POLICY BRIEF

COVID-19 and Gendered Access to Medical Services in Nigeria

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Context to the study

- COVID-19 raised the role and importance of access to medical services across gender.
- Access to sexual reproductive health (SRH) services requires adequate attention.
- We know little about how COVID-19 lockdown affected adults' access to medical services, particularly SRH services across gender.

Summary of the findings

- There were differences in access to adult health services during the COVID-19 pandemic lockdown.
- Women who needed adult health care services were more than men, but access was higher among men.
- We find divergent opinions between men and women on access to SRH services during the COVID-19 lockdown.
- There are factors that hinder access to SRH services during the pandemic, which include poverty, fear of contracting COVID-19, ignorance, unavailability of medical personnel, and government restriction policies.

Introduction

As with other developing countries, Nigeria faced gender inequity in access to health care services before COVID-19 emergence. This has been a major hindrance to the attainment of universal health coverage and health-related Sustainable Development Goals (SDGs).

The COVID-19 crisis and the attendant measures to contain it interrupted access to medical services, exacerbating gender inequities in access to medical services (Kotlar et al., 2021). Our study:

- Examines gender differential in access to medical services during the COVID-19 pandemic in Nigeria.
- Explores contextual factors such as poverty, inter- and intra-household resources allocation, decision-making, inequality, power relations, socio-cultural norms, and perceptions that influenced access to sexual reproductive health.

Summary of research

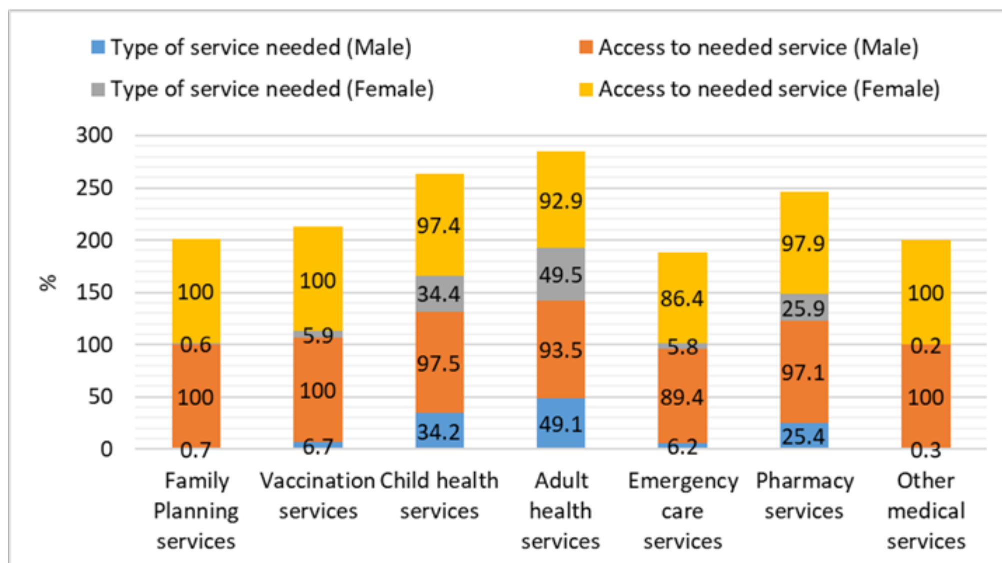
We used a mixed-method approach. Secondary data were from Round 11 of Nigeria COVID-19 National Longitudinal Phone Survey (COVID-19 NLPS) conducted in 2020 by the National Bureau of Statistics in collaboration with the World Bank. Primary data drew from focus group discussions (FGDs) and in-depth interviews (IDIs).

Research findings

Results from COVID-19 NLPS show that:

- Adult health services were the most needed medical services, and females (49.5%) needed these services slightly more than their male counterparts (49.1%) during the COVID-19 pandemic lockdown (see Figure 1). However, access to these services was greater for males than for females, even though females needed these services more than males.
- Same pattern is also observed for child health services. Females (34.4%) who needed child health services were more than males (34.2%), but access was greater for males (97.5%) than for females (97.4%).
- On the contrary, pharmacy services were needed more by females (25.9%) than by males (25.4%), and access was equally higher (97.9%) for females than for males. (97.1%). Meanwhile, emergency services were needed more by males (6.2%) than by females (5.8%), and access was also higher for males (89.4%) than for females (86.4%).
- Opinions differ on whether there was a gender differential in access to medical services during the lockdown. Some argued that there was no gender differential in access while others expressed that there was gender differential, with either men or women having greater access.
- Some were of the view that people were afraid to open up on SRH matters and others had to patronize pharmacy shops.
- Several health care centres were not accessible or had restricted access due to several factors which centred on government policies to control the spread of COVID-19. In response to health access challenges, respondents resorted to the use of non-orthodox health care personnel, primary health care centres, private clinics, local medicine, and self-medication. Several people resorted to local medical services because of their financial implications.
- Based on the aspect of antenatal, many respondents acknowledged that SRH services were not affordable during the lockdown period due to COVID-19 financial crises and most new-borns were taken to the traditional clinics since the health care centres were not accessible and not affordable.
- For family planning, a natural method such as fertility awareness method, withdrawal method, or abstinence from sex was adopted. Other traditional methods adopted were the use of herbs, rings, and making incisions on their bodies to mention but a few.

Figure 1: Distribution of types of medical services needed and access to medical services during COVID-19 lockdown (by gender)



- Moreover, many use condoms by buying them from the pharmacy shop; some still have the injection they took before the lockdown.

- Accessing SRH services for male (in) fertility issues proved useful because it comes with counselling, sensitization, and deemed help, whereas many men were not able to access these services during the lockdown since it is neither an emergency case nor an issue that can claim the patient lives. STI/HIV treatment and management during the COVID-19 pandemic lockdown was not easily available for most people according to the responses. It was recorded that there was no access to healthcare facilities and services because of several factors which include fear on the part of the people, ignorance, unavailability of medical personnel, and government restriction policies.

- Moreover, many women have to do abortions to cover up the consequences of premarital sex and to prevent pregnancy among adolescents. Traditional methods were mostly used for abortion during the lockdown. Some women use herbs such as mixing lime with calcium carbonate, and use of seven-up with salt while some visit a quack nurse who they call upon to abort when the need arises. There were several unsafe abortions because there was no functional facility for an abortion. Most abortions done led to the loss of many lives because there was a complication or excessive blood loss and there was no readily available health facility to undo the complications done.

- Moreover, it is necessary to stay healthy sexually to enhance the longevity of livelihood. Among several means of staying healthy, some of the respondents acknowledge that visiting physicians to conduct a medical test to ascertain the condition of the body is very important. Also, exposure to the knowledge of sex is very important because ignorance facilitates more harm than good. Thus, it was difficult to gain more of this knowledge during the COVID-19 lockdown. The medium through which people can have knowledge on healthy sexuality was much more focused on how to curtail COVID-19.

Our finding suggests that access to adult health services and, by extension, other adult health services which include pertinent SRH services was more of a challenge to females than to males during the lockdown (see also Nnoyelu & Nwankwo, 2014).

Policy recommendations

The findings of this study thus recommend:

- Introduction of mobile health centres and raising public awareness of the availability of mobile clinics and designated public health facilities for health care and SRH services.

- Telemedicine, which enables video or phone appointments between a patient and health care practitioner should be encouraged during the lockdown and setting up special hotlines that will be specially dedicated to prompt handling of reported cases of domestic violence.

- In rural settings where most people cannot afford data to access telemedicine on SRH services, it was suggested that the government should give a 'social assistance package on SRH services', particularly for women who need these services.

- Creation of a special 'squad of qualified medical personnel who would provide both telemedicine and home-based care/delivery health care and SRH services for patients in their various homes, particularly for women.

- Special consideration for women by creating an interactive App that could allow them to communicate their health care and SRH needs to medical personnel who could link them with designated home-based/delivery caregivers.

- SRH information and how to access them should be made available, as much as possible, through various social media outlets.

References

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