail.com;

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1. INTRODUCTION

Generally, health insurance schemes exist to reduce the economic burden placed on families faced with excessive medical fees from sicknesses and diseases. Following its introduction in Ghana in 2003 by the government of the New Patriotic Party (NPP), the National Health Insurance Scheme (NHIS) has been faced with the challenge of low enrolment [1,2]. The scheme was developed as a contributory system: where some form of insurance contributions and only those who contribute could benefit from the NHIS [2]. However, potential beneficiaries of insurance schemes are expected to act rationally as espoused in the rational choice theory [3] by analysing the cost and intended benefits associated to the scheme before making a decision to enrol or not.

A study by Blanchet, Fink and Osei-Akoto [4] in Ghana revealed that the introduction of the NHIS has led to the promotion of regular visits among service users to hospitals. On the average, Blanchet et al. [4] found that individuals enrolled on the health insurance are more likely to visit clinics, go for prescriptions and seek formal healthcare services when sick. However, their study collected data from only women living in Accra, thus, their study findings may not be applicable to the national population. Still, their study findings have been corroborated by Vidyattama, Miranti and Resosudarmo [5] in Indonesia who also observed that the national health insurance increases the likelihood that individuals will use healthcare services. Vidyattama et al. [5] further argued that some kind of illnesses encouraged individuals to seek healthcare services more than the others. According to their study, fever was the illness that mostly encouraged people to enrol on health insurance schemes to seek healthcare services followed by cough, flu or cold, asthma or breathing difficulties, diarrhoea, headache and toothache. This justifies the intention of the current study to investigate the influence of the NHIS on healthcare usage among HIV/AIDS patients in Ghana.

Also, Atinga et al. [6] espoused that since the introduction of the NHIS in Ghana, 68% of the Ghanaian population had membership with the NHIS but only 34% enrolled as active members (they held valid membership cards). Not only did Jehu-Appiah, et al. [7,8] find that the unaffordability of the NHIS caused people to drop

out from the scheme but Atinga et al. [6] also revealed that over 30% of users are unable to afford the premium and this was mostly associated to those individuals who are unemployed. Again, De Allegri, Sanon and Sauerborn's [9] study in Burkina Faso found that some individuals failed to enrol on the health insurance programme because it was not affordable to them. The implication of this is that people who are unable to pay to receive healthcare services will be marginalised and this could perpetuate inequalities [10,11].

Further, the study by Atinga et al. [6] in Ghana revealed that one of the reasons why people drop out from the NHIS is because of poor service quality. The response indicated that the health insurance does not provide them with the best forms of care. This situation is quite similar in Burkina Faso and South Africa as it has been revealed that a number of people drop out from the health insurance because of poor service quality rendered by health workers [12,11].

However, Atinga et al. [6] observed that some Ghanaians drop out of the NHIS because they indicated that they do not usually fall sick. Following the introduction and operation of the NHIS in Ghana in 2003, a number of studies have examined the impact of the insurance programme and healthcare delivery and service [6,4,13,14,15]. Yet, few of such studies' have examined the use of healthcare services following the introduction of the NHIS among vulnerable population such as HIV/AIDS patients [11]. As a result of this, there is very little policy directions on how to review the NHIS to meet the needs of service users specifically underserved population like HIV/AIDS patients. Consequently, the present study explores the NHIS and the use of healthcare services in Kumasi by focusing on these two specific questions:

2. RESEARCH QUESTIONS

1. What are the effects of the NHIS on the use of healthcare services among HIV/AIDS patients in Kumasi?
2. What are the challenges in the implementation of the NHIS in Kumasi?

3. METHODOLOGY

3.1 Study Design

Due to its exploratory nature, the study adopted the qualitative paradigm with a

phenomenological approach. The use of the qualitative method enabled the researchers to explore into detail participants' knowledge and experiences on the NHIS in Ghana [16,17].

3.2 Study Area

Participants for the study were selected at the Okomfo Anokye Teaching Hospital in Kumasi, Ghana. The hospital is a government hospital situated in the center of the Kumasi Metropolitan District. The institution was established in 1954 and mandated to provide healthcare service to people in the region and beyond. Due to its diverse activities, the hospital was ranked as the leading healthcare institution in the Ashanti Region and among the top five leading hospitals in the country. The hospital is mainly funded by the government and it is among the first cohort of hospitals selected for the implementation of the NHIS. Specific specialised units at the hospital includes; oncology, physiotherapy, emergency/accident, paediatrics, social welfare unit etc. Inclusively, the hospital has a special unit for persons living with HIV/AIDS. As a result, majority of HIV/AIDS patients in the country select the hospital for healthcare service due to the special attention and care received.

3.3 Ethical Consideration

Ethical approval was sought from the Head of the HIV/AIDS unit at the Okomfo Anokye Teaching Hospital. Also, informed consent was sought from participants independently indicating their voluntary participation [18]. The informed consent form outlined the potential risk and rights pertained to the participants in the course of the interview. Also, participants were assured complete anonymity throughout the study. In line with the suggestion by Cudjoe and Abdullah [19], on the challenge in conducting interviews with sensitive population such as HIV/AIDS patients, it was purported that the participants will be reluctant in revealing sensitive information to the researchers. However, since all the researchers had training in Social Work, specifically in conducting interviews with marginalised population such as HIV/AIDS patients, the researchers utilised their interviewing skills to ensure that relevant information are being solicited for the study.

3.4 Recruitment and Data Collection Procedure

In June 2017, the second author who was an intern at the Social Welfare Unit in the Okomfo

Anokye Teaching hospital came in contact with an HIV/AIDS patient who was introduced to the study and subsequently served as a gatekeeper for the study. The first participant identified as the gatekeeper helped introduce the researchers to the participants and facilitated in the recruitment of successive research participants. The difficulty in accessing participants and the sensitivity attached to HIV/AIDS patients made the use of the gatekeeper approach apposite [20]. For this reason, the snowballing technique was used in the selection of participants for the study [21], since, snowballing techniques are useful for studies with participants that are difficult to identify. Also, the stigmatisation and labelling of HIV/AIDS patients in Africa makes the use of the snowballing techniques suitable. Despite the use of the snowballing technique, the researchers ensured that all participants recruited were subscribers of the NHIS. Data collection ended on the 17th participants, after all known participants by the gatekeeper and the participants were exhausted.

In-depth interviews were conducted with all selected research participants. Interviews with participants lasted for an average of 45 minutes per participant. Data was collected from June 2017 to September 2017 using a semi-structured interview guide. The use of the semi-structured interviews "provided flexibility and allowed the researchers to probe into new insights that emerged from the interviews" [22, p.451]. All interviews were audio recorded following participants written approval. Interview questions were structured in accordance with the research objectives. First, questions were asked in relation to the influence of the NHIS on healthcare service usage among HIV/AIDS patients. Participants were also asked on the challenges confronting the successful implementation of the NHIS in Ghana. Interviews were conducted in the Twi (local) language, a predominant language spoken in Kumasi. The use of the local language enabled the researchers to explore into detail HIV/AIDS patients' perception and personal experience on the NHIS in Ghana. All interviews were conducted either at the premises of the participants or the agency. Selection of specific interview area was a choice of all participants.

3.5 Data Analysis

The audio recorded interviews were transcribed ad verbatim using Microsoft Word 16. All

researchers independently checked the transcribed data with the audio for correctness and accuracy. To ensure anonymity, each transcript was assigned a pseudonym representing a popular Ghanaian name. The process of data followed Braun and Clarke [23] thematic analysis procedure. In line with thematic analysis, the transcribed data were read and re-read by researchers to immerse self into data. Initial codes emerged following researchers' familiarity with the data. The researchers developed the codes by reading through the transcripts more and taking notes along the way [15]. Open coding was done where the researchers engaged in a line-by-line reading of the data to organise quotes that reflected the research questions [24]. Codes such as "no drugs", "change hospital", and "workers' mannerism" emerged from the data. The codes were organised into potential themes and further refined to ensure they answered the research questions. Some themes reflected similar ideas, thus, they were merged into each other. Considering the exploratory nature of this research, codes containing less prevalent responses were not discarded but were revisited and some included for the study. The interview data were managed with the NVivo 11 qualitative software.

4. FINDINGS

Themes that emerged from the data have been presented based on the research questions, thus themes in relation to the effect of the NHIS on the use healthcare service have been presented first followed by themes on the challenges affecting the implementation of the NHIS in Ghana. Preceding the key findings is a tabular presentation of the socio-demographical data of the research participants.

4.1 Study Participants

The study collected data from 17 HIV/AIDS patients including seven males and 10 females. It can be observed from the table that, majority of the HIV/AIDS patients were in their youthful ages (30-35), suggesting that youth are more predisposed to the contraction of Sexually Transmitted Infections (STI). Further, the table shows that majority of the HIV/AIDS patients had more than five years experience with the NHIS as registered members. The subscription experience will help lend credence to the study findings.

Table 1. Demographic category of the research participants

Item	Category	Number
Sex	Male	7
	Female	10
Age	30-35	10
	36-40	4
	41-45	2
	46-50	1
Education	Bachelor Degree	1
	Diploma	2
	Senior High School leavers	4
	Junior High Schools leavers	10
Work role	Trader	12
	Civil servants	2
	Unemployed	3
Length of subscription	0-5	7
	6-10	7
	11-15	3

Source: Field data, 2017

4.2 What are the Effects of the NHIS on the Use of Healthcare Services among HIV/AIDS Patients in Kumasi?

This particular objective sought to examine the views of NHIS beneficiaries in Kumasi on the use of healthcare service. Excerpt from the narrative of the subscribers revealed proactiveness in healthcare usage and shift in healthcare service usage as the dominant themes from the narrative of the participants.

4.2.1 Proactiveness

Narrating the influence of the NHIS on healthcare accessibility, participants in this study identified that the scheme promotes proactive culture among subscribers. According to them, they have developed a habit of proactively visiting healthcare centers due to the absence of continual direct payment for healthcare service. Though the participants opined that their proactive habit stemmed from their subscription onto the NHIS. They further argued that the proactive habit has positive influence on the general health condition of the HIV/AIDS patients. A participant commented on how his subscription to the NHIS has promoted a culture of proactively visiting healthcare centers:

"I can't say much about the benefits. But in terms of accessing healthcare service, the scheme has

really helped. Right now if I detect a little feeling of uncomfortability I will quickly visit the health center without a second thought, because all I need is my card and hospital folder”(Manu).

Another participant reiterated this assertion by comparing her hospital attendance before and after enrolling on the scheme:

“Is true, the scheme has imbibed in me the habit of proactively visiting hospital before my situation gets deteriorated. Before enrolling on the scheme six years ago, I only visit hospital when my situation gets deteriorated. But God being so good, now that am on the scheme I quickly visit the hospital anytime I detect a bad feeling in my system”(Ama).

The assertion by the participants suggest that subscription to the NHIS has the propensity of promoting proactive health seeking behaviors among HIV/AIDS patients. Essentially, the ability of the scheme to promote health seeking behaviours shows the multiple benefits derived from the implementation of the NHIS programme.

Commenting on the usefulness of proactiveness, a participant reflected:

“yh, it helps, because if I quickly visit hospital when I detect symptoms it helps to prevent my situation from getting worse and ensure that am healthy all the time. So is good that because of the NHIS people visit hospitals quickly”(Ami)

4.2.2 Shift in healthcare service usage

Also the participants revealed that their enrollment onto the NHIS has precipitated a shift in healthcare service usage. According to them, their registration onto the NHIS has influenced them to change from traditional healthcare service to modern healthcare service. A participant asserted on this:

“I usually resort to traditional medicines to treat my illness but now I resort to hospital treatment due to the introduction of the scheme. At first, I only attend hospital after exhausting all traditional means. But God being so good now with the NHIS I don't even think of consulting traditional health providers.” (Owuo)

However, the participants indicated that the shift in healthcare centers was peculiar to minor sicknesses since traditional health providers cannot treat diseases such as HIV/AIDS.

“Yes is true that my subscription to the NHIS has influenced me to resort to modern health centers when need. But you know that the traditional health providers cannot treat our disease (HIV/AIDS)”(Awo).

A further interrogation revealed that, participants resorted to this shift from seeking healthcare service from traditional to modern due to the financial burden imposed by the modern day hospital.

“Hmmm, not because we liked the traditional health service provision, No, but the truth is we weren't having the means of attending a modern day hospital. Even the anti-retroviral drugs that we buy is sometimes difficult for us to get. That was the reason why we chose the traditional way for treatment of minor illness since that one is less costly” (Agya)

Also, another research participant reflected on the differences between the two health service providers. Suggesting the need for society to maintain them for proper and adequate healthcare provision.

“Though I have in a way resorted to the modern health services, I have not totally abandoned the traditional or orthodox healthcare services because I see a difference between them. There are some ailment such as curse and issues of spirituality which cannot be cured by the modern hospitals. So all are important to me.”(Afu)

Similarly, HIV/AIDS patients interviewed identified that even in terms of the modern healthcare centers, their subscription to the NHIS provides them with options to select the available healthcare center that addresses their needs. A participants explained how the NHIS have provided him with options in terms of available hospitals:

“yes, is not just about it boosting our habit of attending hospital, No. But it gives us the opportunity to select from the hospitals available the one which meets our satisfaction. All that I need is to register and pay my premium, I have the liberty to attend any hospital of my choice around the country.”(Afi)

On the contrary, some (10 of 17) of the research participants indicated that the option to select any hospital of their choice is being limited by the implementation of the capitation policy:

"Is true at first we could attend any hospital that we want but now they are saying we should stick to one hospital all because they have implemented some capitation what, I don't know"(Manu).

Excerpts by the research participants suggest that the capitation in NHIS has been a hindrance to beneficiaries. Therefore, policy makers of the NHIS scheme should consider amending the capitation policy to ensure that it meets the demands of beneficiaries. However, it must be noted that the capitation policy is at the piloting stage, which makes amendments easy.

4.3 What are the Challenges in the Implementation of the NHIS in Kumasi?

This objective sought participants' opinion on the challenges facing the implementation of the NHIS in Kumasi. In-depth interview with the research participants revealed drug shortage and reluctance from healthcare workers as two key challenges facing the NHIS in Ghana. The identified challenges suggest that the NHIS though identified as a major social intervention programme appears to have a frail achievement.

4.3.1 Drug shortage

When asked a major challenge facing the NHIS, majority research participants (14 of 17) opined shortage of drugs at the hospitals. According to them, majority of the hospitals complain of drug shortage and unavailability of drugs. A careful review of the response by the participants suggest that the challenge of drug shortage is mostly faced by HIV/AIDS patients and others with severe ailments such as cancer, asthma etc. A participant reflected on how the shortage affect the implementation of the NHIS:

"I really like the scheme, it helps those of us who cannot afford the cash and carry system. However, my concern with the NHIS is the frequent drug shortage. Almost every time that I visit the hospitals, these doctors will have an excuse to give when it comes to issuance of drugs. Sometimes too when we come they will tell us that we have to buy the anti-retroviral drugs and other medicines though we have been informed that our sickness (HIV/AIDS) are covered by the scheme. That's the more reason why we registered" (Afu).

When asked about their source of decision to register, 15 of the 17 participants indicated that they were influenced by friends, colleagues and family members:

"I didn't know about the scheme until a friend informed me to register. Specifically, he told me to register since it covers the anti-retroviral drugs. Though I felt reluctant, but pressure from my family impelled me to register" (Kwaku).

Also, a participant added to this by indicating that the habit of drug shortage affect enrollment:

"Me for instance, when the current date expires I will not register onto the scheme again. Because it's turning to be a waste of resources when you register onto the scheme due to the frequent complaint of drug shortage. Even if they will give us drugs, they give only petty drugs we can afford. Vital drugs such as the anti-retroviral drugs are always not given. The only excuse they give to us is that, the anti-retroviral drugs are not covered by the scheme" (Amu).

The assertion by the HIV/AIDS patients suggest that they have little education on the NHIS, as a result they register with wild expectation only to be disappointed by realities. This suggest the need for community education for persons with HIV/AIDS in order to sensitise them on the realities of the NHIS.

4.3.2 Workers posture and professionalism

Evidence from the narrative of the research participants revealed workers posture and mannerism as a challenge to the successful implementation of the NHIS program. According to the HIV/AIDS patients, the posture and appearance of the health care workers during case sections communicate non-verbally about their intentions and interest in the engagement with the patient involved. A participant shared her opinion on how this is manifested during case sections:

"The way some of the workers conduct themselves communicate a lot to us. Some immediately they see you then their mood changes, they frown their face, others fidgeting and falling to look straight into our eyes during discussion sections. These all communicate to us that they are not interested in the engagement they are having with us" (Manu).

Also, another research participant added to this by indicating that some healthcare workers accompany their non-verbal cues with verbal utterance during meetings:

“Not only showing signs that they are not interested in engaging us, some go to the extent of shouting at us and making us confused even though we are sick and need to be accorded with the necessary care and attention. In my case for instance, I didn’t know where the OPD unit was located so one of the Nurses directed me there and unfortunately I got lost and returned back to her for further direction. She vehemently shouted on me telling me that we go to school for nothing simple instructions we cannot follow then what is the essence of our education.”(Ami)

This implies that some health care workers lack the needed training and skills required to work in health centers since their attitude in these units are critical to the wellbeing of patients who visit the hospital. More so, it appears that the research participants understood the behavior of the health workers as a hindrance to the implementation of the NHIS:

“I think is because of the NHIS, else I don’t think they will treat us this way if we were making directs payments for service rendered, as practiced in some private hospitals.”(Adja)

5. DISCUSSION AND IMPLICATIONS

This study sought to examine the views of HIV/AIDS patients on the effect of the NHIS programme. The specific objectives the study sought to achieve were; the effect of the NHIS on healthcare usage among HIV/AIDS patients and the challenges associated with the implementation of the NHIS in Ghana. Findings from the study revealed that subscription to the NHIS has the propensity of influencing patients source of seeking healthcare assistance [14]. As majority of the HIV/AIDS patients interviewed argued that their subscription onto the NHIS influenced their decision to seek formal health care assistance instead of traditional or unofficial healthcare service [4,5]. This contradict the argument that there is no relationship between subscription onto the NHIS and the use of traditional medicine [15]. More so, it emerged that subscription to the NHIS influenced the HIV/AIDS patients to proactively seek healthcare assistance. This implies that, as more people subscribe to the NHIS the higher the assurance of a healthy population since their subscription

culminate into proactive health seeking habit. Further, participants in this study posited that the NHIS provided them with options in terms of selecting health care facilities they prefer. Though unique to this study, the participants argued that their options are gradually weaning due to the implementation of the capitation policy. The research participants identified the capitation as a major hindrance to the successful implementation of the NHIS in Ghana.

Recounting on specific challenges facing the implementation of the NHIS, the HIV/AIDS patients identified hospitals complaint of drug shortage as a major hindrance. Though majority of the research participants agreed that this was specific to people with terminal illness including HIV/AIDS patients, cancer etc which confirms the findings by Vidyattama et al.[5] on sicknesses and their influence on patients health seeking behavior. However, their argument suggests that less priority is given to such underserved population under NHIS. Similarly, it emerged that HIV/AIDS patients lack of education on the NHIS predisposed them to influence from friends and family members, as they were made to believe that the NHIS covers the anti-retroviral drugs which is vital to persons with HIV/AIDS [1]. This resulted in abridgment of expectation for the HIV/AIDS patients as realities unfolded.

Finally, the study participants identified health workers mannerism and postures as a challenge to the successful implementation of the NHIS in Ghana. This corroborate the findings that subscribers dissatisfaction with healthcare providers leads to their removal from the NHIS [6,14,25] Specifically, De Allegri et al., [10] revealed that patients dissatisfaction with healthcare workers influences their decision not to enroll on to the insurance schemes.

6. LIMITATION OF THE STUDY

Despite the fact that the study has explored an uncharted area such as the views of HIV/AIDS patients on the NHIS programme in Ghana. The use of other sampling techniques may provide different result considering the bias nature of snowballing technique.

7. CONCLUSION AND RECOMMENDATIONS

Studies on the NHIS in Ghana, specifically on underserved population such as persons with HIV/AIDS is sparse. Therefore, this study has

contributed to knowledge on the NHIS in Ghana by highlighting the ordeals and prospects of the NHIS from the perspective of persons living with HIV/AIDS. Considering the dearth of literature, this study will open up new discussions on underserved population under the NHIS. As it emerged that, these population's lack of knowledge on the NHIS ruined their expectations of registering onto the scheme. The study concludes by suggesting that, policy makers should consider conducting education programmes on the NHIS and other social interventions for underserved populations to ensure that intentions of enrollment are being realised.

CONSENT

As per international standard or university standard, participants written consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard or university standard, written approval of Ethics committee has been collected and preserved by the authors.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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