Extended Abstract

Pregnancy related illness and death account for a significant proportion of lifetime risks encountered by women around the globe. Most of the Worlds maternal deaths occur in developing nations. The world focus on reducing maternal mortality is centred on the call for all women to have access to quality maternal health services which includes ante-natal care, and professional skilled birth attendant, emergency obstetric care, and post-partum care. The millennium Development Goal 5 seeks to reduce maternal mortality ratio by 75 per cent between 1990 and 2015 as well as to increase the percentage of births attended by skilled birth attendants from 40 per cent in 2005 to 60 per cent in 2015. It is against this backdrop that various governments have instituted exemption policies and strategies to address women's peculiar vulnerability to maternal morbidity and mortality.

Ghana as a developing country experiences high fertility, high maternal deaths and high maternal morbidity. The maternal mortality rate persistently remained at 214 in 100,000 live birth for some time up to 2000, reduced to 204 in 100,000 in 2002 and then to 187/100,000 in 2006. . These indicate that mortality has not improved significantly (GHDC, 2007) and that under this situation Ghana will hardly be able to meet the MDG target of reducing maternal mortality by three quarters, that is from 214 to 56 in 100,000 by 2015.

In 2005, Ghana instituted a national free maternal delivery policy to exempt women from paying fees in connection with maternal delivery and to increase the proportion of births supervised by skilled health attendants.Researches on the free maternal delivery policy have focussed on policy makers, health managers and health providers and and in some cases households and not women specifically((IMMPACT,2005;,Wittie et al 2007,2009.Wittie and Adjei 2007,Ammar-Klemansu et al,2006; IMMPACT,2007, Asante *et al.,* 2007).Women's voices have therefore been ignored in a social policy that affect directly. . It is important to fill the gaps in knowledge by exploring the extent to which women have gained access to

skilled birth attendants and their perspectives on the policy. The questions are; Has the policy really improved access to quality maternal delivery services? What are the concerns and constraints of women in accessing quality maternal health services? What are the inherent equity and human rights issues? The outcome of the study can generate valuable information in improving the policy to meet women's felt needs and concerns and address the barriers in access and enhance equity to the free maternal delivery policy in Ghana.

A qualitative case study approach was used, drawing on in-depth interviews conducted with women who have had deliveries during the implementation of the policy. The population of this study is rural community in the Ashanti Region, one of the ten regions in Ghana which has been identified as the highest contributor to the maternal death situation after the introduction of the free maternal delivery policy, contributing around 20% in 2006. The demographical details of respondents were however analyzed quantitavely using percentages .In-depth interview generated detailed information and were analyzed qualitatively using the constant comparative approach where data is sorted, coded and organized according to key themes and emergent categories for conclusions to be drawn. (Miles and Huberman,1994; Hewitt-Taylor,2001).

The results showed that ninety seven per cent of interviewees were aware of the policy and got information through local FM stations and ante-natal services. Almost the same percentage had access to ante natal and post natal services. Yet,only 44% actually had access to skilled birth attendants. Various factors other than institutional restrained access and made the policy inequitable to some women. Relying on the voices and experiences of respondents, limitations found were women's inability to exercise their right of choice as to where they wish to deliver and unavailability of transport at the onset of labour. The results also portrayed limitations based on unofficial expenses such as transpotation cost and certain

demands made for deliveries at the hospitals which were beyond their ability as poor rural women. Major concerns about hospital deliveries were the, unfriendly attitude of nurses and bad road networks to the hospital in addition to concerns about sustainability of the policy. These constraints were different from the results of research which were not conducted from women's perspectives. The constraints and concerns raise worries about of access, equity and human rights. The study shows that some women are excluded from enjoying the free maternal delivery policy by reason of financial constraints induced by poverty. Despite the fact that the policy was introduced to ease financial access and address iniquity some women's access to skilled birth attendants is still limited by other unconventional expenses and indirect costs associated with delivery which still favors the rich and serves as a barrier for many poor women. In such circumstance those who cannot afford forfeit their right to reproductive health specifically to skilled birth attendants Yet according to CEDAW Article 12 and 14 every woman has a right to the provision of access to affordable and the highest attainable standard of reproductive health services (CEDAW article 12&14). Wittie *et al.* (2009) and Ofori Adjei (2007) have commented on equity issues arguing that the universal exemption still favors the rich . The disparities in health status among a cross section of women in Ghana is of much concern particularly considering that equity is an essential goal of health policies. Achieving equity among all Ghanaian women in access to the free maternal policy is to reduce avoidable differences between women of all walks of life in health opportunities.

The importance for inclusion of women's voices in the policy to address women's direct concerns cannot be overemphasized. The findings call for critical consideration of these informal costs and hidden concerns that may inhibit access to the enjoyment of Ghana's free maternal delivery policy.There is the need to review the policy by considering non-institutional constraints that limit access in order to promote equity. Lessons drawn from this

study can inform other countries starting or planning to implement free maternal delivery policies.

Key Words: Free maternal delivery policy, Access and equity, skilled birth attendant, women’s voices reproductive rights,