

# Gender based Disparities in Healthcare in Developing Nations- A Comprehensive Review

Swapna Nadakuditi

Sr IT Business System Analyst, Florida Blue, USA

## ABSTRACT

Gender plays a pivotal role in healthcare access and outcomes with disparities, particularly in developing countries. The lack of education, systematic discrimination, lack of access to financial resources, religious and cultural beliefs are some of the reasons why women in particular face challenges to the access to basic health care services in the developing nations. Lack of support from families and spouses in general due to the social norms established is another reason why there is delayed in seeking medical diagnosis and treatment leading to worsening of condition or death in many cases. To promote gender-sensitive healthcare access and ensure health equity requires a multi-step approach from promoting education and healthcare awareness, policy reforms, member outreaches, access to basic needs such as food and safe drinking water. Through these efforts, there is possibility to reduce the disparities that exist in the current healthcare system and promote access to quality healthcare.

This article explores how gender intersects with healthcare in these nations shedding light on the issues and obstacles faced by women. Additionally, the article aims to showcase gender-based approaches that can be implemented to provide targeted programs and strategies for addressing the challenges mentioned. This will be achieved through analysis of case studies and existing literature.

## \*Corresponding author

Swapna Nadakuditi, Sr IT Business System Analyst, Florida Blue, USA.

**Received:** January 01, 2024; **Accepted:** January 12, 2024; **Published:** January 22, 2024

**Keywords:** Disparity, Gender Equality, Feminism, Childbirth, Reproductive Rights, Developing Nations, Nego Feminism

## Introduction

Developing countries are countries which usually have an agriculture-based economy and have a lower standard of living compared to other developed countries. The statistics vary significantly on gender equality, Human Development Index (HDI), Gross domestic product per capita (GDP per capita), and less importantly economic diversity. Places like Central Asia, South Asia, and North Africa have larger gaps especially in healthcare access due to cultural norms and poverty. Transgender and Nonbinary (TGNB) individuals also face discrimination in being able to take healthcare in these countries. Afghanistan is notorious for being one of the lowest in scales of gender equality ranging from education and economic opportunity to discrimination by healthcare access. Women, Girls, and Gender Minority representing people are barred to basic services especially in developing countries than anywhere else.

These nations are those who have legacies of long colonial rule and now extremism with current religious beliefs. Corruption, crime, internal conflict are some of the things that contribute to these nation's Instability. Nego feminism is an African idea of feminism which involves compromise. Along with these standings, these nations are plagued by poverty, maternal mortality, lack of reproductive rights and disparities in healthcare [1]. These nations are usually mainly rural and agriculturally based. These nations are usually in dire need of assistance.

## Literature Review

In a brief written by Kendal Orgera, she lists 5 questions based off disparities, the status and future of these disparities along with policies especially in the United States to try to solve these disparities [2]. This essay is based on three especially developing nations which usually have very high political violence in these countries. Most women in these countries are the heads of families and face harassment and intimate violence usually doing unpaid domestic work and are cut off from the labor force and educational opportunities. This is especially the case with countries like Afghanistan who are under extremist rule from a military offensive in 2021 that lead to increased disparity and violence in the country. South Sudan and Nigeria the youngest country as of now after independence faces a human rights and humanitarian crisis. As of now, the young country has political conflict, and their opposing forces as well as militias, gangs, and terrorist groups who have military goals. All these countries have hardships for women who live there especially concerning reproductive rights and sexual violence.

## Nigeria

The nation has a Human Development Index score of 0.539 which puts it in the low development category, the country has a very low gender equality statistic of one third of a percent, and for gender gap reduction- The country ranks 128 out of 153 countries. The nation which has seen major economic and development improvements which is considered the cornerstone of West Africa sees harsh treatment of women due to "enriched cultural traditions and religious beliefs." 51.5% of women aged 20 to 24 were married before the age of 18. The adolescent birth rate for women ages 15-19 is 15.81%. Maternal Mortality is one of the highest in these nations with 1.47% percent of live births ending up dying [1].

The human immunodeficiency virus (HIV) epidemics are plaguing Nigeria which the country has the largest issue of HIV in Sub-Saharan Africa and the second largest in the world where 1.9 million (5% of 2019 HIV population) people are currently living with HIV4. Young people consist of 40% of the current population living in Nigeria with the infection. In 2019- Sub-Saharan Africa had 25.6 million people living with HIV. In 2020- forty-nine thousand acquired immunodeficiency syndrome deaths happened that year alone. In Sub-Saharan Africa, women face heavier challenges than their male counterparts in terms of infection. A study done across 422 HIV-positive adults in a clinic in Lagos was done to understand gender disparities. This was done with a pretested semi structured questionnaire. Having HIV in developing countries, especially these three have a social stigma which can result in unemployment, lower income, social rejection, and disruption in a relationship [1]. This can make life harder for women plus the fact that they are often neglected when they are sick. The study found that females with HIV/AIDS faced significantly more socio-economic consequences compared to males, including higher levels of cruelty, isolation, workplace discrimination, physical abuse, extortion, and greater costs of care outside of antiretroviral therapy. Specifically, there was a marked difference in experiences between genders, with more females reporting instances of cruelty workplace discrimination, physical abuse, extortion, and bearing higher costs of care outside of antiretroviral therapy. They are also not as financially empowered as their counterparts and need more care.

In a report on surveillance of human immunodeficiency disease, testing for youth and women- a significant part of how this virus is treated is often stigmatized and blocked. This is also due to cultural and societal norms among others. A common way of transmission is mother-to-child transmission of HIV, and antenatal care (ANC) is not commonly accessed due to structural barriers, cultural norms, stigma, and low rural access.

### **Afghanistan**

Afghanistan has been under extremist and terrorist rule which has claimed authority over the military and government but others are notable including the Islamic State and Islamic Revolutionary Guard Corps. Less than 2% of women receive maternal cash benefits, female food insecurity is 71.5%, the maternal mortality ratio is 219 to 50,000, Women aged 15-19 years give 62 births out of 1000, more than a quarter of women are in a union before 18, and 34.7% of women in a union were subject to violence by a partner [3].

Men and women alike in the nation have low health literacy, and women usually needed male chaperones and did not have anatomy over their healthcare decisions. The nation also had the second highest maternal mortality rate in the world. The country ranked 169th for gender inequality reflecting hardships in reproductive health but also their access due to cost of transportation and medicines. These lower healthcare standards are also due to rules from the extremist rule, like prohibiting male doctors to help a female patient considering there were few female doctors due to education policies. One of the biggest problems is international economic pressure which makes common medicines accessible. In a study, 95% of people reported they had difficulty affording food, this statistic can also provide insight to poor infant mortality numbers [4].

Médecins Sans Frontières explains that “In December 2022, the government of Afghanistan announced its decision to bar women from employment in non-governmental organizations and from

university-level education.” More than 60% of survey respondents agrees women face more healthcare barriers than men [5]. The country’s stability is mainly due to donations from international organizations such as the World Bank. Rules in the country prohibit women from having higher government jobs and education leading to little female doctors for the nation.

Even with these statistics, the nation still has one of the highest fertility rates in the world, around every 30 minutes- a woman dies giving childbirth. Only 3% Only 11 provinces in the country have adequate care. A survey conducted by the Physicians for Human Rights reported 92% of reported maternal deaths were from rural areas in the country. The nation has little road and transportation systems leading to inadequate ways of having to go to clinics far away from rural areas which still have limited healthcare options. Even if a women can go to a clinic, the quality of healthcare is low provided most clinics only have less than 10 doctors and in 1 case 30 beds for 250,000 childbearing aged women in a region [3]. Cultural stigmas make the situation harder for the women living in Afghanistan. The nation is heavily influenced by religious laws. More could be done to provide adequate transportation, uphold the personal and constitutional rights of women in the country, but more importantly convince the leadership of the country to value education for women. Efforts are made to restore power back to the previous formal government which is hoped to value these rights for women. Activism around the world and international support is helping the nation too.

### **Strategies to Address Gender-Based Disparities in Healthcare**

**Gender-Sensitive Healthcare Services:** There is an immediate need to ensure the health care services offered considers the specific needs of all genders including men, women, and non-binaries. The healthcare organizations should include programs and services related to access to preventative care such as vaccinations for life threatening diseases, reproductive health care, access to menstrual products for women, programs to address the stigma around mental health issues in both men and women and provide gender-affirming care and services for non-binary individuals. Ensuring men are involved in the reproductive health programs through targeted outreaches and education programs will promote the importance of family planning, prenatal care, and safe birthing processes. This helps families to make better decisions related to family planning and help in reducing the cases of postpartum depression among women [6].

### **Gender-Responsive Health Policy and healthcare financing:**

The developing nations should include a robust plan to support the needs for gender specific in terms of healthcare legislation and policies to ensure there is no discrimination to the access to care based on one’s gender. Creating subsidies for healthcare services for vulnerable populations such as women and non-binaries, incentivizing healthcare providers and physicians that support gender-sensitive care and providing improved access to health care are some ways the governments can step in to promote gender equity. Allocating funds and resources to tackle gender related health conditions, enforcing penalties for the repeat offenders of discrimination, and creating an ecosystem for promoting gender equality in healthcare is critical for the growth of any developing nation.

### **Women’s Empowerment and promoting leadership:**

By promoting women in leadership positions specially in governments, healthcare organizations and academia can foster gender-sensitive policies and programs. These policies can ensure women are educated about their health, provide services related to safe

pregnancy and childbirth, access to mental health counsellors and many more there by providing an opportunity for women to voice in the matters related them and be part of the decision-making processes.

**Combatting Gender-Based Violence:** Gender based violence is another important factor acting as barrier to healthcare access and this predominantly affect women and girls. Enforcing strict policies to prevent these gender-based violence, providing support services for the survivors and eliminating the societal stigma and norms associated with birth of girl child are crucial steps in eliminating these barriers.

**Integration of Gender into Health Data Collection and Research:** It is important to collect healthcare data segregated by gender to gain better insights and address the gender-based disparities that exist in healthcare access. This would enable the governments and healthcare organizations to conduct better research and come up with programs for targeted interventions to address the specific gender-specific healthcare needs.

### Conclusion

Understanding the disparities that exist in healthcare access in the developing and addressing these issues is critical for the development of every nation. Promoting gender specific healthcare equity by implementing policies and strategies to address these issues can ensure that everyone has access to quality healthcare. To achieve this requires improved collaboration among the

government, healthcare representatives, and support from internal and external civil society organizations to foster and promote gender-sensitive policies and practices. By enabling equity in healthcare, we can improve the health-outcomes of not just gender minorities and women but also ensure economic growth in these developing nations.

### References

1. Ntoimo Oufol, Yaya S (2023) Seeking maternal health care in rural Nigeria: through the lens of negofeminism. *Reproductive Health* 20: 103.
2. Orgera K, Artiga S (2018) Executive Summary 1. WHAT ARE HEALTH AND HEALTH CARE DISPARITIES?.
3. Abreu R (2011) Reproductive Health for Afghan Women: Decreasing High Reproductive Health for Afghan Women: Decreasing High Maternal Mortality Rates by Increasing Access to Reproductive Maternal Mortality Rates by Increasing Access to Reproductive Health and Education A.
4. Ezadi Z, Mohammadi N, Sarwari R, Jafari SM (2022) Afghan women and access to health care in the past 25 years. *E Clinical Medicine* 43: 101235.
5. Afghans deprived of healthcare by poverty, restrictions and a dysfunctional system MSF <https://www.msf.org/afghans-deprived-healthcare-poverty-restrictions-and-dysfunctional-system>.
6. UN Women Nigeria <https://africa.unwomen.org/en/where-we-are/west-and-central-africa/nigeria>.

**Copyright:** ©2024 Swapna Nadakuditi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.