
Universal Health Coverage: A Panacea for Improving Women's Health in Akwa Ibom State, Nigeria

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Abstract

The global concerns for improving women's health through Universal Health Coverage (UHC) is making impressive moves to ensuring that various barriers or challenges militating women's access to improved health care services are reduced to their barest minimum. The study adopted descriptive survey design to investigate universal health coverage: a panacea for improving women's health in Akwa Ibom State. The sample for the study was 60 students selected through convenience sampling technique from a population of 600 in School of Health Technology, Etinan in Akwa Ibom State. Three research questions were raised to direct the study. The researchers designed 15 itemed, 4 points modified Likert type questionnaire of strongly agreed (SA) 4 points, Agreed (A), 3 points, disagreed (D), 2 points and strongly disagreed, 1 point was used to obtain data from the respondents.. Questionnaire was used to gather data from the respondents. Descriptive statistics of frequency count and mean scores were used to analyze the data obtained. Criterion mean of 2.5 was set for decision of agreement. The results revealed that improving educational levels of women is a panacea in improving women's health in the state. Also, reducing women's financial inequalities provide women an opportunity to access better health services through universal health coverage. It was recommended that Girl child education should be an issue of legislation towards improving women and girls education for better health attainment, also, the government at all levels should as a matter of priority ensure adequate subsidy of health services for women as a measure to provide access to better services at reduced cost.

Key words: *Universal, Health, Coverage, Panacea, Improving, Women's Health.*

Introduction

The global concerns for improving women's health through Universal Health Coverage (UHC) is making an impressive moves to ensuring that various barriers or challenges militating women's access to improved health care services are reduced to their barest minimum. The basic goals of UHC according to World Health Organization (2010), stipulate that all people, without discrimination, have access, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines.

The UHC initiative is poised at addressing the short comings as expressed in poor efforts at reducing maternal mortality, providing better access to contraceptive by many

women who wish to delay or avoid pregnancy, especially for poor women. Also, reducing slow progress in addressing complications of pregnancy and childbirth, life-threatening hemorrhage and hypertension, improving lives, removing barriers to finances by women to accessing health care services, reducing inequalities, especially gender-related ones, as a critical step towards the improvement of women's health. Furthermore, women's social empowerment through education, participation in the labour market, and political representation are considered as panacea to improving women's health. Therefore, UHC is considered as a unique window of opportunity to redress these limitations and advance a comprehensive women's health agenda (Creanga Gillespie, Karklins, Tsui, 2011).

Quick, Jay and Langer (2014) opined that using a well-designed framework to improving women's health through social empowerment programmes such as education, financial protection, equality and political representation essentially will help to improve women's healthy life styles and access to better health services. According to Islamic Republic of Afghanistan (2005), UHC has been proven as a powerful driver for women's health in low and middle income countries including Afghanistan, Mexico, Rwanda, and Thailand. As UHC success required gender sensitive approach to design and implementation around five major areas, such as (i) essential services packages (2) improving access to services, (3) eliminating financial barriers, (4) reducing social barriers, and (5) performance monitoring

In addition, UHC has been viewed as that powerful approach aimed at reducing inequalities to accessing full range of health services by women as the move has provided a forum for driving women's health in low and middle income countries. Thus, addressing full spectrum of women's health issues, ranging from medical, social, mental, emotional, reproductive, economic, political, among others as imminent factors to addressing diverse needs of women (Quick, Jay & Langer, 2014).

United Nation Women (2017) believed that women are the majority of the world's poor and therefore less able to afford health care than men. Furthermore, that women are more likely to live in poverty than men in 41 out of 75 countries where data were gathered. Globally, women are less likely to be in paid employment than men and where they are employed, women globally earn on average of 24 per cent less than men. They stressed that female headed households are particularly vulnerable to poverty, as women are less likely to own land and other assets than men and women enter old age less likely to have their own pension. Since women are the majority of the world's poorest people and there are large lifetime income inequalities between men and women, women are less likely than men to be able to pay for health care. Therefore, women should be the major beneficiaries from UHC and it makes sense for governments to start UHC with women and girls in the poorest families and social groups. Since UHC is expected to bring major changes to the world's poorest women, making up life chances and relieving families of the crippling health bills that often mean they go without treatment they desperately need. Focusing on strategies that will improve women's health through UHC should be an appreciable endeavour.

Barros, Ronsmans, Axelson Loaliza, and Bertoldi (2012) found that among 12 maternal and child health indicators, the three with the greatest income-related inequity were all for women's health services. Coverage of skilled birth attendants was the least equitable, with a mean coverage of 32.3 per cent versus 84.4 per cent for the poorest and richest quintiles, respectively. This indicator was followed by four or more antenatal visits 35.9 per cent versus 70.5 per cent, then family planning needs satisfied 41.4 per cent versus 67.0 per cent. In a related study, Victora, Barros, Axelson, Bhutta, and Chopra (2012) also found that

rapid increases in antenatal coverage (as might be seen with UHC) was associated with improved equity.

Iversen and Myers (2017) argued that women and men have different health needs based on biology. Thus, girls and women's health and rights are more than a measure for progress on UHC. UHC should be a prerequisite as the most significant difference between the sexes is women's greater need for health care related to pregnancy and childbirth. UHC applies to everyone but does not mean treating all people the same. According to UNICEF (2016, 2017) and WHO (2017), gender plays different roles in society and are subject to different gender norms that impact their health. They held that large numbers of women and girls, are subject to harmful cultural practices in some countries that seriously damage their physical and mental health, in such practices as female genital mutilation/cutting seclusion, menstruation taboos and early pregnancies followed by early forced marriage. They believed that a woman is 49 times more likely to be living with HIV than other genders of reproductive age. Therefore, prevention of the gender based drivers of ill health lie largely outside the health sector and must be addressed in context for successful implementation of UHC.

Lu, Chin, Lewandowski, Basinga,, Hirschhorn (2012) and Ravindran (2012) in separate studies opined that maximizing the benefits of UHC for women required strengthening health systems at multiple levels, including financing, human resources, and community involvement as poor design and implementation of programmes can reinforce gender inequities, with women falling through the cracks of patchwork insurance schemes, and too narrow a range of reproductive health services available.

Kabeer (2001) believed that in recent decades, women's empowerment and equity have been increasingly recognized as potentially crucial components of efforts to achieve myriad health and development objectives. Kabeer further expressed that disparities in educational access, limited economic opportunities, and low relative status of women all shape women's ability to control their health and their futures. Therefore, improving women's agency is essential not only for successful family planning and reproductive health but also for improving development. Hence, Third Millennium Development Goal and the World Bank's World Development Report (2012) detailed global commitments to promoting gender equality, empowering women, encouraging development and improvement in health care utilization.

Inter Parliamentary Union (2017) argued that UHC is a political decision but only 23.5% of parliamentarians are women. However, UHC offers no guarantee of quality care or gender equity but as access to health coverage and the package of services offered is politically driven by decisions taken in parliaments. It is evidenced that currently, women hold less than one quarter of seats in parliaments globally. Ranging from 61.3% in Rwanda to 0% in Qatar, Papua New Guinea, Vanuatu and Yemen; allowing the decision of UHC and health coverage to be decided overwhelmingly by men. In Nigeria, only 20 (5.6 per cent) women are in the House of Representative in the present dispensation, 2015 to 2018 of the 360 membership of the house. In the Senate, there are only 7(6.5 per cent) women of the total membership of 108 (Inter Parliament Union, 2018). This is regarded as not only inequitable, but issue that is very likely to bias the coverage offered and who it reaches. It is assumed that diverse, gender equal parliaments would make different decisions on UHC if all voices were equal. The voices of women are needed in health decision making at all levels, from planning and monitoring at community level to parliaments ((Inter Parliament Union, 2017).

In the Reports of Expert Group Meetings(2005) held in Addis-Ababa, Ethiopia, it was agreed that women's participation and representation in decision-making bodies involves their enhanced presence as well as their empowerment through such participation. They emphasized that women's political leadership and accountability are key cross-cutting issues. Women's political leadership they asserted would allow them to set agendas and, on the other hand, assume roles and be made responsive to constituencies and publics. This accountability it is believed should become the cornerstone for not only numerical enhancement of women's presence but also their ability to transform outcomes, the content and the ways in which policy actors make public policy.

Onwujekwe (2013) expressed that Nigeria has not made much progress towards achieving UHC. That the coverage levels with most healthcare services and pre-payment financing mechanisms are very low. He opined that the country has very low UHC levels; about less than 5 per cent of the population is covered by financial risk protection mechanisms and coverage areas where most healthcare services are very low. Furthermore, the author believed that achievement of UHC is a task that must be accomplished in Nigeria if the health indices are to improve from their current sub-optimal levels. However, achieving the goals of UHC through well designed and implementation programmes in Nigeria at large and in Akwa Ibom State specifically as a panacea to improving women's health are still in doubt. It has been observed that no research work has been carried out in this area.

Problem of the Study

The global concern for improved health care services for women and children by removing factors that hinder their access to these services is one of the major drives of Universal Health Coverage. The organization's initiatives in addressing the short comings that hampered women's access to improved health care and at very affordable cost is imperative as they seek to address the issue of women education, barriers to better financial position and effective participation in politics and leadership positions. The three basic issues are still not properly given the attention in Nigeria in order to address women's easy access to healthy life styles through embracing UHC. Studies have shown that using a well designed framework to improving women's health through social empowerment programmes such as education, financial protection, equality and political representation essentially will help to improve women's healthy life styles and access to better health services. Furthermore, UHC has been proven as a powerful driver for women's health in low and middle income countries including Afghanistan, Mexico, Rwanda, and Thailand, as UHC success required gender sensitive approach to well designed programmes around five major areas of: essential services packages, improving access to services, eliminating financial barriers, improved educational level and better political representation (Quick, Jay, & Langer, 2014; Islamic Republic of Afghanistan, 2015). However, little or no effort is made in Nigeria to address these issues as panacea to helping women folk to better access health service through UHC.

Purpose of the Study

The study examined the extent to which women's educational levels, reducing financial inequality, and political representation would serve as a panacea to improving women's health issues through Universal Health Courage (UHC) in Akwa Ibom State.

Research Questions

Three research questions were raised to direct the study.

1. To what extent will improving women's educational levels a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State?
2. To what extent will reducing women's financial inequalities be a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State?
3. To what extent are women's participation in politics and leadership positions factors in the utilization of UHC programmes as panacea to improving women's health in Akwa Ibom State?

Method

The study adopted descriptive survey design to gather data from the respondents, through responding to the items on the questionnaire. A descriptive survey method is one in which information is collected without manipulating the variables. The sample for the study was 60 students selected through convenience sampling technique from a population of 600. The researchers designed 15 itemed, 4 points modified Likert type questionnaire of strongly agreed (SA) 4 points, Agreed (A), 3 points, disagreed (D), 2 points and strongly disagreed, 1point. Criterion mean of 2.5 was set for decision of agreement. Below 2.5 criterion mean indicated disagreement. Two Measurement and Evaluation experts assessed and ascertained the items through face validity. The study instrument was pilot tested using 20 students from departments not included in the study. Cronbach alpha reliability estimate was used to establish the internal consistency of the items. The result yielded .alpha reliability estimate of .82, showing high internal consistency of the items. The instrument was administered by one of the contributors who is a lecturer in the College. Three research questions directed the study. Descriptive statistics of frequency count and mean were used to analyze the data obtained.

Results

Research Question 1: To what extent will improving women's educational levels a factor in the utilization of UHC programmes as a panacea to improving women' health?

Table 1: Frequencies Count and Mean Score Responses in Improving Women's Educational Level A Factor in the Utilization of UHC Programmes as A Panacea to Improving Women's Health in Akwa Ibom State. N = 60

S/no	Items	SA	A	D	SD	Mean Score	Remarks
1.	Women's educational level is vital to their utilization of UHC programmes.	26(104)	21(63)	13(26)	.-	3.22	Agreement
2.	Women with higher educational levels easily access UHC programmes for improved health.	31(124)	24(72)	5(10)	.-	3.43	Agreement
3.	Women with low educational levels have no knowledge of UHC programmes utilization.	20 (80)	27(81)	9(18)	4(4)	4.72	Agreement
4.	Improving women's educational levels Expose them to access better health services as well as UHC programmes.	44(176)	14(42)	2(4)	.-	3.70	Agreement
5.	Empowering women educationally is an essential factor in improving their health	44(176)	16(48)	.-	.-	3.73	Agreement
6.	and utilization of UHC.						
Cluster Mean						3.76	

The result on Table 1 shows an overall cluster mean of 3.76 which is greater than the criterion mean of 2.5. The 5 items showed the mean score of above 2.5 criterion mean, indicating an agreement. However, item no. 3 shows mean score of 4.72. The results indicate that improving women's educational level is a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State.

Research Question 2: To what extent will reducing women's financial inequalities be a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State.?

Table 2: Frequencies Count and Mean Scores Responses in Reducing Women's Financial Inequalities as a Factor in The Utilization of UHC Programmes as a Panacea to Improving Women's Health in Akwa Ibom State.? N = 60

S/no	Items	SA	A	D	SD	Mean Score	Remarks
6.	Women's financial inequalities hamper proper access to health services and utilization of UHC programmes.	23(92)	26(78)	9(18)	2(2)	3.17	Agreement
7.	Women with strong financial muscles have better access to better health services and UHC programmes utilization.	21(84)	28(84)	10(20)	1(1)	3.15	Agreement
8.	Reducing the gap in financial inequalities between women and men will improve access to better health services and UHC programmes.	16(64)	27(71)	14(28)	3(3)	2.77	Agreement
9.	Giving women better control of family finances will improve access to better and quick health services for the children and themselves.	36(144)	19(57)	5(10)	—	3.52	Agreement
10.	Women would have acquired better health services to improve their health, financial inequalities is a major hindrance.	27(108)	28(84)	2(4)	3(3)	3.32	Agreement
Cluster Mean						3.02	

The results on Table 2 indicate that the overall cluster mean of 3.02 is greater than the criterion mean of 2.5, showing agreement. Therefore, reducing women's financial inequalities is a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State.

Research Question 3: To what extent are women's participation in politics and leadership positions factors in the utilization of UHC programmes as panacea to improving women's health in Akwa Ibom State?

Table 3: Frequencies Count and Mean Score Responses in Women's Participation in Politics and Leadership Positions A Factors in the Utilization of UHC Programmes As A Panacea to Improving Women's Health in Akwa Ibom State. N = 60

S/no	Items	SA	A	D	SD	Mean Score	Remarks
11.	More women in leadership positions will influence Decision making on health matters for improved health of women	29(116)	22(66)	7(14)	2(2)	3.30	Agreement
12.	Women need to strive for political inclusion for the sake of making better health decisions for their women folk	25(100)	20(60)	14(28)	1(1)	3.15	Agreement
13..	Women will speak better for issues concerning them than men	42(168)	16(48)	2(4)	—	3.67	Agreement
14.	Women should vote more for women for effective representations in decision making in the parliaments	19(76)	31(93)	6(12)	4(4)	3.08	Agreement
15.	The number of women in political and leadership positions in the state is inadequate for influencing decisions for improved women's health and other matters.	26(84)	18(54)	13(26)	3(3)	2.78	Agreement
Cluster Mean						3.12	

The result on Table 3 shows an overall cluster mean of 3.12 which is greater than the criterion mean of 2.5. The 5 items showed the mean score of above 2.5 criterion mean, indicating an agreement. Therefore, the results indicate that women's participation in politics and leadership positions are factors in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State?

Discussion

The results on questions 1 revealed that improving women's educational level is a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State. This results is in agreement with the expression of Kabeer (2001) who held that disparities in educational access, limited economic opportunities, and low relative status of women all shape women's ability to control their health and their futures. Therefore, improving women's agency is essential not only for successful family planning and reproductive health but also for improving development and improvement in health care utilization. It is imperative that the more a women is educated, the more her exposure to her understanding the issue of health service as pertained to their lives and the family

The results on research question two revealed that reducing women's financial inequalities is a factor in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State. The findings is in line with what Barros, et al (2012) found that among 12 maternal and child health indicators, the three with the greatest income-related inequity were all for women's health services. Furthermore, United Nation Women (2017) believed that women are the majority of the world's poor and therefore less able to afford health care than men. Since women are the majority of the world's poorest people and there are large lifetime income inequalities between men and women, women are less likely than men to be able to pay for health care. Therefore, women should be the major beneficiaries from UHC and it makes sense for governments to start UHC with women and girls in the poorest families and social groups.

Result from research question three revealed that women's participation in politics and leadership positions are factors in the utilization of UHC programmes as a panacea to improving women's health in Akwa Ibom State. This finding agrees with the Reports of

Expert Group Meetings(2005) held in Addis-Ababa, Ethiopia, that women's participation and representation in decision-making bodies involved their enhanced presence as well as their empowerment through such participation. They emphasized that women's political leadership and accountability are key cross-cutting issues which offer women the opportunities to set agendas and, on the other hand, assume roles and be made responsive to constituencies and publics. This accountability it is believed should become the cornerstone for not only numerical enhancement of women's presence but also their ability to transform outcomes, the content and the ways in which policy actors make public policy.

The outcome of this study is an indication that all the three tiers of government in the country should endeavour to implement strategies capable of bringing to the fore the issues that are concerned with the realization of the Universal Health Coverage programmes with special emphasis on improving educational levels of women that will create greater awareness to the better utilization of these health services. In addition, women's financial status should be made to reflect some level of improvement or the governments make policies that will provide women with reduced health services cost and accessibility when compare to men counterparts in the nation. It should also be issue of legislation that more women be made to participate in political and leadership positions as measures to give women opportunities to programmes in decision makings that will improve their health matters as well as other issues, as women are that people to speak about issues concerning them better than men.

Conclusion

The study explored some factors that will improve women's health through Universal Health Coverage in Akwa Ibom State. The findings revealed that empowering women through better education, reduced financial inequalities and participation in politics and leadership positions will boost their chances of accessing UHC programmes. Government initiatives in these perspectives will provide grounds for better utilization of UHC by Akwa Ibom women as measures for improving their health status and its attendance benefits.

Recommendations

Based on the findings, the following recommendations were made:

1. Girl child education should be an issue of legislation towards improving women and girls education for better health attainment,
2. The government at all levels should as a matter of priority ensure adequate subsidy of health services for women as a measure to provide access to better service at reduced cost,
3. The law should provide an affirmative 50 per cent chances for women to participate in politics and leadership position, to enable them represent better their women's folk,
4. Health practitioners should be engaged in educating women on the benefits of accessing the Universal Health Coverage programmes to improve their health.

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