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SYSTEMATIC REVIEW

Factors Influencing Women's access to Healthcare Services in Low- and Middle-Income Countries: A Systematic Review

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ABSTRACT

Gender inequalities in accessing healthcare services, particularly in low- and middle-income countries (LMICs) are consistently reported in the literature. Financial constraints and greater distance from healthcare facilities are the most reported barriers to the limited accessibility of women to healthcare services in these countries. However, these two barriers are not specific to women as men living in these countries also face these barriers, then why do gender disparities exist in accessing healthcare services? **Objective:** To explore this question, we conducted this study to identify factors influencing women's access to healthcare services in LMICs. **Methods:** A review article was conducted in September 2023. PubMed, CINHAL, EMBASE and HMIC databases were searched. Additional searching was performed in Google Scholar. Qualitative studies published from the earliest record to August 2023 which reported barriers to women's access to healthcare services in LMICs were included. **Results:** Results showed that individual-level factors that influence women's access to healthcare services in LMICs include economic status and knowledge and beliefs, inter-personal level factors include social norms and support from family and friends, community-level factors include support from community members and transportation facilities while system-level factors that influence women's access to healthcare services include the availability of healthcare services and providers, the role of the medical fraternity, health insurance coverage, availability and implementation of effective policies and evidence-based practice and research. **Conclusion:** The review identified a wide range of individual, interpersonal, community and system-level barriers that hinder women residing in LMICs from accessing appropriate healthcare services. There is a need to develop cost-effective, culturally appropriate approaches, guidelines, and policies to improve women's access to healthcare services in LMICs.

INTRODUCTION

Access to healthcare services refers to timely access to affordable, accessible, and acceptable quality healthcare to accomplish the best health outcomes [1]. Access to healthcare services is crucial to promote and maintain physical and mental health because timely and affordable access to healthcare reduces the burden of physical and mental health conditions [2]. It assists in the prevention and management of disease conditions and reduces secondary complications associated with various diseases such as communicable and non-communicable diseases [3]. Evidence suggests that access to healthcare services significantly reduces morbidity and mortality and thus equitable access to healthcare services needs to be ensured as it can incredibly reduce direct and indirect costs associated with various disease conditions [4]. Despite this, an extensive body of literature suggests that huge disparities exist in accessing and utilising healthcare services. Particularly there are consistent reports that women have limited access to healthcare facilities [5]. Gender inequalities in accessing healthcare services, particularly in low- and middle-income countries (LMICs) are consistently reported in the literature [6]. Financial constraints and greater distance from healthcare facilities are the most commonly reported barriers to the limited accessibility of women to healthcare services in these countries [7]. However, these two barriers (financial constraints and greater distance from healthcare facilities) are not specific to women as men living in these

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countries also face these barriers [8]. Then, why do gender disparities exist in accessing healthcare services? To explore this question, we planned this study to identify factors influencing women's access to healthcare services in LMICs.

METHODS

A review article was conducted in September 2023. PubMed, CINHAL, EMBASE and HMIC databases were searched. Additional searching was performed in Google Scholar. Research studies published from earliest record to August 2023 which reported barriers to women's access to healthcare services in LMICs were included. Conference papers, editorials, case reports and letter to editors were excluded. A search strategy based on keywords "women", "healthcare", "system", "services", and "LMIC" was devised to search in different databases. The World Bank classification of countries based on economic status was used to define LMICs [9]. The retrieved articles from different databases were imported into Covidence for screening. Two independent reviewers first performed title & abstract and then full text screening. Similarly, two independent reviewers performed data extraction from included studies.

RESULTS

Initial search in different databased retrieve 3286 records. After duplicate removal 2457 articles remained. At title and abstract screening stage, 2362 were excluded. Full text of remaining 95 studies were retrieved and 76 studies were excluded at full text screening stage. Finally, 19 studies were included in the review [1, 4, 8, 10-25] (Figure 1).

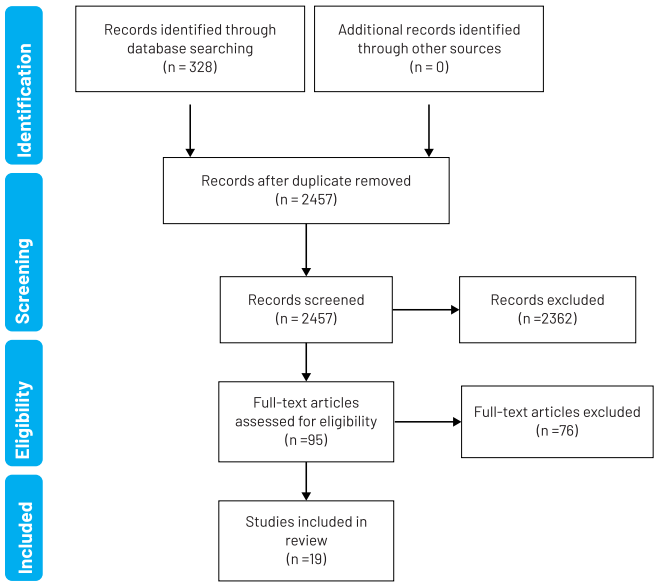

Figure 1: PRISMA flow chart

Factors influencing access to healthcare services were divided into individual level factors, interpersonal level factors, community level factors and system-level factors.

Individual Level Factors

Individual level factors that influence women's access to healthcare services includes economic status and knowledge and beliefs.

Economic Status

Poverty is one the main barriers that restrict women from accessing healthcare services. Though financial constraints also exist for men, it is more prominent for women. In LMICs, most women are dependent on their male partners and thus women mostly remain economically marginalised. In these countries, women mostly handle domestic responsibilities such as household chores and care of children while men are mainly the sole breadwinners for the family due to which females mostly remain dependent on male family members for financial matters throughout their lives. Women who perform duties and earn are also not independent in accessing healthcare services because mostly they are not allowed to spend money without permission of male partners. Moreover, women's wages are almost always less than their male counterparts. Therefore, women living in LMICs cannot access healthcare services until and unless male family members provide financial support.

Knowledge and Beliefs

The second individual level factor that prevents women from accessing healthcare services is women's knowledge and beliefs about disease conditions and their treatment. Majority of women residing in LMICs lack awareness about prevention and early recognition of disease conditions. They ignore disease conditions in mild and moderate stages, and they only prefer to access healthcare facilities once the condition is exacerbated. They generally are not aware of the health promotion strategies and healthy lifestyle behaviours such as health diet, physical activity and psychological counselling and thus they visit healthcare facilities only if they have serious conditions which need costly medications and/or surgeries. In addition, myths and misconceptions are common among women residing in these countries. For example, they consider disease conditions as a curse from God and therefore they search its treatments in spirituality. Particularly, mental health conditions are generally considered the result of supernatural powers, therefore women access faith leaders to manage it. Similarly, women often visit traditional healers for their physical and mental health issues, instead of accessing healthcare services.

Interpersonal Level Factors

Interpersonal level factors that influence women's access to healthcare services include social norms and support from family and friends.

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Social Norms

Besides financial dependence, women residing in LMICs are also socially dependent on male partners. Generally, women do not have decision making powers and even women's health related decisions are taken by male family members. For accessing healthcare facilities, women often need permission from male family members. In some LMICs, women are not allowed to travel alone due to cultural and religious reasons and thus for travelling to healthcare facilities, male family members must accompany women. All these factors hinder women's access to healthcare services as they are not socially independent to take decisions about their healthcare and to visit healthcare facilities.

Support from Family and Friends

Support from family and friends is a main determinant that defines access to healthcare services. However, available evidence suggests that women residing in LMICs often lack support from family and friends regarding health-related issues. Despite the family-centred system in these countries, women's health is seldom considered as a priority. Family members mostly try to tackle disease conditions with locally available traditional methods. Moreover, family members and friends often have limited awareness about the devastating effects of not accessing healthcare services. Because women residing in these countries remain dependent on family decisions, therefore, women cannot access healthcare services until family members or friends assist them in accessing healthcare facilities.

Community Level Factors

Community level factors that influence women's access to healthcare services include support from community members and transportation facilities.

Support from Community Members

In majority of LMICs, women are often considered as weak and submissive. In the male dominant societies in these countries, women are often deprived of their fundamental rights including equitable access to education and healthcare facilities. Community members generally do not support women with disease conditions which hinder their access to healthcare services. In addition, stigma associated with various disease conditions prevail in communities and thus women often do not disclose their disease condition to avoid stigmatisation. The negative attitude and perceptions of community members towards women with disease conditions often refrain women from accessing healthcare services in South Asian countries.

Transportation Facilities

Lack of proper transportation facilities in LMICs, particularly in rural areas is a main hindrance for women's access to healthcare services. Generally, the greater distance to primary, secondary and/or tertiary healthcare facilities refrains women from frequent visits to healthcare facilities for their healthcare needs. It is pertinent to mention that this barrier also exists for men, however, men can travel via bicycle or motorcycle however women cannot use these transport facilities due to prevailing cultural values and norms. Even public transport facilities are often user-friendly for men but not for women.

System-Level Factors

System level factors that influence women's access to healthcare services includes availability of healthcare services and providers, role of medical fraternity, health insurance coverage, availability and implementation of effective policies and evidence-based practice and research. Majority of these system level factors influence both genders, however, its impacts are greater for women.

Availability of Healthcare Services and Providers

Lack of affordable and quality healthcare facilities, particularly in rural areas of LMICs is a major barrier for women to access healthcare services. In some areas, the healthcare facility does not exist at all and in the areas where some kind of healthcare facility is available, it either lacks qualified healthcare professionals or lacks basic equipment and other facilities. It is pertinent to mention that South Asian countries allocate very small budget to healthcare and thus the healthcare system is far behind from developed countries.

Role of Medical Fraternity

The highly disparate healthcare system of LMICs is exacerbated by the response of the medical fraternity to women patients. Healthcare professionals in these countries often ignore symptoms communicated by women patients and do not provide proper time to women patients. Healthcare professionals often complain of workload and workforce shortages and dodge the patient's healthcare needs. This negative attitude of healthcare professionals often refrains women from accessing healthcare services as they are often not satisfied with healthcare professionals' approach. Moreover, healthcare professionals often prefer to assess patients in their private practices and thus women who visit healthcare professionals in public sector hospitals are often mistreated. In addition, racial differences, and language barriers often hinder women from presenting their healthcare needs to healthcare professionals. Furthermore, healthcare professionals in LMICs often go on strike for weeks and months and women who travel for far-flung areas have to go back without any consultation due to strikes of healthcare professionals. This often demotivates women to access healthcare facilities.

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Health Insurance Coverage

The concept of health insurance coverage is not common in most of the LMICs and therefore the majority of women residing in these countries are deprived of health insurance coverage, thus they have to cover healthcare costs from out-of-pocket expenses. The healthcare system does not provide any coverage for medical expenses and therefore women often face barriers in accessing the healthcare system.

Availability and Implementation of Effective Policies

Lack of effective policies to empower women's access to healthcare facilities is a major barrier to women's access to healthcare services in LMICs. Countries where policies are present in some forms are not implemented in true letter and spirit.

Evidence-Based Practice and Research

The principles of evidence-based practice and research are not practically followed in LMICs and the healthcare system and healthcare delivery in these countries still rely on traditional approaches. That is the reason that healthcare professionals in these countries does not consider women's needs and preferences, rather they follow the same set of rules for everyone.

Table 1: Summary of the included studies

Study name	Country	Objective	Findings
Arsh *et al.*, [10] 2023	Pakistan	To assess barriers & facilitators to physical activity in people with depression and type 2 diabetes mellitus	Women face additional barriers to accessing healthcare facilities. Financial constraints and cultural constraints are predominant, nonetheless, challenges at the healthcare system level such as workforce shortages, lack of resources and lack of insurance policies also hinder women from seeking healthcare services in the country. Moreover, lack of research and evidence-based practice refraining from utilizing optimal treatment options.
Devkota *et al.*, [11] 2018	Nepal	To assess the accessibility of maternal healthcare services to women with disabilities	Healthcare services are not equitably accessible to women with disabilities. Difficulties in transportation, lack of trained staff to deal women with disabilities, lack of resources and negative attitude are some of the prominent constraints.
Dey *et al.*, [12] 2018	India	To explore intersections of social determinants of maternal healthcare utilization	The interaction of wealth and literacy plays a strong role in the utilization of healthcare services by women. In addition, religion and women's age at marriage are also associated with access to healthcare services.
George *et al.*, [3] 2020	India	To assess barriers to accessing healthcare services	Lack of culturally respectful care, the discrimination of the community at healthcare facilities, and lack of decision-making power are some of the barriers that hinder women from accessing healthcare services.
Gill and Stewart [13] 2011	Multi-country study (Bangladesh, India, Nepal, Pakistan, and Sri Lanka)	To assess the relevance of gender-sensitive policies and general health indicators to compare the status of South Asian women's health	Existing policies did not consider the provision of equitable healthcare services to women. Economic, political, social, and cultural climates hinder women from accessing healthcare services.
Habib *et al.*, [14] 2021	Pakistan	To explore barriers to accessing healthcare services by women with a diagnosis of tuberculosis	Stigma, cultural barriers, financial barriers, lack of proper healthcare facilities and transportation are some of the factors that hinder women's access to healthcare services.
Hamiduzzaman *et al.*, [15] 2022	Bangladesh	To assess health services utilization barriers for rural elderly women	Marginalization in patient-staff relationships, poverty; social relegation, and mistrust of clinical treatment are some of the prevailing constraints to women's access to healthcare services.
Kaphle *et al.*, [16] 2022	Multi-country study (South Asian countries)	To explore enablers and constraints to respectful maternity care practice	Disrespect, abuse and maltreatment, particularly by women with socially disadvantaged and economically poor backgrounds hinder access to healthcare services.

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Kim *et al.*, [17] 2016	Afghanistan	To perform equity analysis of the utilization of health services in the country	Poverty, cultural barriers, lack of effective policies and lack of affordable healthcare services are the main barriers to women's access to healthcare services.
Kingdon *et al.*, [18] 2018	Multi-country study	To explore women's and communities' views of targeted educational interventions to reduce unnecessary caesarean section	Negative attitudes towards women's values and preferences, lack of interactions with health professionals and health system factors are some of the constraints that hinder women's access to healthcare services
Mishra *et al.*, [19] 2023	India	To explore access to maternal and child health services	Reduced transportation facilities, financial constraints and cultural barriers hinder women's access to healthcare services
Mondal *et al.*, [8] 2020	India	To examine the association between women's decision-making autonomy and utilization of maternal healthcare services	Lack of autonomy in decision-making and existing cultural values hinder women's access to healthcare services
Mukerji and Turan [20] 2023	India	To explore challenges in accessing and utilising health services for women	Lack of privacy, therapists' minimal interaction with patients, lack of patient-friendly services, transportation issues and myths are some of the barriers that hinder women's access to healthcare services
Panday *et al.*, [21] 2019	Nepal	To explore barriers to accessing Female Community Health Volunteers' services among ethnic minority women	Lack of knowledge, lack of trust, traditional beliefs and healthcare practices, low decision-making power of women and perceived indignities experienced when using health centres are some of the barriers that hinder women's access to healthcare services
Parkhurst *et al.*, [22] 2006	Bangladesh and Uganda	To assess barriers to accessing facility-based delivery	Poverty, transportation problems, sociocultural norms, traditional beliefs, myths and lack of decision-making power are some of the barriers that hinder women's access to healthcare services
Senarath and Gunawardena [23] 2009	Multi-country study (Bangladesh, India, Nepal, and Sri Lanka)	To explore women's autonomy in decision-making for healthcare	The lack of women's autonomy in decision-making is the single main barrier that hinders women's access to healthcare services
Tey and Lai [24] 2013	Multi-country study (Bangladesh, India, Pakistan, Kenya, Nigeria, & Tanzania)	To assess correlates of and barriers to the utilization of health services	Lack of education, poverty, , financial dependence and lack of decision-making power are some of the barriers that hinder women's access to healthcare services
Thomas and Narayan [25]	India	To assess attitudes and barriers to managing reproductive tract infections among marginalized fisherwomen	Financial constraints, lack of affordable healthcare services and low education level are some of the barriers that hinder women's access to healthcare services
Zegeye *et al.*, [4] 2021	Benin	To assess barriers to accessing healthcare services by women	Poverty, stigma, cultural values, and lack of healthcare facilities are some of the barriers that hinder women's access to healthcare services

DISCUSSION

The current review study was conducted to assess barriers that hinder women's access to healthcare services in LMICs. Economic dependence of women appeared to be the main individual level factor that influence women's access to healthcare services in these countries. Contrary to women's residing in LMICs, women in high income countries (HICs) are financially independent and thus they are relatively free to access healthcare services even without financial support of male partners [26]. Moreover, healthcare coverage is generally provided by the government and thus women who are not financially independent, can also access and utilise healthcare services [27]. Thus, it is reasonable to infer that financial dependence, poverty and high healthcare's costs are some of the factors that hinder women's access to healthcare services in LMICs compared to HICs [28]. Another individual level barrier that appeared to influence women's access to healthcare

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services is women's knowledge and beliefs about health. Compared to women residing in LMICs, women in HICs are mostly aware of accessing healthcare services even for mild to moderate conditions [29]. Early identification of mild symptoms and early detection of disease conditions halt the disease progression and thus best health outcomes are achieved [30]. Similarly, myths and misconceptions are less prevalent in HICs [31]. Likewise, only registered qualified healthcare professionals provide healthcare services in HICs. Govt. cracks down on quacks, resulting in lesser avenues for quacks to exist [32]. Interpersonal level factors such as social norms and lack of support from family and friends also appeared to hinder women's access to healthcare services. In comparison, women living in HICs are socially independent and have decision making power regarding their healthcare, therefore they have no social restrictions to access health care services [33]. Though the family system is not strong enough, however, family and friends are mostly supportive in the provision of healthcare services in HICs. This may be due to the knowledge of family and friends about healthcare needs [34, 35]. Similarly, community level factors such as lack of support from community members and lack of transportation facilities also appeared as constraints to accessing health care services. Contrary to LMICs, women in HICs have equitable access to healthcare services [36]. Moreover, disease conditions are not considered as a stigma and thus women with disease conditions are not stigmatised in HICs [37]. Likewise, transport facilities are much more advanced in HICs and women never or seldom face any difficulties related to transportation and thus have ease in accessing healthcare services [38]. The system level barriers including lack of availability of healthcare services and providers, negative attitude of medical fraternity, lack of health insurance coverage, non- availability of effective policies and lack of evidence-based practice appeared to be a main constrain for accessing healthcare services in LMICs. In most HICs primary healthcare facilities are accessible to everyone, however majority of women residing in LMICs does not have access to primary healthcare facilities [39]. Similarly, compared to LMICs, healthcare professionals in developed countries provide proper time and services to women patients and thus women are empowered to visit healthcare facilities whenever they have some health-related condition [40]. Moreover, in majority of HICs, healthcare costs are covered through health insurance coverage [41]. In addition, HICs have implemented policies and strategic action plans to empower people to access healthcare services [42]. Contrary to LMICs, majority HICs focus on research to devise cost-effective and clinically effective interventions specific to their population [40]. Similarly, they follow a patient-centred approach to customise the treatment protocol as per the needs and preferences of women [43].

CONCLUSIONS

A wide range of individual, interpersonal, community and system-level barriers hinder women residing in LMICs from accessing appropriate healthcare services. Individual level factors include economic status and knowledge and beliefs, interpersonal level factors include social norms and support from family and friends, community level factors include support from community members and transportation facilities while system level factors that influence women's access to healthcare services include availability of healthcare services and providers, role of medical fraternity, health insurance coverage, availability and implementation of effective policies and evidence-based practice and research. There is a need to develop cost-effective, culturally appropriate approaches, guidelines, and policies to improve women's access to healthcare services in LMICs.

Authors Contribution

Conceptualization: SS, AA, SA, NG
Writing-review and editing: SS, AA, SA, NG
All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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