

Mutual Aid in Paying Medical Fees: Acceptance of the National Health Insurance Scheme in Southern Ghana

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In 2004, the National Health Insurance Scheme (NHIS) was introduced in Ghana, and the scheme has since become widely used. The people concerned can now select a new way of paying medical fees. This paper discusses how the new way of paying medical fees is related to face-to-face mutual aid. Previous studies in anthropology and sociology suggest that insurance has undermined face-to-face mutual aid, replacing it with anonymous mutual aid and individualistic preparation. Additionally, in Sub-Saharan Africa, since structural adjustment, paying medical fees has been one of the activities that most activates face-to-face mutual aid. In that context, we can speculate that NHIS in Ghana has replaced face-to-face mutual aid in the payment of medical fees through anonymous mutual aid and individualistic preparation. However, by examining experiences taking out insurance, this paper illustrates that NHIS is not necessarily undermining face-to-face mutual aid, but is producing a new domain for face-to-face mutual aid.

If an uninsured person incurs a high medical bill, they can resort to face-to-face mutual aid, such as with family members or friends. However, it is rare that someone resorts to it for insurance. Because of that, it can be said that the existence of health insurance tends to weaken face-to-face mutual aid when medical fees are paid. Yet, the importance of face-to-face mutual aid is preserved in other domains.

In order for children under 18 years of age to become insured, they require a household head to be insured. However, there is some ambiguity regarding this household head. First, it is rare for only parents to rear children. Instead, an extended family based on brother-sister ties collectively cares for the children. Secondly, children often move from one family member's town to another. So if NHIS strictly defined the household head, it would leave many children ineligible for insurance.

Under that ambiguity, there is room for insuring a child whose parents are uninsured by looking for a suitable household head via existing social networks or face-to-face mutual aid. We could interpret that situation as people's resistance or appropriation. But, at the same time, it should be emphasized that this situation is led by NHIS, which requires household-based registration without a strict definition of household head.