**Introduction**: Evidence from sub-Saharan Africa (SSA) suggests that most health programs and interventions in the region focus primarily on people in the lower economic ladder

Poverty in the SSA is however gradually reducing and the middle class is said to be growing as evidenced in a recent study conducted by Standard Bank amongst 11 of SSA’s top economies.

Ghana was one of the 11 countries included in the standard bank study and results from the country suggests that urbanization in the country appears to be increasing. It is anticipated that by 2020, the urban population will be 60% compared with the current 45%.

Associated with the increased urbanization is a major threat to women’s health as evidenced in a recent study conducted in Accra, Ghana. There appears to be the rising levels of obesity and hypertension in addition to challenges with sexual and reproductive health amongst women. In light of this, PharmAccess and The Embassy of Kingdom of the Netherlands (EKN) in Accra (Ghana) examined ways to provide input for development of a model for a network of women clinics with the view to developing a business strategy that meets their demands using demand assessment. The demand assessment is also expected to provide information on health consumption profile, lifestyle and daily activities of the participants.

**Methods:** This was a qualitative study using Focus Group discussions (FGDs) and Individual In-depth Interviews (IDIs). Five FGDs and 30 IDIs were conducted amongst middle class women Accra and Tema Metropolitan areas. For the FGDs, purposive sampling was employed amongst five main groupings. Each grouping comprised of at least 10 people. Respondents for the IDIs were recruited through networking and snowballing. Interviews were recorded and transcribed verbatim. Responses with common themes and subthemes were aggregated and quotes reflecting these were produced for report writing.

**Results:** The emerging themes and subthemes from the study ranged from ‘lifestyle of respondents’ to their perception on ‘standard care’ and if they were prepared to pay for quality care’. Respondents also spoke about the role of the National Health Insurance Scheme (NHIS). One of the respondents had this to say:

*“NHIS but has expired. Am not motivated to renew because when you go to the hospital the process is long and the doctor barely has time. I would prefer my cash and carry” (IDI with a woman).*

**Conclusion:** Most middle class women have the same lifestyle and daily activities. They are interested in a model of network clinics which caters for their health needs.